

# BANKRUPTCY SOS

*Because Everyone Deserves a Second Chance™*

## INITIAL INTERVIEW FORM

**Date:** \_\_\_\_\_ Do you have any prior bankruptcy filings? \_\_\_\_\_ If so, when?: \_\_\_\_\_

List name of person who you referred you to us: \_\_\_\_\_

If via the Internet, did you find us on Yelp, Facebook or Google? \_\_\_\_\_ If you remember the search words you used that would be helpful to know and very much appreciated: \_\_\_\_\_

### **I. Personal Information**

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month - Day - Year

Driver's License : \_\_\_\_\_  
Driver's License Number State Issued Name on Driver's License

Spouse's Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month - Day - Year

Driver's License : \_\_\_\_\_  
Driver's License Number State Issued Name on Driver's License

Marital Status: \_\_\_\_\_ Are you filing bankruptcy individually or jointly? \_\_\_\_\_

Home Address: \_\_\_\_\_

Home No. \_\_\_\_\_ Work No. \_\_\_\_\_ Cell No. \_\_\_\_\_ Email \_\_\_\_\_

Years lived in this county? \_\_\_\_\_ Have you lived in California at least 2 years? \_\_\_\_\_ State lived in prior to that? \_\_\_\_\_

Besides yourself, how many additional children, dependents, relatives, friends or roommates live in your home? \_\_\_\_\_

### **II. Business Debts (if applicable)**

Do you own your own business? \_\_\_\_\_ If yes, is it a [ ] sole proprietorship [ ] corporation [ ] LLC [ ] other

For your overall debts, list what % of the total is business debt \_\_\_\_\_% and what % is personal debt? \_\_\_\_\_%

How much have you (and your spouse) received as NET BUSINESS INCOME in the last six months? (i.e., gross earnings, less reasonable business expenses) \$ \_\_\_\_\_

### **III. Income**

Apart from business income (see above), please list the total amount of all Pre-tax Income BOTH YOU AND YOUR SPOUSE RECEIVED DURING THE PREVIOUS 6 MONTHS FROM ANY AND ALL OF THE FOLLOWING AREAS:

(a) W-2 or 1099 Income from your job, (b) unemployment, (c) child support/alimony, (d) workers comp, (e) trust income, (f) private disability income, (g) pension/retirement, (h) rental income, (i) roommate income, (j) interest/royalties

TOTAL INCOME (a)-(j): \$ \_\_\_\_\_ **NOTE - Don't include social security income, retirement or disability payments.**

**IV. Vehicles, Motorcycles, Watercraft, Jet Skis, Trailers, Motorhomes**

Please complete the following as accurately as possible for each of your vehicles, etc. (use other pages if necessary)

Year	Make	Model	Mileage (important)	Fair Market value (Blue Book)	Approx. Date Purchased	Loan/Lease (specify)	Monthly Payment	# Months Late	Balance Owed
				\$			\$		\$
				\$			\$		\$

**V. Real Estate (Residential/ Rental Properties/Lots/Timeshares)**

Do you and/or your spouse own any real estate? \_\_\_\_\_ If so, complete the following for each property you own:

Type of Property (home, income property, timeshare, lots, etc.)	List mortgages and other liens on the Property	Present Market Value of Property  (How was value determined, Zillow, realtor.)	Purchase Price	Balance Owed	Monthly Payment	Current Status (i.e., months behind, Notice of Default filed, short sale, foreclosure scheduled)
	1st Mortgage  2nd Mortgage					

*(Please attach extra pages for each additional property you may own)*

Do you rent? \_\_\_\_\_ Do you have renter's insurance? \_\_\_\_\_ Are there any co-signers for any of these loans? \_\_\_\_\_

**VI. Other Debts** Please complete the following as accurately as possible

Type of Debt	No. of Items	Approx. Total Combined Balance	Approx. Charges in Last 3 Mos.	Approx. Total Payments in Last 3 Mos.	Months Late
Credit Cards		\$	\$		
Student Loans		\$	\$		
Taxes (list years owed for)		\$	\$		
Judgments/Lawsuits		\$	\$		
Medical Bills		\$	\$		
Repossessions/Surrendered Cars		\$	\$		
Support Obligations (spousal or child)		\$	\$		
Personal Loans (friends, family, credit union)		\$	\$		

Are there any co-signers for any of these loans? \_\_\_\_ If so, list: \_\_\_\_\_

