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Date : _____

BANKRUPTCY APPLICATION

Personal Information

Full Name: _____ Age: _____ Birthdate: ____/____/____

Social Security #: _____ Email Address: _____

Address: _____ Phone# _____

Work # _____ Cell/Pager _____

City/Zip _____ MI 48 _____ County: _____

Circle One: Single Married Separated Divorced Widowed

IF YOU ARE MARRIED , IS YOUR SPOUSE FILING TOO? Yes No

Spouse Information (even if Spouse is not filing)

Full Name: _____ Age: _____ Birthdate: ____/____/____

Social Security #: _____

Have you or your spouse used any other names in the past 8 years (maiden names, business names, etc.)? Yes No

Names used: _____

Children or Dependents

Name and age of any children or dependents living in your household (this includes Step or Adopted Children also) _____

(Name) (Age) (Name)
(Age)

(Name) (Age) (Name)
(Age)

Name and age of any children or dependents **you support** not living in your household:

Prior Bankruptcy Cases

Have you or your spouse ever filed Bankruptcy? Yes No If yes, Case

#: _____

Date Filed: _____ Chapter 7 or 13? _____ Court

Location/State: _____

(*You must wait 8 years between Chapter 7 filings, or you may want to file Chapter 13)

Real Estate Information

Do you **OWN**, are you buying, or are you involved as **PART OWNER** in any real estate (land or home)? Yes No
 (See Vehicle Information section for MOBILE HOMES) (If no, go to next section.)

Address of Property: _____ Is this your residence? Yes No
 Year bought: _____ Price Paid: \$ _____ Present Value: \$ _____
 Balance on Mortgage: \$ _____ 2nd Mortgage: \$ _____ 3rd: \$ _____

Whose names are on the deed: _____ SEV from tax bill: \$ _____
Who is/are your MORTGAGE COMPANY: #1 _____ #2 _____
 (You MUST also list this on your list of Creditors)

Monthly payment amount: 1st Mortgage: \$ _____ 2nd Mortgage: \$ _____ 3rd Mtg: \$ _____
 Does this include taxes and/or insurance: yes no

Do you own any other property? If so, location: _____
 Is it rented out to anybody? Yes No

Do you have DELINQUENT PROPERTY TAXES?(amount past due)\$ _____

Vehicle Information

Do you **OWN** or **LEASE** any cars, trucks, mobile homes, boats, trailers, ATVs, motorcycles, etc..? Yes No
 (If no, go to next section.)

LIST THEM HERE

***Please write in the Year, Make & Model**

Circle	<u>Year, Make & Model</u>	Names on Title	Payment	Present Value	Owed	Amount
<input type="checkbox"/> Keep #1 <input type="checkbox"/> Give up	Ford, Chevy, etc.		\$	\$	\$	Lease or Purchase
<input type="checkbox"/> Keep #2 <input type="checkbox"/> Give up	Ford, Chevy, etc.		\$	\$	\$	Lease or Purchase

Who is your CAR FINANCIER? #1 _____ #2 _____
 #3 _____
 (You MUST also list them on your list of Creditors) Expected Payoff Dates #1 _____ #2 _____

Do you have a car you USE and PAY for, but is in someone else's name? Yes or No
 If so, what type of vehicle is it? _____ Amount you pay per month: \$ _____

***DO NOT** list any cars that have already been REPOSSESSED or RETURNED, cars which you or your spouse's names do not appear on the Title. **DO INCLUDE** leased vehicles or any other vehicles that you are actually paying for. You should also list any vehicles that are in your name but are being paid for by your child, a friend, etc...

Personal Property Information

LIST ALL THINGS YOU OWN in the categories below. The “present value” is considered as the *resale* value of such property.

* Each filer is allowed up to \$10,775 of furnishings, clothing, personal items; \$3,225, jewelry \$1,350, equity in car; \$20,200 equity in real estate; or \$11,200 of any other kind of property or money; a reasonable pension account and other certain items.

Type of Property	Do you have any? Yes/No	Description	Owned by husband, wife or joint	Present Value
Checking, savings account, Certificates of Deposit		Which Bank? Account #:		\$
Security deposits		With whom?		\$
Household goods, furnishings, appliances				\$
Clothing				\$
Furs or Jewelry				\$
Firearms, sports, photo, hobby equipment				\$
Life insurance policies, stocks, bonds, IRAs, 401(k), Pension for work		What?		\$
Tax refund, unpaid wages, commission				\$
Any lawsuits, claims for money against anyone, inheritance in Probate Court				\$
Animals		What kind?		\$

Current Income

Your Income

Occupation: _____

Name of Employer: _____

Address: _____

How long employed: _____

Hourly rate? \$ _____ (example \$12/hr)

Usual # of hours per week? _____ (ex. 40 hrs)

Expected Yearly income? \$ _____ (ex. \$30000)

Do you receive Overtime pay? Yes No

How much O.T. per month, usually _____ hours

How much is taken out for TAXES? \$ _____

How much for Insurance? \$ _____

How much for Union Dues? \$ _____

401K or 401K Loan? \$ _____

Any other deductions? Yes No

If so, what are they & how much? _____

Other Income-Do you receive.....

Social Security? Yes No How much? \$ _____

Child Support? Yes No How much? \$ _____

Disability/Medical? Yes No How much? \$ _____

Retirement/Pension? Yes No How much? \$ _____

Other: _____ How much? \$ _____

Spouse's Income (*Fill-out even if spouse is not filing.)

Occupation: _____

Name of Employer: _____

Address: _____

How long employed: _____

Hourly rate? \$ _____ (example \$12/hr)

Usual # of hours per week? _____ (ex. 40 hrs)

Expected Yearly income? \$ _____ (ex. \$30000)

Do you receive Overtime pay? Yes No

How much O.T. per month, usually _____ hours

How much is taken out for TAXES? \$ _____

How much for Insurance? \$ _____

How much for Union Dues? \$ _____

Any other deductions? Yes No

If so, what are they & how much? _____

Other Income-Do you receive.....

