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FINANCIAL INFORMATION QUESTIONNAIRE

| | |
|---------------------|---------------------|
| Full Name:_____ | Full Name:_____ |
| Home Address:_____ | Home Address:_____ |
| _____ | _____ |
| Home Phone:_____ | Home Phone:_____ |
| Work Phone:_____ | Work Phone:_____ |
| Cell / Other:_____ | Cell / Other:_____ |
| SS Number: _____ | SS Number: _____ |
| Date of Birth:_____ | Date of Birth:_____ |
| E-Mail:_____ | E-Mail:_____ |

There are a number of documents which must be prepared for your case to proceed smoothly. Please consider the following and attach all documents requested.

1. CREDIT COUNSELING. There are parts to the counseling requirement:
 - a) You must obtain US Trustee approved credit counseling before your case can be filed. The counseling agency will give you a certificate to prove you received counseling. They will e-mail or fax a copy of the certificate to our office.
 - b) You must complete a financial management instructional course within 45 days after your case is filed. The financial management course will also give you a certificate and e-mail or fax a copy to our office.

You can complete the counseling and financial management courses on the internet or on the phone with any agency approved by the US Trustee's Office. We recommend that you use

Pioneer Credit Counseling (go to www.pioneercredit.com)

If you wish to use a different service you can find a complete listing of agencies approved by the US Trustee's Office at <http://www.usdoj.gov/ust/>.

2. INCOME. You must provide evidence of your income from all sources for the last 6 months. Please attach evidence of any type of income received in the last 6 months including ALL paystubs, 1099s, social security, state

assistance, family assistance, child support, alimony, or any other source of income or assistance. Use the Income Organizer form to organize your information.

INCOME ORGANIZER

Current Employment:
 Job Title: _____
 How Long: _____
 Employer's Name and Address:

Spouse's Employment or Second Job:
 Job Title: _____
 How Long: _____
 Employer's Name and Address:

You must attach your last 60 days of pay-stubs as proof of current employment!
 (4 pay stubs if you get paid twice a month, 5 stubs if you get paid every 2 weeks, 8 stubs if you get paid every week)

Income History

| Gross Income Before Taxes | <i>This month</i> | <i>Month 1</i> | <i>Month 2</i> | <i>Month 3</i> | <i>Month 4</i> | <i>Month 5</i> | <i>Month 6</i> |
|-----------------------------------|-------------------|----------------|----------------|----------------|----------------|----------------|----------------|
| <i>Employment:</i> | | | | | | | |
| <i>2nd Employment:</i> | | | | | | | |
| <i>Business/Self Employment</i> | | | | | | | |
| <i>Social Security:</i> | | | | | | | |
| <i>Pension/Retirement:</i> | | | | | | | |
| <i>Unemployment:</i> | | | | | | | |
| <i>Rental / Roommate:</i> | | | | | | | |
| <i>Government Assistance:</i> | | | | | | | |
| <i>Church Assistance:</i> | | | | | | | |
| <i>Family Assistance:</i> | | | | | | | |
| <i>Child Support / Alimony:</i> | | | | | | | |
| <i>Other (401(k), etc.):</i> | | | | | | | |

Provide proof of the following: ___ last 6 months of pay stubs, ___ social security award letter, ___ pension / retirement statement, ___ unemployment or other government assistance, ___ last 6 months business profit and loss statements, ___ 401(k) withdrawals, ___ other.

Describe any changes in income which have occurred, or which will occur within the next year. _____

3. EXPENSES. Don't estimate. You must provide accurate information about your expenses. Please provide copies of your most recent mortgage or rent payments, vehicle payments, vehicle insurance, any other insurance not taken out of your paycheck and any other regular, monthly expenses you may have. Please write in your expenses for the following:

_____ Check here if spouse
Maintains separate household

Rent/Home Mortgage Payments \$ _____

Property taxes included? _____ Yes _____ No

Insurance included? _____ Yes _____ No

Utilities:

Electricity and Heating Fuel \$ _____

Water and Sewer \$ _____

Telephone \$ _____

Other: (cell phone, cable, etc.) \$ _____

_____ \$ _____

Insurance: (include only insurance NOT deducted from your pay check)

Homeowner's / renter's \$ _____

Life \$ _____

Health \$ _____

Auto \$ _____

Other _____ \$ _____

Taxes:

Property \$ _____

Other _____ \$ _____

Installment Payments: \$ _____

Auto / Vehicle \$ _____

Rent-to-Own \$ _____

Other _____ \$ _____

Other Expenses:

Child Support/Alimony \$ _____

Other _____ \$ _____

Please list the names and ages of your dependants and whether they live with you or not: _____

Do you regularly pay tithing or other charitable contributions? YES / NO

If yes, please provide proof of all contributions made in the last year. For example if you pay tithing, get a print out from your pastor, ward clerk or other church official.

