

HOLLAND BANKRUPTCY CENTER

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BANKRUPTCY CLIENT QUESTIONNAIRE

Section 1 – Basic Information

Part A. Name and Address

Name: _____

Last

First

Middle

Have you used any other names in the past eight years? No Yes *If yes list other names:*

examples: maiden name, previous married name

Social Security Number: ____ - ____ - ____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Length of time at that address: _____

Mailing Address (if different): _____

Home telephone: _____ Cell phone: _____

Email address: _____

Part B. Name and Address of Spouse

If you are filing jointly with your spouse, fill in the following information about your spouse>

Name: _____

Last

First

Middle

Has your spouse used any other names in the past eight years? No Yes *If yes list names:*

Social Security Number: ____ - ____ - ____

Date of Birth: _____

Address (if different from your address): _____

City: _____ State: _____ Zip: _____

County: _____ Length of time at that address: _____

Home telephone: _____ Cell phone: _____

Email address: _____

Part E. Prior/Pending Bankruptcy Cases

Have you or your spouse filed a bankruptcy case in the last 8 years? No Yes

If yes, in which district of which state was the case filed? _____

Case Number: _____ Date filed: _____

Are there currently any bankruptcy cases pending for you, your business, your spouse, or your spouse's business? No Yes

If yes, name of debtor: _____ Relationship to you: _____

Case Number: _____ Date filed: _____ Judge: _____

In which district of which state was the case filed? _____

If you rent your home (or have rented in the past):

Does a landlord hold a judgment against you? No Yes

If yes, please provide the name and address of the landlord:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Are you (or have you been in the last 6 years) the sole proprietor of any business? (Sole proprietor is a business that you run in your name or with a d/b/a that is not set up as a corporation or LLC)

No Yes

If yes: Name of Business _____

Business Address _____

Dates business started and stopped _____

Type of business _____

Section 2 – Property

List **all** property that you own, even if you think it has no value. The estimated value should be what you could get for the property if you sold it (think garage sale, thrift store, craigslist value).

A. Real Estate

Do you own any home, condominium, land, rental property, commercial building, time share, or manufactured or mobile home?

No Yes

If yes:

Address of Property	Type of Property	Value of Property	Mortgage Company
	<input type="checkbox"/> Single-family home <input type="checkbox"/> Duplex or multi-unit <input type="checkbox"/> Condo <input type="checkbox"/> Manufactured or mobile home <input type="checkbox"/> Land <input type="checkbox"/> Investment Property <input type="checkbox"/> Timeshare <input type="checkbox"/> Other		1 st : 2 nd or HELOC:
	<input type="checkbox"/> Single-family home <input type="checkbox"/> Duplex or multi-unit <input type="checkbox"/> Condo <input type="checkbox"/> Manufactured or mobile home <input type="checkbox"/> Land <input type="checkbox"/> Investment Property <input type="checkbox"/> Timeshare <input type="checkbox"/> Other		1 st : 2 nd or HELOC:

B. Vehicles

Do you own or lease any cars, vans, trucks, tractors, SUVs, or motorcycles (include any vehicles you own or are a joint owner of even if someone else drives it)

No Yes

If yes:

Year, Make & Model	Approximate mileage	Condition	Loan Company
Year:		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Scrap	
Make:			
Model:			

Year:		<input type="checkbox"/> Excellent	
Make:		<input type="checkbox"/> Good	
Model:		<input type="checkbox"/> Fair	
		<input type="checkbox"/> Poor	
		<input type="checkbox"/> Scrap	
Year:		<input type="checkbox"/> Excellent	
Make:		<input type="checkbox"/> Good	
Model:		<input type="checkbox"/> Fair	
		<input type="checkbox"/> Poor	
		<input type="checkbox"/> Scrap	
Year:		<input type="checkbox"/> Excellent	
Make:		<input type="checkbox"/> Good	
Model:		<input type="checkbox"/> Fair	
		<input type="checkbox"/> Poor	
		<input type="checkbox"/> Scrap	

C. Other Vehicles

Do you own any boats, trailers, personal watercraft (jet skis), snowmobiles, aircraft, motor homes, ATVs, motorcycle accessories, or other recreational vehicles

No Yes

If yes

Year:	Condition:	Who owns?
Make:		
Model:		
Year:	Condition:	Who owns?
Make:		
Model:		
Year:	Condition:	Who owns?
Make:		
Model:		

