

GREIFENDORFF LAW OFFICES

Have you attached the following documents?

Y = Yes N = No

N/A = Applicable

Y	N	N/A	IDENTIFICATION AND AUTHORIZATIONS	Verified	Missing
			Copy of Social Security Card		
			Copy of Driver's License		
			Signed General Authorization and Signed Credit Report Authorization		
INCOME					
			Copy of every paystub you received during the past 7 months. (Request from your employer)		
			Copy of every paystub your spouse received during the past 7 months.		
			Profit and Loss statement indicating your income and/or loss for EACH of the past 7 months		
			Documents showing unemployment Income, pension, IRA withdrawals, etc. in past 7 months.		
			List of contributions received from anyone to your household expenses (Dates / amounts)		
			Gross rental income and expenses paid for each rental property in the past 7 months		
TAXES: Please cross out social security numbers and minor children's names.					
			2009 Federal Tax Return – Complete and signed copy		
			2009 State Tax Return – Complete and signed copy		
			2009 W-2s and all 1099 forms		
			2010 Federal Tax Return – Complete and signed copy		
			2010 State Tax Return – Complete and signed copy		
			2010 W-2s and all 1099 forms		
			IN ADDITION: If you owe taxes more than 2 yrs old, please order an ACCOUNT TRANSCRIPT and a RECORD OF ACCOUNT from the IRS: http://www.irs.gov/pub/irs-pdf/f4506t.pdf		
REAL ESTATE – You must provide the following for EACH real estate in your name:					
			Copy of the last Warranty or Quit Claim Deed to the Property		
			Current Mortgage Statement - 1st Mortgage (Circle the current amount due)		
			Current Mortgage Statement - 2nd Mortgage (Circle the current amount due)		
			Real Estate Insurance Declaration Page		
If you have PURCHASED, SOLD, OBTAINED AN EQUITY LINE OR 2ND MRG, TRANSFERRED OR REFINANCED ANY REAL PROPERTY IN THE PAST FOUR (4) YEARS					
			A copy of the HUD-1 or Closing statement for ALL Real Estate Transactions in the past 4 yrs.		
			An accounting of how you used the money you received from the sale, equity line, second mortgage or refinance . See Real Estate Closing Accounting Section.		
VEHICLES - motor vehicles, boats, trailers					
			Copy of Vehicle Registration and Title		
			Current loan Statement or lease statement - (Circle the current amount due)		
			Insurance Declaration Page		

Have you attached the following documents?

Y = Yes N = No

N/A = Applicable

Y	N	N/A	LAWSUITS - if you have filed or plan to file any lawsuit against anyone for any reason:	Verified	Missing
			Attach a letter from your attorney regarding the status of the lawsuit and its value.		
			Give me the name and address of your attorney in the lawsuit.		
FINANCIAL ACCOUNTS - Provide all pages!!					
			Statements from ALL financial accounts for the past 7 months. HOW MANY ACCOUNTS?___		
			Custodian bank accounts for the past 7 months		
			STOCKS - If you own any shares of stock or any type of interest in a closely held business: Attach documents which show the value of your interest in the business.		
			RETIREMENT PLANS - IRA, 401(K), KEOUGH, SEP PLANS, EDUCATIONAL IRAs: Attach documents which show the type of plan and its current value.		
			ANNUITY CONTRACTS: documents which show the type of annuity and its current value.		
			LIFE INSURANCE: Statement showing current balance on any policy with cash value.		
DIVORCE DOCUMENTS, if applicable					
			Divorce decree, Divorce Agreement and Child Support Court Order		
			CHILD SUPPORT YOU OWE: name and address of adult receiving such payments.		
IF YOU OWN A BUSINESS or are SELF-EMPLOYED					
			Articles of Organization, or Certificate of Incorporation, stock ledger, Partnership Agreements		
			Profit and Loss Statements for each of the past 12 months (one report per month) Cash Method		
			Balance Sheet, Financial Statements, Inventories		
			UCC-1 & other security and financing agreements, Business Tax Returns for the past 2 years		
			If you are a real estate agent, please provide a copy of all binders & contracts you presently have.		
OTHER DOCUMENTS					
			CREDIT CARD STATEMENT for any purchase over \$500 or cash advances in the past 6 months. Please circle the transaction.		
			If you own jewelry worth more than \$500, please go to a reputable jewelry store and obtain a "Sale valuation".		
			COPY OF CREDIT REPORTS – must attach copies!!!! Please obtain 2 OF your FREE Credit Reports from https://www.annualcreditreport.com/ Use these as you are completing the Debt Sheets Section of this Workbook. YOU MUST COMPLETE YOUR DEBT SHEETS. WE WILL NOT DO THIS FOR YOU!!!		
			Documents pertaining to potential inheritance or settlement- Has anyone passed away recently? Are you currently suing someone, or are you entitled to commissions for matters not yet resolved.		
			CREDIT COUNSELING CERTIFICATES: Please go to www.consumerbankruptcycounseling.info to do their 1st course.		
			From today until the date your case is filed, your new hobby is to collect FINANCIAL STATEMENTS, MORTGAGE STATEMENTS, VEHICLE LOAN STATEMENTS AND PAYSTUBS. As you receive those items, you must continue to provide them directly to the paralegal assigned to your case until the date you case is filed.		