4. TAXES. You must file your taxes or your case will not be approved. Have you filed taxes for 2006? yes / no 2007? yes / no 2008? yes / no 2009? yes / no 2010? yes / no. Please provide copies of your 2008, 2009 and 2010 state and federal tax returns.

5. DEBTS. We need information about your debts. There are 3 major sources from which information about your debts can be obtained.

Credit Report. If you haven't obtained a credit report in the last year you can usually get a free copy of the report through www.annualcreditreport.com. You can access this information on the internet, by phone or with the attached request.

Bills. The law requires that if you have received a bill in the last 90 days we must use the address in the billing statement. Please provide copies of the bills, court pleadings, judgments, or other collection papers you have received in the last 90 days.

Other Debts. There may be debts which do not appear on your credit report and for which you have not received a billing statement recently. Spend some time thinking about who you may owe money to and provide as much information as you can on the attached Debt Sheets.

6. DOMESTIC SUPPORT OBLIGATIONS (DSOs). Do you currently or have you ever in the past had to pay child support, alimony, day care, medical insurance or other obligations assigned in a divorce decree, separation agreement, court order or other agreement?

If yes, are you current on those obligations now? Yes / No

If you owe back payments, how much do you owe? _____

(Please attach evidence of how much you owe, even if you dispute the amounts)

You must provide copies of the divorce decree, support orders, other court orders or agreements that have been entered including any modifications.

We need the name, address and telephone number of all people that you pay children support, alimony or other maintenance payments to or for. Indicate if payments are made to a collection agency such as Office of Recovery Services.

Name: _____

Address: _____

Collected by Other Agency? Yes / No

What Agency? _____

Telephone: _____

Name: _____

Address: _____

Collected by Other Agency? Yes / No

What Agency? _____

Telephone: _____

Under current case law you cannot get a Chapter 13 discharge unless you remain current on your support obligations. PLEASE KEEP EVIDENCE OF ALL PAYMENTS MADE DURING THE COURSE OF YOUR CASE.

Your Property

You MUST list ALL property that you own, even if there is no check box.

Check **all** items that you own whether or not you owe money on the item.

Use the back of this sheet if necessary to include all your property.

| | <u>Current Market Value</u> |
|--|-----------------------------|
| Real Estate: | |
| ___ Home Location: : _____ _____ | \$ _____ |
| ___ Land, Buildings(s) Time share. Location: _____ _____ | \$ _____ |
| <u>Personal Property:</u> | |
| ___ Cash on Hand: | \$ _____ |
| ___ Bank Accounts; | \$ _____ |
| ___ Security Deposits: | \$ _____ |
| ___ Washer / Dryer | \$ _____ |
| ___ Refrigerator/Freezer | \$ _____ |
| ___ Stove / Microwave | \$ _____ |
| ___ Sewing Machine | \$ _____ |
| ___ Beds (# _____) | \$ _____ |
| ___ Sofa / Chairs | \$ _____ |
| ___ Other Furniture (coffee table, lamps, etc.) | \$ _____ |
| List: _____ _____ | |
| ___ Kitchen Table | \$ _____ |
| ___ Electronics | \$ _____ |
| Equipment (TV, Stereo, Etc.) List all items: _____ _____ _____ | |
| ___ Vacuum: | \$ _____ |
| ___ Water Softener: | \$ _____ |
| ___ Books | \$ _____ |
| ___ Musical Instruments | \$ _____ |
| ___ CDs, videos, DVDs | \$ _____ |
| ___ Pictures or Art | \$ _____ |
| ___ Collectibles | \$ _____ |
| ___ Clothing | \$ _____ |
| ___ Jewelry | \$ _____ |
| ___ Guns | \$ _____ |
| ___ Sports Equipment | \$ _____ |
| ___ Cameras | \$ _____ |
| ___ Hobby Equipment | \$ _____ |

All Debts You must list ALL debts. If there is a collection firm/attorney please list separately from original creditor.

Name of Creditor: _____

Address of Creditor _____

****You must include the full correct address!****

Account # _____ **Amount Owed:** _____

Year Incurred (Approximate) _____ **Type of debt** _____

ie: Credit card, medical, utilities, loan, etc.

Name of Creditor: _____

Address of Creditor _____

****You must include the full correct address!****

Account # _____ **Amount Owed:** _____

Year Incurred (Approximate) _____ **Type of debt** _____

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Account # _____ **Amount Owed:** _____

Year Incurred (Approximate) _____ **Type of debt** _____

ie: Credit card, medical, utilities, loan, etc.

If information is incomplete, debt may not be included and you may still have to pay it!
Adding debts after your case is filed requires additional fees of \$39.00 or more depending on the number added.

***Make additional copies of this page as needed**

*****PLEASE DO NOT BRING UNOPENED BILLS – Bring ONLY the latest statement from each creditor.**