D. Personal and Household Items

Type of Property	Describe	Who Owns? (Husband, wife, joint, joint with non-spouse)	Current Value
Household Goods Examples: Furniture, major appliances, towels, sheets, china, kitchen items, etc.			
Electronics Examples: Televisions, radios, video, stereo, and digital equipment, computers, printers, scanners, music collections, cell phones, cameras, media players, games			
Collectibles Examples: Antiques, figurines, paintings, artwork, books, pictures, stamps, coins, baseball cards, comic books			
Sports & Hobby Equip Examples: bicycles, pool tables, golf clubs, skis, canoes, kayaks, carpentry tools, musical instruments, cameras, exercise equipment, other hobbies			
Firearms Pistols, rifles, shotguns, ammunition, related equipment			
Clothes Examples: every day clothes, furs, leather coats, designer wear, shoes, accessories			

Type of Property	Describe	Who Owns? (Husband, wife, joint, joint with non-spouse)	Current Value
Jewelry Examples: every day jewelry, costume jewelry, engagement ring, wedding rings, heirloom jewelry, watches, gems, gold, silver			
Pets Examples: Dogs, cats, birds, horses, fish			
Any other personal or household items you did not already list (including any health aids)			

E. Financial Assets - List a description value for any of the following assets that you have.

Type of Asset	Description	Amount/Value
Cash Include money in your wallet, in your home, in a safe deposit box, etc.		
Payments from Others Are you holding any personal checks, cashier's checks, promissory notes, money orders or IOUs?		
Business Ownership of an LLC, closely-held corporation, partnership, or joint venture (include the % of company you own)		
Security Deposits & Prepayments Prepaid rent and deposits with landlord, utility company, phone company, etc.		
Inheritance Expected distributions from a Trust, expected life insurance proceeds or other money or property you are entitled to receive because someone has died		

<p>Patents, trademarks, intellectual property Internet domain names, royalties, licensing agreements, etc.</p>		
<p>Licenses, franchises, intangibles Building permits, exclusive licenses, liquor licenses, professional licenses, etc.</p>		
<p>Tax Refunds Federal & State refunds</p>	<p>Have you already filed returns this year?</p> <p>If yes, have you received your refunds?</p> <p>Do you expect a refund next tax season?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Family Support Divorce settlement, property settlement, lump sum or past due alimony or child support</p>		
<p>Other Money Owed to You Examples: Unpaid wages, disability, sick pay, workers' compensation, Social Security, unpaid loans you made to someone else</p>		
<p>Insurance Health, disability, homeowner's or renter's insurance (Surrender or Refund Value)</p>		

For the following Financial Assets:

Check "Yes" or "No" for each type of asset listed. If you check "Yes," provide the most recent statement that is available for that account (for bank accounts, provide the last 3 months):

Type of Account		How Many Accounts?	Bank or Company Name
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Certificate of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Stocks, Bonds, mutual funds	<input type="checkbox"/> Yes <input type="checkbox"/> No		
IRA or Roth IRA	<input type="checkbox"/> Yes <input type="checkbox"/> No		
401(k), 403(b) or other retirement plan	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Annuities	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Education IRA or Qualified State Tuition Program	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Life Insurance Policies	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Health Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 3 – Debts

Write down any debts (anyone who claims you owe money to them) that do not show up on your credit report or that you don't have a copy of a bill, collection notice, or court document for.

Most things (like credit cards, student loans, car loans, etc.) will be on your credit report. You do **NOT** need to write these things on this form. It is a waste of your time.

Things that typically don't show up on your credit report **MUST** be written on here if you don't provide another document (bill, collection notice, etc) showing that debt. Examples of things that may not be on your credit report include: Taxes, child support, jail housing fees, driver responsibility fees, pay day loans, cash advances, personal loans, past due rent, utilities (include only if you're behind), recent medical or dental bills, money owed to lawyers.

Type of Debt	1. Creditor Name and Address 2. Account Number; if any 3. Date/range of dates when debt was incurred	Amount owed
Child Support If you pay child support, list the name and address of the parent that receives the support even if you are not behind on payments		
Unpaid medical bills		
Unpaid rent		
Unpaid taxes		
Past Due Spousal Support or Alimony		
All other unpaid debts/bills		

Section 4 – Unexpired Leases and Contracts (Schedule G)

List below ALL leases or contracts that are still current that you are a party to. Include residential, car and business leases, and service or business contracts. It does not matter if you are the tenant/lessee or the landlord/lessor. **Provide copy of lease.**

Nature and Description of Contract	Name and Address of Other Party or Parties	Date that Contract Expires

Section 5 – Current Income

Provide pay stubs or pay report for all jobs. For self-employment, provide profit-loss statements

Part A. Debtor's Income

1. Are you employed? No Yes
2. Present Occupation/Position: _____
3. Employer: _____
4. How long have you been employed there? _____
5. Do you have a 2nd job? If so, give name and address of employer: _____

6. Monthly Income

Retirement Income	_____	Social Security	_____
Child Support	_____	Spousal Support	_____
Unemployment	_____	Rental Income	_____
Food stamps/Bridge card	_____	Investment/Dividend Income	_____
Contributions by others (live-in boyfriend or girlfriend, parent, child, etc)	_____	Other Income (specify type)	_____

7. If you are married but filing alone - is any of your spouse's income NOT regularly used for the household expenses of you or your dependents? No Yes

If yes - state the amount and the purpose for which that income was used (for example, to pay your spouse's tax debt or to support people other than you or your dependents).

