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Name of entity extending credit _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number _____

Name of retailer if different from above _____

Check if name or address of current creditor or collection agency is different from above.

Name of current creditor or collection agency if different from above _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number _____

Current account number _____

* For real estate and utility/telephone debt, provide address of property/telephone number associated with debt:

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Past Due Debt

40. Have you had any debt that has been more than 120 days past due within the past three years that was not resolved in bankruptcy?

If Yes, upload a statement from each applicable creditor showing proof of payment or current balance.

Yes No

Type of debt: Charge account Credit card** Property/real estate assessment* Student loan

Utility/Telephone* Other _____

(**Last four digits of) Account number _____ Original amount of debt _____

Current balance _____ Date of last payment _____

No Payments Made

Current status of this debt _____

Describe the history of this debt (if this is a medical debt, include date of service and institution name) _____

Name of entity extending credit _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number _____

Name of retailer if different from above _____

Check if name or address of current creditor or collection agency is different from above.

Name of current creditor or collection agency if different from above _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number _____

Current account number _____

* For real estate and utility/telephone debt, provide address of property/telephone number associated with debt:

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number _____

Tax Debt

41. Have you ever failed to timely pay any personal taxes due, including but not limited to any federal or state income taxes; state, county or municipal private property taxes; or real estate assessment taxes?

If Yes, upload a copy of supporting documentation (IRS tax account transcript, release of lien, statement of amount due, etc.).

Yes No

Type of debt: Income Property/Real Estate Assessment Other _____

Full account number _____ Original amount of debt _____

Current balance _____ Date of last payment _____

No Payments Made

Current status of this debt _____

Describe the History of This Debt (include applicable tax year(s)) _____

Name of agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number _____

Bankruptcy

42. Have you ever filed a petition for bankruptcy?

If Yes, upload associated schedule of indebtedness, petition for bankruptcy, docket report and discharge from bankruptcy order.

Yes No

Date filed _____ Title of action _____

Type of bankruptcy _____

Court file number _____

Name of court involved _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Total amount discharged in U.S. dollars _____

Date of disposition _____

Disposition _____

Were any adversary proceedings instituted? Yes No

Were there any allegations of fraud? Yes No

Were any debts not discharged? Yes No

Detailed description of circumstances surrounding filing _____

CHARACTER REFERENCES

References

43. Provide complete information for at least six references, preferably persons who have known you for a minimum of five years. You are encouraged to include one reference from every locality where you have lived during the last ten years.

Do not list yourself, anyone who is related to you by blood or marriage, or anyone who resides at your current residential address.

Do not use names listed in response to the Employment History question. If you provide a business address, please include the names of both the reference and the business.

FOR MOTION APPLICANTS ONLY: Two of the six required references must be clients not related to you by blood or marriage. Please indicate which two references are clients by typing in the word CLIENT next to the occupation you list in the Occupation field. If you cannot identify two client references, you must explain why on a separate memorandum and submit it with your application.

Note: To avoid delays, provide current contact information (email address, mailing address, and telephone number) for each reference.

■ Name _____

Business name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____ E-mail _____

Email Unknown

Occupation _____ Years known _____

■
Name _____

Business name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____ E-mail _____

Email Unknown

Occupation _____ Years known _____

■
Name _____

Business name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____ E-mail _____

Email Unknown

Occupation _____ Years known _____

■
Name _____

Business name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____ E-mail _____

Email Unknown

Occupation _____ Years known _____

■ Name _____

Business name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____ E-mail _____

Email Unknown

Occupation _____ Years known _____

■ Name _____

Business name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____ E-mail _____

Email Unknown

Occupation _____ Years known _____

ADDITIONAL INFORMATION

Additional Information

44. Would you like to provide additional information or further explain any of your previous responses? If you provide further explanation to any of your previous responses, please include the associated question number.

Yes No

Additional information _____

Further explanation(s) _____

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