

Beaty Hatch PC

BANKRUPTCY CONSULTATION INTAKE SHEET

Name: _____

Date: _____

Please complete the following budget form to the best of your ability.

I. Monthly Income

Your gross pay (pre-tax, monthly):	\$ _____
Your spouse's gross pay (pre-tax, monthly):	\$ _____
Income from business or profession:	\$ _____
Alimony or support payments paid to you:	\$ _____
Pension, Social Security, Retirement, or Disability:	\$ _____
Other income:	\$ _____
 Total Gross Monthly Income:	 \$ _____

II. Monthly Expenses

Rent or home mortgage payment (include lot rent for mobile home) \$ _____

Are real estate taxes included? Yes No

Is property insurance included? Yes No

Utilities

Electricity and heating fuel \$ _____

Water and sewer \$ _____

Telephone \$ _____

Garbage \$ _____

Cable TV \$ _____

Other \$ _____

Home maintenance (repairs & upkeep) \$ _____

Food \$ _____

Clothing \$ _____

Laundry & dry cleaning \$ _____

Medical & dental expenses \$ _____

Transportation (do not include car payments) \$ _____

Recreation, clubs, entertainment, newspaper, and magazines \$ _____

Charitable contributions \$ _____

Insurance (not deducted from wages or included in mortgage payments)

Homeowner's or renter's \$ _____

Life \$ _____

Health \$ _____

Auto \$ _____

Other \$ _____

Taxes (not deducted from wages or included in home mortgage payments)

Specify: _____ \$ _____

Installment payments (in Chapter 13 cases, do not list payments to be included in the plan)

Auto \$ _____

Other \$ _____

Alimony, maintenance, and support paid to others \$ _____

Payments for support of additional dependents not living in your home \$ _____

Regular expenses from operation of business, profession, or farm \$ _____

Total Expenses: \$ _____

Have you used any credit cards or transferred the balance of any credit cards in the last ninety days? Yes No

If yes, please list: _____