Part B. Joint Debtor's Income

1. Are you employed? No Yes
2. Present Occupation: _____
3. Employer: _____
4. How long have you been employed there? _____
5. Do you have a 2nd job? If so, give name and address of employer: _____

6. Monthly Income

Retirement Income	_____	Social Security	_____
Child Support	_____	Spousal Support	_____
Unemployment	_____	Rental Income	_____
Food stamps/Bridge card	_____	Investment/Dividend Income	_____
Contributions by others	_____	Other Income	_____

****Are you or your spouse expecting any increase or decrease in salary next year? If so, explain**

Section 6 – Current Expenses

Do you support any children, parents, grandchildren, nieces, nephews etc.? No Yes.

If yes, list:

	<u>Relationship (son, daughter, etc.)</u>	<u>Age</u>	<u>Does dependent live with you?</u>
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No
5.			<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you and your spouse live in separate households? No Yes. If so, fill one page out for your household and one for your spouse's.

Indicate how much you pay (on average) for each item each month:

1. Rent or Home Mortgage (include lot rent) \$ _____
- If not included above payment:**
- a. Real estate taxes \$ _____
- b. Homeowner's or renter's insurance \$ _____
- c. Home maintenance, repair and upkeep \$ _____
- d. Homeowner's association or condo dues \$ _____
2. Additional mortgage payments (2nd mortgage, home equity) \$ _____
3. Electricity and heating \$ _____
4. Water, sewage and trash \$ _____
5. Telephone, cellphone, cable/satellite, and internet \$ _____
6. Food and housekeeping supplies \$ _____
7. Childcare and children's education expenses \$ _____
8. Clothing, laundry & dry cleaning \$ _____
9. Personal care products & services \$ _____
10. Medical and dental expenses \$ _____
11. Transportation (gas, upkeep, repairs, registration, bus, cabs) \$ _____
12. Entertainment, recreation, newspapers, magazines \$ _____

13. Charitable contributions \$ _____
14. Insurance not deducted from paycheck
- a) Life insurance \$ _____
- b) Health insurance \$ _____
- c) Auto insurance \$ _____
- d) Other insurance _____ \$ _____
15. Taxes not deducted from paycheck \$ _____
16. Car payment(s) & other installment payments for student loans,
furniture, etc. (Specify)
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
17. Alimony, maintenance, support paid to others (not deducted
from paycheck) \$ _____
18. Payments for support of dependents who do not live with you \$ _____
19. Other real property expenses not included in line 1
- a. Mortgages on other property \$ _____
- b. Real estate taxes \$ _____
- c. Property insurance \$ _____
- d. Maintenance, repair, & upkeep \$ _____
- e. Homeowner's association or condo fees \$ _____
21. Court ordered payments not already listed _____ \$ _____
- _____ \$ _____
22. Education necessary to maintain employment \$ _____
23. Care for elderly, chronically ill, or disabled family members \$ _____
28. Other expenses not listed (examples: new baby expenses,
pet supplies, etc.)
- _____ \$ _____
- _____ \$ _____

Do you expect and increase or decrease in your expenses in the next year? If so, explain.

Section 4 – Property Insurance

Only list Insurance for assets that have a loan or lease against them.

Type of Asset	Asset Description	Name & Address of Insurance Agent or Company	Expiration Date
Property (Homeowner's) Insurance			
Car, Boat, other Vehicle Insurance			

If you are self-employed: Do you have general liability insurance? No Yes

Section 8 – Statement of Financial Affairs

If you are filing jointly with your spouse, include information about both you and your spouse.

1. Are you currently married? Yes No
2. List all places you lived in the last 3 years (not including where you live now)

<u>Address</u>	<u>Dates lived there</u>	<u>Dates spouse lived there</u>
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3. In the last 8 years, did you or your spouse live in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin)?

Yes No

4. Did you have any income from **WORKING** or from **OPERATING A BUSINESS** during this year or the 2 previous calendar year?

<u>Debtor 1</u>	<u>Debtor 2</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

****If yes:** Provide tax returns for previous 2 years and profit/loss statement for current year.

5. Did you receive **any other** income during this year or the 2 previous years (include unemployment, social security, retirement distributions and withdrawals, rental income, child/spousal support, government assistance, interest, dividends, gambling, etc.)

