



**J. BECKER
& ASSOCIATES**
ATTORNEYS AT LAW

INTERNAL BANKRUPTCY APPLICATION

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PERSONAL INFORMATION

APPLICANT: _____ SPOUSE: _____

SOCIAL SECURITY #: _____ SOCIAL SECURITY #: _____

DATE OF BIRTH _____ DATE OF BIRTH: _____

PHONE NUMBER: _____ PHONE NUMBER: _____

EMAIL: _____ EMAIL: _____

HOME ADDRESS: _____

DO YOU: OWN YOUR HOME RENT OTHER (specify e.g., share rent, live with relative, etc.):

IS YOUR RENT OR MORTGAGE IN DEFUALT? Y / N

TAX DEBT

ESTIMATED PERSONAL IRS TAX DEBT: \$	YEARS DUE:
FISCAL YEARS OF UN-FILED FEDERAL TAX RETURNS:	
ESTIMATED PERSONAL STATE TAX DEBT: \$	YEARS DUE:
FISCAL YEARS OF UN-FILED STATE TAX RETURNS:	

EMPLOYMENT INFORMATION FOR WAGE EARNER

APPLICANT

SPOUSE

EMPLOYER: _____ EMPLOYER: _____

POSITION: _____ POSITION: _____

START DATE: _____ START DATE: _____

GROSS MONTHLY INCOME: _____ GROSS MONTHLY INCOME: _____

NET MONTHLY INCOME: _____ NET MONTHLY INCOME: _____

(PLEASE USE A SEPARATE PAGE TO INCLUDE ANY ADDITIONAL WAGE EARNER INFORMATION)

SELF-EMPLOYMENT INCOME
(SOLE PROPRIETOR ONLY, NOT INCORPORATED OR LLC)

Business name, DBA or "Trade Name"		County of business location	Date Opened
Business address (<i>street, city, state, ZIP code</i>):		Brief description of the nature of the business:	
Primary phone: ()	Website address:	Gross Monthly Income:	

ADDITIONAL INCOME

APPLICANT

SPOUSE

UNEMPLOYMENT BENEFITS	\$	UNEMPLOYMENT BENEFITS	\$
ALIMONY	\$	ALIMONY	\$
CHILD SUPPORT	\$	CHILD SUPPORT	\$
SOCIALSECURTY	\$	SOCIALSECURTY	\$
DISABILITY	\$	DISABILITY	\$
WORKERS COMPENSATION	\$	WORKERS COMPENSATION	\$
PENSION	\$	PENSION	\$

OTHER INCOME

DESCRIPTION OF OTHER INCOME	GROSS	NET	FREQUENCY
	\$	\$	

DEPENDENTS

NAME	AGE	RELATIONSHIP	CLAIMED AS DEPENDENT ON 1040
			YES / NO
			YES / NO
			YES / NO
			YES / NO

PERSONAL MONTHLY EXPENSES

FOOD, GROCERIES, DINING OUT	\$	GAS// HEATING OIL	\$
MONTHLY RENT PAYMENT	\$	ELECTRIC	\$
VEHICLE MAINTENANE, REPAIR, PARKING, GAS & TOLL	\$	WATER	\$
AUTO INSURANCE	\$	CABLE	
PUBLIC TRANSPORTATION COSTS	\$	HOME PHONE	\$
HEALTH INSURANCE PREMIUMS	\$	INTERNET	\$
PRESCRIPTIONS, MEDICAL SUPPLIES, CO-PAYS, ETC.	\$	CELL PHONE	\$
ALIMONY, CHILD SUPOORT	\$	GARBAGE PICK UP	\$
CHILD /DEPENDANT CARE	\$	SEWER	\$
PROPERTY MAINTENANCE /REPAIR	\$	CLOTHING	\$
LANDSCAPING & SNOW PLOWING	\$	LAUNDROMAT	
HOMEOWNERS ASSOCIATION DUES	\$	DRY CLEANING	
TUITION / CONTINUING EDUCATION	\$	KIDS ACTIVITES	
LIFE INSURANCE PREMIUMS	\$	GYM MEMBERSHIP	
HOUSEKEEPING AND PERSONAL CARE SUPPLIES	\$	RELIGION	
OTHER:	\$		
OTHER:	\$		