YOU MUST PROVIDE DOCUMENTS FOR ACCOUNTS IN YOUR NAME ALONE, OR JOINTLY OWNED WITH SOMEONE ELSE. PLEASE DO NOT BRING BACK THIS WORKBOOK UNTIL ALL OF THE DOCUMENTS LISTED ABOVE HAVE BEEN GATHERED. THANK YOU FOR YOUR COOPERATION!

1. GENERAL INFORMATION

First (as it appears in your Social Security Card)	Middle	Last Name
Social Security Number	Date of Birth	Marital Status: <input type="checkbox"/> Legally Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Street Address		Driver's License #
City	State	Zip

How long have you lived in California? _____ Are you filing this bankruptcy petition with your spouse? Yes No

List all your prior addresses in past 3 years: (Use a separate sheet if necessary.)

1.	From: _____ thru _____
2.	From: _____ thru _____

Have you resided in AK, AZ, ID, LA, NV, NM, PR, TX, WA, or WI in the past 8 years? Yes No
If YES, please list the name of your spouse or former spouse who resided with you in that state _____

Home Phone _____ Cell Phone _____

Email Address: _____ Are you a disabled Veteran? Yes No

Have you used any other names in the past 8 years? (Include married, maiden and trade names) Yes No

Name Used _____ Dates Used _____ thru _____
Name Used _____ Dates Used _____ thru _____

2. SPOUSE'S INFORMATION

If married, fill out spouse sections even if spouse is not filing. **NOT MARRIED**
Continue to Section 3.

Spouse's First Name	Spouse's Middle Name	Spouse's Last Name
Spouse's Social Security No.	Spouse's Date of Birth	Spouse's Driver's License #
		Date of Marriage:

Have your spouse used any other names in the past 8 years? (Include married, maiden, trade names) Yes No

Name Used _____ Dates Used _____ thru _____
Name Used _____ Dates Used _____ thru _____

3. OTHER INFORMATION

Have you ever filed bankruptcy before? Yes No If yes, When? _____ What Chapter? _____

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

Do you own rental real estate with 3 or fewer units, and is your only income and only business? Yes No

Have you or spouse been self-employed or in business by yourself or with others during the past 6 years? Yes No

Business Name _____ Nature _____ from _____ thru _____
Business Name _____ Nature _____ from _____ thru _____
Business Name _____ Nature _____ from _____ thru _____

What percentage of your debts is due to business debts? 100% 51% Other _____ % NONE

Please continue to Section 4. **Office Use Only:** CH 7 CH 13

URGENCY	<input type="checkbox"/> Foreclosure	NEED TO ORDER	<input type="checkbox"/> Appraisal	ALERTS	<input type="checkbox"/> Recent Purchases	HOUSEHOLD	1 Person	\$47,234.00	\$3,936.00
	<input type="checkbox"/> Lawsuit		<input type="checkbox"/> Credit Reports		<input type="checkbox"/> Bad Faith Spending		2 Person	\$61,954.00	\$5,163.00
	<input type="checkbox"/> Garnishment		<input type="checkbox"/> Title Search		<input type="checkbox"/> Preferences / Transfers		3 Person	\$67,562.00	\$5,630.00
	<input type="checkbox"/> Eviction		<input type="checkbox"/> Tax Transcripts		<input type="checkbox"/> Asset / Equity Issues		4 Person	\$77,596.00	\$6,466.00
	<input type="checkbox"/> Other				<input type="checkbox"/> 910Cars <input type="checkbox"/> MT Issues		5 Person	\$85,096.00	\$7,091.00

4.