<u>Debtor 1</u>	<u>Debtor 2</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes: List the type of income and the amount received in the previous 2 years and the amount received to date in the current year

	<u>Type of Income</u>	<u>Who Received?</u>	<u>Amount</u>
Y-T-D:			
Last Year:			
2 Years ago:			
Y-T-D:			
Last Year:			
2 Years ago:			

6. **During the last 90 days, have you paid any creditor a total of \$600 or more?**
 (include car payments, mortgage/rent, credit cards, medical bills, etc. Note that a regular payment of \$200 per month or more would reach the \$600 level and need to be reported).

Yes (list below) No

Name and Address of Creditor Dates of Payments Amount paid Amount still owed

7. **Within the last year, have you paid any money to a friend or relative to repay a loan or debt?**

Yes (list below) No

Name/Address of Person Relationship Dates Amount paid Amount still owed

8. **Within the last year, have you made any payments or transferred any property on account of a debt that benefited a friend or relative?**

Yes (list below) No

<u>Name and Address of Friend or Relative</u>	<u>Dates of Payments</u>	<u>Amount Paid</u>	<u>Amount still owed</u>	<u>Creditor & Reason for this payment</u>
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9. **Within the last year, have you been involved in any lawsuits?** Include collection suits, personal injury, divorce, custody, support, paternity, small claims, contract disputes, etc.

Yes (Provide court documents)
 No

10. **Within the last year, has any of your property been repossessed foreclosed, garnished, or seized?**

Yes (List below and/or provide documents)
 No

<u>Creditor Name & Address</u>	<u>Property Description</u>	<u>Date</u>	<u>Value of Property</u>
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11. In the last 90 days, has a bank or financial institution, taken any money from your accounts because you owed a debt to them?

- Yes (List below and/or provide documents)
- No

Creditor Name & Address	Describe the action	Date	Value of Property
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12. Within the last year, was any of your property in the possession of a court-appointed receiver, custodian, or other official?

- Yes (describe)
- No

13. Within the last 2 years, did you give any gifts with a total value of more than \$600 to any one person?

- Yes (List below)
- No

Person who received gift	Relationship to you	Describe the gifts	Date	Value
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14. In the last 2 years, did you give any charity more than \$600 total in cash or property?

- Yes (List below)
- No

Charity name & address	Describe the gifts	Date	Value
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15. In the last year, did you lose anything because of fire, theft, other disaster or gambling?

- Yes (List below)
- No

Description & Value of Property	Description of Circumstances & Amount Covered by Insurance, if any	Date of Loss
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16. **In the last year, did you or anyone else acting on your behalf pay or transfer property to anyone for bankruptcy services or preparing a bankruptcy for services required in your bankruptcy?** You do not need to list payments to Holland Bankruptcy Center.

Yes (List below)

No

<u>Person/company paid</u>	<u>Amount of payment</u>	<u>Date of Payment</u>
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a. Credit counseling (name of company)

b.

17. **In the last year, did you or anyone else acting on your behalf pay or transfer property to anyone who promised to help you deal with your creditors or make payments to your creditors (i.e., debt consolidation companies, attorneys, etc.)?**

Yes (List below)

No

<u>Person/company paid</u>	<u>Amount of payment</u>	<u>Date of Payment</u>
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18. **In the last 2 years, did you sell, trade or otherwise transfer any property to anyone?** (Car Trade-in, jewelry, real estate, pawn shop, cash for gold, etc.)

Yes (List below)

No

<u>Person & their relationship to you</u>	<u>Description & value of property</u>	<u>Date of Transfer</u>
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19. **In the last year, have you stored property in a storage unit or place other than your home?**

Yes (List below)

No

<u>Name & Address of location</u>	<u>Who else had access</u>	<u>Describe contents</u>	<u>Do you still have</u>
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20. **Do you hold or control any property that someone else owns?** Include any property you borrowed from, are storing for, or hold in trust for someone. Examples: You are driving a car that is not titled to you; you are custodian of a child's bank account; etc.

- Yes (List below)
- No

Owner's name & address

Describe the property

Value

21. **Have you been involved in any environmental law suit or has any governmental unit notified you that you may be liable for violation of any environmental law? Or have you notified any governmental unit of any release of hazardous material?**

- Yes (Explain)
- No

22. **In the last 4 years, have you owned a business or had any of the following connections to any business?**

- Sole proprietor or self-employed
- Member of a limited liability company (LLC) or limited partnership (LP)
- Partner in a partnership
- Officer, director or managing executive of a corporation
- Owner of at least 5% of the voting or equity stock of a corporation
- No. None of the above

Details:

Business name:

Address:

EIN:

Dates business existed:

Accountant:

Nature of business:

In last 2 years, did you give a financial statement to anyone about your business?
(include all banks, creditors, etc.)

- Yes (Explain)
- No

**CONGRATULATIONS! YOU HAVE FINISHED THE
QUESTIONNAIRE!**