**VII. Common Household Expenses** [Please complete the following as accurately as possible]

Rent \_\_\_\_\_ Home insurance \_\_\_\_\_ Property taxes \_\_\_\_\_ Home maintenance \_\_\_\_\_  
Electric/Gas utility \_\_\_\_\_ Propane/Fuel Oil \_\_\_\_\_  
Telephone - land line \_\_\_\_\_ Cell phone \_\_\_\_\_  
Cable/Satellite \_\_\_\_\_ Internet \_\_\_\_\_  
Trash/Garbage \_\_\_\_\_ Water/Sewer \_\_\_\_\_  
Food \_\_\_\_\_ Restaurant/Food away \_\_\_\_\_  
Clothing \_\_\_\_\_ Laundry \_\_\_\_\_  
Medicine/Doctor/Dentist \_\_\_\_\_ Prescriptions \_\_\_\_\_

**\*\*\* DO NOT include amounts deducted from paychecks for employer provided benefits.**

Health Insurance \*\*\* \_\_\_\_\_ \*\*\*\*\*  
Dental Insurance \*\*\* \_\_\_\_\_ \*\*\*\*\*  
Life Insurance \*\*\* \_\_\_\_\_ \*\*\*\*\*  
Auto gas \_\_\_\_\_ Auto payment \_\_\_\_\_  
Auto insurance \_\_\_\_\_ Other Insurance \_\_\_\_\_  
Recreational expenses \_\_\_\_\_ Gym membership \_\_\_\_\_ Charity \_\_\_\_\_  
Past due Tax payment \_\_\_\_\_ Alimony/Support Owed \_\_\_\_\_  
Educational/Tuition \_\_\_\_\_ Student loans \_\_\_\_\_  
Child school expenses \_\_\_\_\_ Child after school expenses \_\_\_\_\_  
Childcare/Babysitting \_\_\_\_\_  
Support for others \_\_\_\_\_ Pet expenses \_\_\_\_\_  
Other expenses \_\_\_\_\_ Storage Unit \_\_\_\_\_ Cigarettes/smoking \_\_\_\_\_

**VIII. List the value of your assets (if married but filing singly - list any interest in your spouse's assets)**

List how much equity you have in your primary residence \$ \_\_\_\_\_

**Use an approximate value of what it would cost to replace items of equal age/condition (buying it at thrift stores) or if you sold the following items at a garage sale:**

Pets: type and number of \_\_\_\_\_ (don't put a \$ value UNLESS pure bred/show)  
General Furs and Jewelry \$ \_\_\_\_\_ (includes watches)  
General Wearing Apparel \$ \_\_\_\_\_  
Clothing \$ \_\_\_\_\_  
General Firearms \$ \_\_\_\_\_  
Sports, Exercise, Photographic and Hobby Equipment \$ \_\_\_\_\_  
General digital music and video collections \$ \_\_\_\_\_  
General books, Pictures and Art in frames, and Collectibles \$ \_\_\_\_\_ (nic naks)  
Electronics: TVs, radios, stereo, phones \$ \_\_\_\_\_  
General Household Goods and Furnishings \$ \_\_\_\_\_ (everything else!)  
List all IRA, 401-K or ERISA qualified plans you maintain for retirement and amounts of each: \$ \_\_\_\_\_

Cash on hand, checking balances, savings balances, CD, money market accounts: List any of these accounts that you maintain and the dollar amount thereof: \_\_\_\_\_

List any other assets (including businesses (corps/LLCs) you own): \_\_\_\_\_

IF YOU HAVE A STORAGE UNIT: type of goods \_\_\_\_\_ Value \$ \_\_\_\_\_

Name and address of facility \_\_\_\_\_

**IX. Miscellaneous**

During the past four (4) years have you transferred, sold or gifted away vehicles or other assets valued at more than \$1,500 to anyone? \_\_\_\_\_

Have you filed tax returns for the past four years? \_\_\_\_\_

Have you been divorced? \_\_\_\_\_ If yes, how long ago? \_\_\_\_\_ Did you assume any debts in the divorce? \_\_\_\_\_

**X. Items to Send Us Along With This Interview Form**

We will need you to send us the following items: (1) your last car payment statement; (2) your last mortgage statement (if applicable); (3) last 2 months pay stubs for anyone working in your household; and (4) your last bank statement.

**KEY ELIGIBILITY INDICATORS:**

**FOR CHAPTER 7 BANKRUPTCIES:** Six (6) month gross income based on the household size must be **less than:**  
1-\$31,469; 2-\$41,717; 3-\$46,367; 4-\$53,265; 5-\$57,765; 6-\$62,265

**FOR CHAPTER 13 BANKRUPTCIES:** Maximum debt load: Secured Debt must be **under** \$1,184,200, and Unsecured Debt must be **under** \$394,725.