

Basic Information

Part A. Military Member Name and Address

Name: _____
Last *First* *Middle*

Telephone Number Home: _____ Work: _____

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

Social Security Number: ____ - ____ - ____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ If you have a different mailing address, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____

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 six years? No Yes **If yes, list other names:**

Social Security Number: ____ - ____ - ____

Address: **(if different from your address):** _____

City: _____ State: _____ Zip: _____ County: _____

If your spouse has a different mailing address, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Debts

List below all debts that you owe, or that creditors claim that you (Military Member) owe.

Type of Debt	1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Contact person's name and address, if different	Amount owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property?	Do you dispute the debt?	Office Use Only	
					Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Home loans/ mortgages						
Car loans						
Other bank loans						
Personal loans						
Student loans						
Major credit card debts (Visa, Am Ex, Mastercard, Discover) - <i>continue on next page, if necessary</i>						

Type of Debt	1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Contact person's name and address, if different	Amount owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property?	Do you dispute the debt?	Office Use Only	
					Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Unpaid credit cards, (Visa, Am Ex, Mastercard, Discover) continued						
Department store credit card debts						
Other credit card debts (Gas cards, phone cards, etc.)						

Type of Debt	1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Contact person's name and address, if different	Amount owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property?	Do you dispute the debt?	Office Use Only	
					Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Unpaid medical bills						
Unpaid utility bills						
Unpaid rent						
Unpaid taxes						

Type of Debt	1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Contact person's name and address, if different	Amount owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property?	Do you dispute the debt?	Office Use Only	
					Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Unpaid alimony or child support						
Unpaid service fees						
All other unpaid debts/bills						

Unexpired Leases and Contracts

List below any leases or contracts that are still current that you are a party to. Include residential, car and business leases, and service or business contracts.

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

Civilian Income

Marital Status:

- Married
- Single
- Divorced
- Separated
- Widowed

List all dependents of you and your spouse, their ages, and their relationship to you:

Name	Age	Relationship

Part A. Military Member

- 1 What is your occupation? _____
- 2 Name and address of your employer:

- 3 How long have you been employed there? _____
- 4 What is the gross amount of your paycheck, before taxes, other deductions are taken out? \$_____
- 5 How often do you get paid? once a week
 every two weeks twice a month
 once a month
 other _____
- 6 Do you receive overtime pay outside of your salary? If so, how much per month? \$_____
- 7 How much is taken out of each paycheck for taxes and social security? \$_____
- 8 How much is taken out for insurance? \$_____
- 9 How much for union dues? \$_____
10. Are there other deductions? If so, what are they and how much? _____

Do you receive

- a) income from business operations outside of your regular paycheck listed above? If so, what is the business and how much do you receive per month?
- b) income from real estate property? If so, how much per month? No Yes \$_____
- c) interest or dividends? If so, how much per month? No Yes \$_____
- d) alimony or family support payments for your use or for the care of your dependents? If so, how much per month? No Yes \$_____
- e) social security or other forms of monetary government assistance? No Yes \$_____
- f) retirement or pension money? No Yes\$_____

Do you have any other sources of income not listed?

Are you or your spouse expecting any increase or decrease in salary of more than 10% next year? If so, explain.

Part B. Spouse's Income

1. What is your spouse's occupation? _____
2. Name and address of your spouse's employer:

3. How long employed there? _____
4. What is the gross amount of your spouse's paycheck, before taxes/other deductions? \$_____
5. How often does your spouse get paid? once a week
 every two weeks twice a month once a month
 other _____
6. Does your spouse receive overtime pay outside of your salary? How much per month? \$_____
7. How much is taken out of each paycheck for taxes and social security? \$_____
8. How much is taken out for insurance? \$_____
9. How much for union dues? \$_____
10. Are there other deductions? If so, what are they and how much? _____

Does your spouse receive

- a) income from business operations outside of the regular paycheck listed above? If so, what is the business and how much does your spouse receive per month?
- b) income from real estate property? If so, how much per month? No Yes \$_____
- c) interest or dividends? If so, how much per month? No Yes \$_____
- d) alimony or family support payments for spouse's use or for care of dependents? If so, how much per month? No Yes \$_____
- e) social security or other forms of monetary government assistance? No Yes \$_____
- f) retirement or pension money? No Yes\$_____

Does your spouse have any other income not listed?

Current Expenses

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

The following questions ask for your expenses each month. If you are unsure of the amount you pay each month, but know the amount for a different period (per week, per day, every 2 months, etc.), write in the amount and the frequency that you pay the amount.

Indicate how much you pay for each item each month...

1. your rent or your home mortgage \$ _____
Does that amount include real estate taxes? No Yes
Does it include property insurance? No Yes
2. electricity and heating \$ _____
3. water and sewage \$ _____
4. telephone service/long distance \$ _____
5. Do you have any other utility bills? If so, what, and how much per month?
_____ \$ _____
_____ \$ _____
6. home maintenance, including repairs and general upkeep \$ _____
7. food \$ _____
8. clothing \$ _____
9. laundry and dry cleaning \$ _____
10. medical and dental expenses \$ _____
11. transportation (not including car payments) \$ _____
12. entertainment, recreation, newspapers, magazines \$ _____
13. charitable contributions \$ _____
14. insurance not deducted from paycheck
a) homeowner's or renter's insurance \$ _____
b) life insurance \$ _____
c) health insurance \$ _____
d) auto insurance \$ _____
e) other insurance _____ \$ _____
15. taxes not deducted from paycheck \$ _____
16. installment payments for car, furniture, etc. (Specify)
_____ \$ _____
_____ \$ _____
17. alimony, maintenance, support paid to others \$ _____
18. payments for support of dependents not living at home \$ _____
19. expenses from operation of business \$ _____
20. other expenses not listed above _____ \$ _____
_____ \$ _____