

WANI & ASSOCIATES

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BANKRUPTCY INTAKE

Single

Joint

Name:

SSN #

Birth Date:

Are you known by another name?

Street Address:

City:

State, Zip Code

County:

Home Phone:

Cell Phone:

Business Phone:

E-mail Address:

Length of time at current address:

Prior Address:

How long have you live in your state?

Mailing Address (if different):

City:

State, Zip Code:

Present Occupation:

Name of Employer:

Address:

City:

State, Zip Code: _____

How long have you worked here? _____

Marital Status: _____

Name of Spouse: _____

Street Address: _____

City: _____

State, Zip Code: _____

Birth Date: _____

SSN # _____

Wife's Employer: _____

Wife's Occupation: _____

Number of Financial Dependents: _____

Name	Relationship	Birth date	Address

Have you been bankrupt in the past? Yes No

If yes, what was filing date? _____

Location: _____

Date of discharge: _____

Is there a copy available? _____

If yes, please provide a copy. _____

Have you been self-employed in the last 5 years? Yes No

If yes, please provide: _____

Business Name: _____

City: _____

State, Zip Code: _____

Nature of Business: _____

Please select one: Proprietorship Partnership Limited Company

Period of Operation: _____

What happened to the business? _____

Where are the books and records? _____

Names of Partners _____

Are you an officer or director of a limited company? _____

If yes, please give details: _____

Estimated Income for the current year: _____

2010 Income: _____

2009 Income: _____

2008 Income _____

Table 1: Monthly income Estimated After Bankruptcy Petition is filed

Net Employment Income	
Net Earnings of Spouse	
Net Pensions/Annuities	
Net Child Support	
Other Net Income	
Child Tax Benefit	
Net Spousal	
Net Unemployment Benefits	
Net Social Insurance	
Self Employment	
Total Monthly Income	

Pay roll taxes for you:

Employer: _____

Employer's Address: _____

Federal: _____

State: _____

Social Security: _____

Medicaid: _____

Pay roll Taxes for your Wife:

Employer: _____

Employer's Address: _____

Federal: _____

State: _____

Social Security: _____

Medicaid: _____

Table 2: Monthly Non-Discretionary Expenses Estimated After Petition if Filed

Child Support Payments	
Spousal Support Payments	
Child Care	
Medical Condition Expenses	
Fines/Penalties Imposed by Court	
Expenses as a Condition of Employment	
Debt where stay has been lifted	
Other	
Total Monthly Non-Discretionary Expenses	

Table 3: Monthly Discretionary Expenses Estimated After Petition is Filed

Housing Expenses

Rent/Mortgage	
Property Taxes/Condos Fee	
Heating/Gas/Oil	
Telephone	
Cable	
Hydro	
Water	
Furniture	
Other	
Total Housing Expenses	

Personal Expenses

Smoking	
Alcohol	
Dining/Lunches/Restaurants	
Entertainment/Sports	
Gifts/Charitable Donations	
Allowances	
Other	
Total Personal Expenses	

Medical Expenses

Prescriptions	
Dental	
Other	
Total Medical Expenses	

Living Expenses

Food/Grocery	
Laundry/Dry Cleaning	
Grooming/Toiletries	
Clothing	
Other	
Total Living Expenses	

Transportation Expenses

Car Lease/Payments	
Repairs/Maintenance/Gas	
Public Transportation	
Other	
Total Transportation Expenses	

Insurance Expenses

Vehicle	
House	
Furniture/Contents	
Life Insurance	
Other	
Total Insurance Expenses	

Other Payments

To other secured creditors	
Other	
Total Payments	

Total Housing Expenses	
Total Personal Expenses	
Total Medical Expenses	
Total Living Expenses	
Total Transportation Expenses	
Total Insurance Expenses	
Total Other Payments	
Total Monthly Discretionary	

Total Monthly Income (table 1)	
Total Monthly Non-Discretionary Expenses (table 2)	
Total Monthly Discretionary Expenses (table 3)	
TOTAL	

1. Secured Property

Location:

First Trust Creditor:

Account No.

Balance:

Second Trust Creditor:

Account No.

Balance:

Present Value of the Property:

Any equity:

Intention:

2. Secured Property

Location: _____

First Trust Creditor:

Account No. _____

Balance: _____

Second Trust Creditor:

Account No. _____

Balance: _____

Present Value of the Property: _____

Any equity: _____

Intention: _____

Car: _____

Creditor: _____

Balance: _____

Intention: _____

Car: _____

Creditor: _____

Balance: _____

Intention: _____

Assets	Location	Best Estimate of Value
Cash in Hand		
Cash in Bank		
Household Furniture		
Retirement/Savings Plans		
Loans Due to You		
Cash Surrender Value of Insurance Policies		
Savings Plans/Bonds		
Clothing/Medical Aids		
Jewelry		
Stock/Shares		
Estimates Tax Refund		
Collectibles (Stamps, etc.)		
House/Cottage/Land		
Mobile Home		
Automobile Serial Number:		
Motorcycle Serial Number:		
Other Motorized Vehicle		
Boat/Trailer		
Other Assets		

Have you received any debt in last 90 days? _____

Have you take any cash advances in last 180 days: _____

Within the last 12 months, have you sold, disposed of or transferred any of your assets? Yes No

If yes: Description of Asset: _____

Date Disposed _____

To Whom: _____

Proceeds: _____

Disposition of Proceeds _____

Within the last 12 months, have you made payments
In excess of regular payments to any creditor?

Yes No

If yes, please indicate: _____

Creditor's Name: _____

Account Number: _____

Date of extra payment: _____

Amount or extra payment _____

With the last 12 months, have you had any
Assets seized /foreclosed by a creditor?

Yes No

List of Foreclosed Houses

1. Address:

Date of Foreclosure

Mortgage company (bank): First Trust : _____

Mortgage company (bank): 2nd Trust : _____

2. Address:

Date of Foreclosure

Mortgage company (bank): First Trust : _____

Mortgage company (bank): 2nd Trust : _____

3. Address:

Date of Foreclosure

Mortgage company (bank): First Trust : _____

Mortgage company (bank): 2nd Trust : _____

4. Address:

Date of Foreclosure

Mortgage company (bank): First Trust : _____

Mortgage company (bank): 2nd Trust : _____

Do you expect to receive any sums of money,
or any other property within the next 12 months?

Yes

No

If yes, please explain:

Please list the banks/financial institutions you are dealing with:

Bank: _____

Address: _____

City, State, Zip _____

Amount currently in account: _____

Do you have a safety deposit box?

Yes

No

If yes, please indicate:

Name of the bank: _____

Contents: _____

Does anyone owe you money?

If yes, explain: _____

List all the suits and administrative proceedings to which debtor was a party in last one year.

Assignments and receiverships.

Gifts: List all gifts and charitable contributions made within one year.

Losses: List all losses within one year

List all property transferred within last two years

List all property transferred to self settled trust in last ten years

List all financial accounts closed in last one year

List each safe deposit

List all set offs with last 90 days

List all Debts, including secured debts and utilities

Creditor's Name: _____

Address: _____

City, State, Zip: _____

Account Number: _____

Amount Owed: _____

Creditor's Name _____

Address _____

City, State, Zip

Account Number

Amount Owed

Creditor's Name

Address

City, State, Zip

Account Number

Amount Owed

Are any of these debts a result of your guarantee or co-signing?

Yes

No

If yes, please indicate:

Lender's Name:

Lender's Address:

Amount:

Borrower's Name

Borrower's Address

Is Borrower Bankrupt

Yes

No