

# HOLLAND BANKRUPTCY CENTER

36 West 8<sup>th</sup> Street, Suite 200

Holland, MI 49423

Ph: (616) 796-0710 Fx: (866) 812-1368

Email: amy@hollandbankruptcy.com

## 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 <sup>st</sup> :  2 <sup>nd</sup> 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 <sup>st</sup> :  2 <sup>nd</sup> 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
<b>Household Goods</b> Examples: Furniture, major appliances, towels, sheets, china, kitchen items, etc.			
<b>Electronics</b> Examples: Televisions, radios, video, stereo, and digital equipment, computers, printers, scanners, music collections, cell phones, cameras, media players, games			
<b>Collectibles</b> Examples: Antiques, figurines, paintings, artwork, books, pictures, stamps, coins, baseball cards, comic books			
<b>Sports &amp; Hobby Equip</b> Examples: bicycles, pool tables, golf clubs, skis, canoes, kayaks, carpentry tools, musical instruments, cameras, exercise equipment, other hobbies			
<b>Firearms</b> Pistols, rifles, shotguns, ammunition, related equipment			
<b>Clothes</b> 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
<b>Jewelry</b> Examples: every day jewelry, costume jewelry, engagement ring, wedding rings, heirloom jewelry, watches, gems, gold, silver			
<b>Pets</b> Examples: Dogs, cats, birds, horses, fish			
<b>Any other personal or household items you did not already list (including any health aids)</b>			

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

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

<p><b>Patents, trademarks, intellectual property</b> Internet domain names, royalties, licensing agreements, etc.</p>		
<p><b>Licenses, franchises, intangibles</b> Building permits, exclusive licenses, liquor licenses, professional licenses, etc.</p>		
<p><b>Tax Refunds</b> Federal &amp; 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><b>Family Support</b> Divorce settlement, property settlement, lump sum or past due alimony or child support</p>		
<p><b>Other Money Owed to You</b> Examples: Unpaid wages, disability, sick pay, workers' compensation, Social Security, unpaid loans you made to someone else</p>		
<p><b>Insurance</b> 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		
Prepaid Debit Card	<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
<b>Child Support</b> If you pay child support, list the name and address of the parent that receives the support <b>even if you are not behind on payments</b>		
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 2<sup>nd</sup> 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)	_____

### Part B. Spouse's Income

1. Is your spouse employed?  No  Yes
2. Present Occupation: \_\_\_\_\_
3. Employer: \_\_\_\_\_
4. How long has he/she been employed there? \_\_\_\_\_
5. Does your spouse have a 2<sup>nd</sup> 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	_____

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).

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

## Section 6 – Current Expenses

**Do you or your spouse 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 yes, 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)                       | \$ _____ |
|     | <b>If <u>not</u> included above payment:</b>                   |          |
|     | 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 <u>not</u> 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,<br>furniture, etc. (Specify) |          |
| _____   | \$ _____ |
| _____   | \$ _____ |
| _____   | \$ _____ |
| 17. Alimony, maintenance, support paid to others (not deducted<br>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,<br>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.**

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

**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)**

Address                                      Dates lived there                      Dates spouse lived there

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?**

Debtor 1                                      Debtor 2  
 Yes    No                                       Yes    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.)

Debtor 1                                      Debtor 2  
 Yes    No                                       Yes    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 curent 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 &amp; Reason for this payment</u>
---	------------------------------	------------------------	------------------------------	---

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 &amp; Address</u>	<u>Property Description</u>	<u>Date</u>	<u>Value of Property</u>
------------------------------------	-----------------------------	-------------	--------------------------



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
-------------------------	---------------------	------	-------------------

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
--------------------------	---------------------	--------------------	------	-------

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
------------------------	--------------------	------	-------

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
---------------------------------	--	--------------



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

<u>Owner's name &amp; address</u>	<u>Describe the property</u>	<u>Value</u>
-----------------------------------	------------------------------	--------------

21. **In the last year, have you closed any bank accounts, retirement accounts, or other financial accounts**

- Yes (Explain)
- No

<u>Type of Account</u>	<u>Financial Institution</u>	<u>Month/year closed</u>	<u>Balance before closing</u>
------------------------	------------------------------	--------------------------	-------------------------------

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!**