

YOUR INCOME (Schedule I)

Instructions: Fill out the information below completely. For Single filing cases fill out column B. For joint filings enter the Primary Debtor in column B and the spouse information in column C. (If you have more than one job, attach a separate page with information about additional employers. (Provide verification of all income for the past six months)

A. Information	B. Debtor 1	C. Debtor 2 or non-filing spouse
Employment Status:	<input type="checkbox"/> Employed <input type="checkbox"/> Not Employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not Employed
Occupation:		
Employer's name:		
Employer's address:		
How long employed?		
Estimate monthly income as of the date you fill out this form, if there is nothing to report, write \$0 in the space. Include your non-filing spouse unless you are separated.		
Monthly wages, salary and commissions:	\$	\$
Estimate and list overtime pay:	\$	\$
<u>Payroll deductions:</u>		
Tax, Medicare, SS:	\$	\$
Mandatory contributions for retirement plans	\$	\$
Voluntary contributions for retirement plans	\$	\$
Required repayments of retirement fund loans	\$	\$
Insurance (health, dental, life)	\$	\$
Domestic Support Obligations	\$	\$
Union Dues	\$	\$
Other deductions (specify)	\$	\$
List all other income regularly received:		
Net income from rental property or operation of business, profession or farm:	\$	\$
Interest and Dividends:	\$	\$
Family support payments that you, a non-filing spouse or a dependent regularly receive?	\$	\$
Unemployment Compensation:	\$	\$
Social Security:	\$	\$
Other government assistance you regularly receive:	\$	\$
Pension or retirement income:	\$	\$
Other monthly income.	\$ Specify:	\$ Specify:
Regular contributions to Household expenses: (this includes contributions from an unmarried partner, member of the household, your dependents, roommates, and other friends or relatives)	\$	\$
Do you expect an increase or decrease within the year after you file your bankruptcy?	<input type="checkbox"/> No / <input type="checkbox"/> Yes (explain):	<input type="checkbox"/> No / <input type="checkbox"/> Yes (explain):

YOUR EXPENSES (Schedule J)

Part 1. Describe Your Household			
1.	Is this a joint case? <input type="checkbox"/> No (go to line 2) <input type="checkbox"/> Yes If yes, does Debtor 2 live in a separate household? <input type="checkbox"/> No <input type="checkbox"/> Yes (list expenses separately in Part 2)		
2.	Dependents – Do Not List Names		
	Dependents Relationship to Debtor 1 or Debtor 2 (son, daughter, nephew, niece, etc)	Date of Birth / Age	Does Dependent Live with you?
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
3.	Do your expenses include expenses of people other than yourself and your dependents?		<input type="checkbox"/> No (go to Part 2) <input type="checkbox"/> Yes (describe below): _____
Part 2: Estimate Your Ongoing Monthly Expenses			
	A. EXPENSE CATEGORY	B. Debtor 1	C. Debtor 2 (list expenses separately ONLY IF you reside in separate household)
4.	Rent / 1st Mortgage Expense	\$	\$
4a.	Real Estate Taxes – <i>(If not included in line 4)</i>	\$	\$
4b.	Property, homeowner’s, or renters insurance – <i>(If not included in line 4)</i>	\$	\$
4c.	Home maintenance, repair and upkeep expenses – <i>(If not included in line 4)</i>	\$	\$
4d.	Homeowner’s association or condominium dues– <i>(If not included in line 4)</i>	\$	\$
5.	Additional mortgage payments for your residence (such as home equity loans)	\$	\$
6.	Utilities		
6a.	Electricity, heat, natural gas	\$	\$
6b.	Water, sewer, garbage collection (city utilities)	\$	\$
6c.	Telephone, cell phone, internet, satellite, cable	\$	\$
6d.	Other. Specify: _____	\$	\$
7.	Food and housekeeping supplies	\$	\$
8.	Childcare and children’s education costs	\$	\$
9.	Clothing, laundry, and dry cleaning	\$	\$
10.	Personal care products and services (deodorant, haircuts)	\$	\$
11.	Medical and Dental expenses (out of pocket- do not include insurance premiums)	\$	\$
12.	Transportation (include gas, maintenance, bus or train fare – do not include car payments)	\$	\$
13.	Entertainment, clubs, recreation, newspapers, magazines and books	\$	\$
14.	Charitable contributions and religious donations	\$	\$
15.	Insurance (Do not include taxes deducted from your pay or included in lines 4 or 20)		
15a.	Life Insurance		

15b.	Health Insurance		
15c.	Vehicle Insurance		
15d.	Other Insurance. Specify: _____		
16.	Taxes (Do not include taxes deducted from your pay or included in lines 4 or 20). Specify: _____		
17.	Installment or Lease Payments		
17a.	Car payment for Vehicle 1. Specify: _____		
17b.	Car payment for Vehicle 2. Specify: _____		
17c.	Other. Specify: _____		
17d.	Other. Specify: _____		
18.	Alimony or child support payments (List on Schedule I if automatically deducted from paycheck)		
19.	Other payments you make to support others who do not live with you.		
20.	Other real property expenses not included in lines 4 or 5		
20a.	Mortgages on other property		
20b.	Real Estate Taxes		
20c.	Property, homeowner's, or renters insurance		
20d.	Home maintenance, repair and upkeep expenses		
20e.	Homeowner's association or condominium dues—		
21.	Other Expenses. Specify: _____		
	Do you expect an increase or decrease in your expenses within the year after you file your bankruptcy?	<input type="checkbox"/> No / <input type="checkbox"/> Yes (explain):	<input type="checkbox"/> No / <input type="checkbox"/> Yes (explain):