CREDIT CARDS

CREDIT CARD NAME	CARD BALANCE	MINIMUM MONTHLY PAYMENT	APPLICANT SPOUSE JOINT	CURRENT OR IN DEFAULT	MONTHS IN DEFAULT	PAID THROUGH BUSINESS
	\$	\$	A/S/J	C/D		Y/N
	\$	\$	A/S/J	C/D		Y/N
	\$	\$	A/S/J	C/D		Y/N
	\$	\$	A/S/J	C/D		Y/N
	\$	\$	A/S/J	C/D		Y/N
	\$	\$	A/S/J	C/D		Y/N
	\$	\$	A/S/J	C/D		Y/N
	\$	\$	A/S/J	C/D		Y/N
	\$	\$	A/S/J	C/D		Y/N
	\$	\$	A/S/J	C/D		Y/N
	\$	\$	A/S/J	C/D		Y/N
	\$	\$	A/S/J	C/D		Y/N

Please Provide a separate list including any other debts owed such as personal loans, legal fees, medical bills, mechanic fees, money owed to contractors, utilities, etc.

INVESTMENTS (Stocks, bonds, mutual Funds, IRA, Government Securities, money Market Funds)

TYPE	ISSUER	CURRENT VALUE	Applicant / Spouse/ Joint
		\$	A / S / J
		\$	A / S / J
		\$	A / S / J
			A / S / J

BANK OR CREDIT UNION ACCOUNTS (Checking, savings, certificate of deposit 'CD')

NAME OF INSTITUTION	ACCOUNT NUMBER	ACCOUNT TYPE	VALUE	Applicant / Spouse/ Joint
			\$	A / S / J
			\$	A / S / J
			\$	A / S / J
			\$	A / S / J
			\$	A / S / J

RETIREMENT ACCOUNTS (401k, 403B, Profit Sharing, Employer Match Programs, etc.)

TYPE	ISSUER	CURRENT VALUE	Applicant / Spouse/ Joint
		\$	A / S / J
		\$	A / S / J
		\$	A / S / J

OTHER ASSETS

TYPE	CURRENT VALUE	Applicant / Spouse/ Joint
CASH ON HAND	\$	A / S / J
CASH SURRENDER VALUE OF LIFE INSURANCE	\$	A / S / J
JUDEGMENTS OR SETTLEMENTS RECEIVABLE	\$	A / S / J
CRYPTO CURRENCY / NON-FUNGIBLE TOKENS	\$	A / S / J
COLLECTABLES / ANTIQUES/ ARTWORK	\$	A / S / J
FURNITURE / ELECTRONIC / PERSONAL AFFECTS	\$	A / S / J
JEWELRY	\$	A / S / J
TOOLS, MACHINERY, EQUIPMENT	\$	A / S / J

OTHER INFORMATION

During the last 3 years, have you lived anywhere other than where you live now? **YES / NO**

Have your wages been garnished **YES / NO**

Have your bank Accounts been levied? **YES / NO**

Has the IRS placed a lien on your property? **YES / NO**

Within the last 4 years, did you own a business that was sold or dissolved **YES / NO**

Is a foreclosure proceeding pending on any real estate that you own or have an interest in? **YES / NO**

Do you have any judgments against you? **YES / NO**

Are you a party to any pending lawsuit or eviction? **YES / NO**

Is there a likelihood that you will receive assets or income from an estate in probate? **YES / NO**

Are you a trustee, fiduciary, or contributor of a trust **YES / NO**

Do you have a safe deposit box (business or personal) **YES / NO**

Have you previously filed for bankruptcy? **YES / NO**

Do you have an insurance policy that specifically covers any personal items such as wedding rings, art, collectables (could be your homeowners policy) **YES / NO**

Do you have an insurance policy that specifically covers any business items such as tools, or equipment (for a business that operates under your social security # only)? **YES / NO**

Do you have any assets or own any real property outside the U.S.? **YES / NO**

Do you have any funds being held in trust by a third party? **YES / NO**

Within 1 year, did you lose anything because of theft, fire, other disaster that resulted in an insurance claim? **YES / NO**

Are you currently the beneficiary of an active estate? **YES / NO**

Are you a trustee, fiduciary, or contributor of a trust **YES / NO**

Do you anticipate any decrease in household income in the near future? **YES / NO**

If "Yes", how much will the income decrease? \$ _____

Why will it decrease? _____

Do you anticipate any increase in household income in the near future? **YES / NO**

If "Yes", how much will the income increase? \$ _____

Why will it increase? _____