REAL ESTATE: How many real estate properties do you own?

If your name is on the deed of more than one property, please fill out one Sheet for each real estate.

NONE

Continue to Section 5.

Check the type of real estate you own: House Condo Lot/Land Timeshare Mobile Home Other _____

Name(s) on the Deed _____

Location _____

Purchase Price \$ _____ Date of Purchase ____ / ____ / ____ Current Market Value: \$ _____

1st Mortgage Co _____ Account # _____ Interest Rate ____ % Payoff \$ _____

Address _____ Telephone # _____

Is there a co-signer on this loan? Yes No If yes, state name and address of co-signer _____

Monthly payments \$ _____ Are you behind in payments? Yes No If yes, how many months? _____ Arrears: \$ _____

Are taxes or insurance included in your payment? Yes No Taxes \$ _____ Insurance \$ _____

Do you have a second mortgage on the real estate? Yes No Would you like to keep this real estate? Yes No

Have you made any improvements to your home? Yes No Date _____ for \$ _____ Source of Funds _____

SECOND MORTGAGE / EQUITY LINE INFORMATION (IF APPLICABLE)

2nd Mortgage Co _____ Account # _____ Interest Rate ____ % Payoff \$ _____

Address _____ Telephone # _____

Is there a co-signer on this loan? Yes No If yes, state name and address of co-signer _____

Monthly payments \$ _____ Are you behind in payments? Yes No If yes, how many months? _____ Arrears: \$ _____

Did you use any part of this loan to fund a business? Yes No Explain _____

Do you have a third mortgage on the real estate? Yes No Any other liens on the property? Yes No

THIRD MORTGAGE / EQUITY LINE INFORMATION (IF APPLICABLE)

3rd Mortgage Co _____ Account # _____ Interest Rate ____ % Payoff \$ _____

Address _____ Telephone # _____

Is there a co-signer on this loan? Yes No If yes, state name and address of co-signer _____

Monthly payments \$ _____ Are you behind in payments? Yes No If yes, how many months? _____ Arrears: \$ _____

Did you use any part of this loan to fund a business? Yes No Explain _____

HOMEOWNER'S ASSOCIATION INFORMATION (IF APPLICABLE)

Homeowners Association: _____ Account # _____

Address _____ Telephone # _____

Monthly payments \$ _____ Are you behind in payments? Yes No If yes, how many months? _____ Arrears: \$ _____

FORECLOSURE ACTION (IF APPLICABLE)

SALE DATE:

____ / ____ / ____

Is this property in a foreclosure action? Yes No Have you received Notice of Trustee's Sale? Yes No

Trustee's/ Attorney's Name: _____ Telephone # _____

Address _____ City _____ State _____ Zip Code _____

5. MOTOR VEHICLES How many motor vehicles do you own? _____

NONE

Continue to Section 6.

Type: Automobile Truck Motorcycle Mobile Home Boat Trailer Camper ATV RV Other _____

Year _____ Make _____ Model _____ Style _____ 2dr 4dr—Transmission: Standard Automatic

Condition Good Fair Poor Not Running - Mileage _____ Value from www.kbb.com : \$ _____ Attach copy of valuation

Name(s) on vehicle title _____ Date of Purchase _____

LEASED? Yes No Lease Term _____ Months - Beginning ____/____/____ and Ending ____/____/____

FINANCED? Yes No Date loan was established ____/____/____ Interest Rate _____ % Payoff \$ _____

Creditor's Name _____ Account # _____ Telephone # _____

Address _____ City _____ State _____ Zip Code _____

Is there a co-signer on this account? Yes No Co-signer's Name _____

Monthly payments? \$ _____ Are you behind? Yes No If yes, how many months? _____ Total Arrears: \$ _____

Has this account been turned over for collection? Yes No Collection Agency _____

Address _____ City _____ State _____ Zip Code _____

Have you listed this vehicle as collateral on a personal loan? Yes No

Would you like to keep this vehicle and continue making monthly payments? Yes No

Type: Automobile Truck Motorcycle Mobile Home Boat Trailer Camper ATV RV Other _____

Year _____ Make _____ Model _____ Style _____ 2dr 4dr—Transmission: Standard Automatic

Condition Good Fair Poor Not Running - Mileage _____ Value from www.kbb.com : \$ _____ Attach copy of valuation

Name(s) on vehicle title _____ Date of Purchase _____

LEASED? Yes No Lease Term _____ Months - Beginning ____/____/____ and Ending ____/____/____

FINANCED? Yes No Date loan was established ____/____/____ Interest Rate _____ % Payoff \$ _____

Creditor's Name _____ Account # _____ Telephone # _____

Address _____ City _____ State _____ Zip Code _____

Is there a co-signer on this account? Yes No Co-signer's Name _____

Monthly payments? \$ _____ Are you behind? Yes No If yes, how many months? _____ Total Arrears: \$ _____

Has this account been turned over for collection? Yes No Collection Agency _____

Address _____ City _____ State _____ Zip Code _____

Have you listed this vehicle as collateral on a personal loan? Yes No

Would you like to keep this vehicle and continue making monthly payments? Yes No

Type: Automobile Truck Motorcycle Mobile Home Boat Trailer Camper ATV RV Other _____

Year _____ Make _____ Model _____ Style _____ 2dr 4dr—Transmission: Standard Automatic

Condition Good Fair Poor Not Running - Mileage _____ Value from www.kbb.com : \$ _____ Attach copy of valuation

Name(s) on vehicle title _____ Date of Purchase _____

LEASED? Yes No Lease Term _____ Months - Beginning ____/____/____ and Ending ____/____/____

FINANCED? Yes No Date loan was established ____/____/____ Interest Rate _____ % Payoff \$ _____

Creditor's Name _____ Account # _____ Telephone # _____

Address _____ City _____ State _____ Zip Code _____

Is there a co-signer on this account? Yes No Co-signer's Name _____

Monthly payments? \$ _____ Are you behind? Yes No If yes, how many months? _____ Total Arrears: \$ _____

Has this account been turned over for collection? Yes No Collection Agency _____

Address _____ City _____ State _____ Zip Code _____

Have you listed this vehicle as collateral on a personal loan? Yes No

Would you like to keep this vehicle and continue making monthly payments? Yes No

6 CURRENT MONTHLY INCOME

To complete this form please have paystubs, proof of income from all sources and tax returns handy.

YOUR Name: _____

Employer's Name _____

City _____ State _____ Zip Code _____

Payroll Office Phone _____

Occupation _____

How long employed? _____ Years _____ Months

How often do you get paid? Weekly Every 2 weeks Twice a month
 Monthly Other _____ Hourly Wage / Salary \$ _____

Average GROSS Pay before deductions \$ _____

Average commissions/overtime \$ _____

Taxes/Social Security/Medicare \$ _____

Life Insurance deduction? Yes No \$ _____

Other Insurance - Health, Disability, etc. \$ _____

Union dues deductions \$ _____

401k / Pension / Retirement \$ _____

Retirement Loan deductions \$ _____

Alimony/Child Support deductions \$ _____

Other deductions \$ _____

Average Net Pay after all deductions \$ _____

Do you have a second job, temporary or side job? Yes No

If YES, please provide information in a separate sheet of paper.

YOUR SPOUSE'S Name: _____

Employer's Name _____

City _____ State _____ Zip Code _____

Payroll Office Phone _____

Occupation _____

How long employed? _____ Years _____ Months

How often do you get paid? Weekly Every 2 weeks Twice a month
 Monthly Other _____ Hourly Wage / Salary \$ _____

Average GROSS Pay before deductions \$ _____

Average commissions/overtime \$ _____

Taxes/Social Security/Medicare \$ _____

Life Insurance deduction? Yes No \$ _____

Other Insurance - Health, Disability, etc. \$ _____

Union dues deductions \$ _____

401k / Pension / Retirement \$ _____

Retirement Loan deductions \$ _____

Alimony/Child Support deductions \$ _____

Other deductions \$ _____

Average Net Pay after all deductions \$ _____

Do you have a second job, temporary or side job? Yes No

If YES, please provide information in a separate sheet of paper.

7. OTHER INCOME

		RECEIVED BY	MONTHLY (GROSS)	SO FAR THIS YEAR (GROSS)	LAST YEAR (GROSS)	YEAR BEFORE LAST (GROSS)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Business <input type="checkbox"/> Self-Employment	You	\$ _____	\$ _____	\$ _____	\$ _____
		Your Spouse	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Real Estate Rentals <input type="checkbox"/> Other Rental Income	You	\$ _____	\$ _____	\$ _____	\$ _____
		Your Spouse	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pension, <input type="checkbox"/> Retirement <input type="checkbox"/> Early retirement withdrawals <input type="checkbox"/> Retirement loans	You	\$ _____	\$ _____	\$ _____	\$ _____
		Your Spouse	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Regular contributions to the household expenses	You	\$ _____	\$ _____	\$ _____	\$ _____
		Your Spouse	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Unemployment Compensation <input type="checkbox"/> Government Benefits <input type="checkbox"/> Military Allotments	You	\$ _____	\$ _____	\$ _____	\$ _____
		Your Spouse	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Alimony <input type="checkbox"/> Child Support <input type="checkbox"/> Foster Child Care	You	\$ _____	\$ _____	\$ _____	\$ _____
		Your Spouse	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Social Security Income <input type="checkbox"/> Veteran's Income <input type="checkbox"/> Disability <input type="checkbox"/> Survivor's Benefits	You	\$ _____	\$ _____	\$ _____	\$ _____
		Your Spouse	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Income from ANY other source? <input type="checkbox"/> Interest/dividends <input type="checkbox"/> gambling <input type="checkbox"/> Other _____	You	\$ _____	\$ _____	\$ _____	\$ _____
		Your Spouse	\$ _____	\$ _____	\$ _____	\$ _____

Do you anticipate any increase or decrease in income of 10% or more to occur within the next year? Yes No

Explain: _____

8. CURRENT MONTHLY BUDGET

To complete this form please have all your bills and support documentation for all your expenses handy.

Do you and your spouse maintain separate households? Yes No If YES, please complete one budget for your household and another for your spouse's.

HOUSING EXPENSES		INSURANCE –NOT deducted from paystubs	
Rent	\$	Renters Insurance	\$
First Mortgage	\$	Term Life Ins. (NOT deducted from wages)	\$
Second Mortgage	\$	Whole Life Ins.(NOT deducted from wages)	\$
Third Mortgage	\$	Health Ins. (NOT deducted from wages)	\$
Taxes (NOI included in mortgage payments)	\$	Disability Insurance	\$
Insurance (NOI included in mortgage payments)	\$	Auto Insurance	\$
Common Charges/Homeowners Assoc. Fees	\$	Other Insurance	\$
MONTHLY UTILITIES		INSTALLMENT PAYMENTS	
Electricity and heating fuel	\$	Automobile Installments	\$
Water and Sewer	\$	Furniture Installments	\$
Garbage	\$	Appliances Installments	\$
Alarm / Security	\$	Computer/Electronics Installments	\$
Telephone (home basic service)	\$	Jewelry Installments	\$
Telephone (cell phones)	\$	IRS Repayment	\$
Internet	\$	Student Loan Repayment	\$
Cable TV / Satellite TV	\$	OTHER MONTHLY EXPENSES	
Repairs and Maintenance (if you own your home)	\$	Alimony/Maintenance you pay	\$
MONTHLY BASIC NEEDS EXPENSES		Child support you pay	\$
Food and Grocery Items	\$	Care of dependant not living with you	\$
Clothing	\$	Care for elderly/disabled (receipts needed)	\$
Laundry/Dry Cleaning	\$	Union Dues (NOI deducted from wages)	\$
Medical/ Dental Expenses (NOI paid by insurance)	\$	Child care expenses (receipts needed)	\$
MONTHLY TRANSPORTATION EXPENSES		HSA Account (NOI deducted from wages)	\$
Bus Fare	\$	Education Expenses (child must be < 18)	\$
Gasoline / Car Washes	\$	Personal care items	\$
Auto Maintenance (oil change, tires, etc.)	\$	Pet Food	\$
Annual Auto Registration Costs \$ Monthly:	\$	Pet Grooming & Care	\$
MONTHLY RECREATION EXPENSES		Other (specify)	\$
Recreation / Entertainment	\$	Other (specify)	\$
Newspapers and Magazines Subscriptions	\$	Other (specify)	\$
MONTHLY CHARITABLE DONATIONS		Other (specify)	\$
Charitable donations (receipts needed)	\$	Other (specify)	\$

Do you anticipate any increase or decrease in expenses of 10% or more to occur within the next year? Yes No

Explain

9. DEPENDANTS – HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD? _____

Do you have any dependants? Yes No If so, how many? _____ Please list them below:

Name _____ DOB: _____ Relationship _____ Is this person living with you? Yes No

Name _____ DOB: _____ Relationship _____ Is this person living with you? Yes No

Name _____ DOB: _____ Relationship _____ Is this person living with you? Yes No

Name _____ DOB: _____ Relationship _____ Is this person living with you? Yes No