Social Security? Yes No How much? \$ _____

Child Support? Yes No How much? \$ _____

Disability/Medical? Yes No How much? \$ _____

Retirement/Pension? Yes No How much? \$ _____

Other: _____ How much? \$ _____

Additional Notes: _____

Does anyone else in the household have income? _____

If so who? _____ How much per month? _____

Current Expenses

LIST ALL OF YOUR MONTHLY LIVING EXPENSES

Do you share household expenses with another adult or spouse? Yes No (If so, list your part of the expenses)

Indicate how much you pay for each item each month:

Does your mortgage company include Taxes? Yes or No Insurance? Yes or No

EXPENSE	AMOUNT	EXPENSE	AMOUNT
RENT	\$	TRANSPORTATION (not car payment)	\$
MORTGAGE PAYMENT	\$	CAR PAYMENT/LEASE	\$
SECOND MORTGAGE	\$	OTHER CAR/LEASE PAYMENT	\$
REAL ESTATE TAXES (if separate)	\$	AUTO INSURANCE	\$
HOME INSURANCE (if separate)	\$	OTHER INSURANCE: _____	\$
ELECTRICITY	\$	ENTERTAINMENT/RECREATION	\$
HEAT/GAS	\$	CHARITY/ CHURCH / TITHES	\$
WATER & SEWAGE	\$	CHILD SUPPORT you pay	\$
TELEPHONE	\$	ALIMONY/SUPPORT you pay	\$
CABLE	\$	DAY CARE	\$
CELL PHONE/PAGER	\$	HOME MAINTENANCE/UP KEEP	\$
FOOD/GROCERIES	\$	SCHOOL EXPENSE (under 18 years)	\$
CLOTHING	\$	PET COSTS	\$
LAUNDRY/DRY CLEAN	\$	HAIR CARE	\$
INTERNET	\$	OTHER:	\$
MEDICAL/DENTAL(out of pocket)	\$	OTHER:	\$

Any Additional information you'd like us to know regarding your monthly expenses: _____

Financial Affairs

If you are filing jointly with your spouse, include information about you and your spouse. If the question doesn't apply to you, you may leave the answer blank.

Income from employment, operation of business, social security, disability, pension, support, etc...

	<u>HUSBAND / MALE</u>	<u>WIFE / FEMALE</u>
2019 Year-to-Date Income (January thru today's date Gross)	\$ _____	\$ _____
2018 Gross Income	\$ _____	\$ _____
2017 Gross Income	\$ _____	\$ _____

1. Have you sold, transferred, or deeded any property any property to anyone in the last 6 years?
To whom: _____ When? _____
Description of Property _____
2. Are there any garnishments or other Court actions going on against you?
Creditor suing you: _____ Their Attorney: _____
Case No. _____ Which Court (i.e. 36th District): _____
3. Have you had any property repossessed or foreclosed within the last 2 years?
Description of Property: _____ Creditor: _____
Date of Repossession or Foreclosure: _____
4. Can you sue anyone for any money, such as an injury claim, insurance benefits, inheritance or breach of contract?

5. Have you owned a business or been self-employed within the last 6 years? Names used: _____
Years of Operation: _____ Amount of Profit each year: _____
6. Have you used any of your credit cards or taken out any loans or cash advances within the last 6 months to pay taxes, transfer balances, debt consolidation, or cash advances of more than \$1,000?
When: _____ Which card or company: _____
7. List all addresses where you previously lived in the past 3 years:

8. Have you repaid more than \$600 to any one creditor in the last 90 days, or any family member in the last year?

9. Have you donated or contributed to any charities or church in the past year?
What charity/church? _____ How much money? \$ _____

EXAMPLE

OF WHAT YOUR LIST OF CREDITORS SHOULD LOOK LIKE

ACCOUNT NAME & ADDRESS	Husband, Wife, Joint, Co-signer- AMOUNT OWED	Type of Debt- Car loan, mortgage, credit card, medical, utility, school loan, repo deficiency, bank loan, etc...
Country Wide Home Loans PO BOX 660694 DALLAS, TX 75266	H W J C \$ 125,000.00	Account# 55512360-46598 MORTGAGE
GMAC PO BOX 5055 TROY, MI 48007	H W J C \$ 11,500.00	Account# 2671123 CAR LOAN
OSI COLLECTION 1375 E. WOODFIELD. RD. SCHAUMBURG, IL 60173	H W J C \$ 525.00	Account# 366310001 COLLECTION FOR CAPITAL ONE
DTE ENERGY 3200 HOBSON DETROIT, MI 48201	H W J C \$ 1,100.00	Account# 285300021 UTILITY
FIRST BANK OF MARIN PO BOX 1001 SACRE MENTO, CA 90073	H W J C \$ 5,300.00	Account# 5411-2626-0011 CREDIT CARD
FIRST FEDERAL BANK PO BOX 89824 CLEVELAND, OH 44101	H W J C \$ 7,000.00	Account# 23162 PERSONAL LOAN
PROVIDIAN PO BOX 2653 LOS ANGELES, CA 90060	H W J C \$ 10,000.00	Account# 6213-1125-0233-410 CREDIT CARD
FORD MOTOR CREDIT PO BOX 100 DEARBORN, MI 48126	H W J C \$ 6,400.00	Account# AB AE123456 REPOSSESSION BALANCE
U.S. DEPARTMENT OF EDUCATION PO BOX 1920 ST. PAUL, MN 55101	H W J C \$ 3,000.00	Account# 368-00-0001 STUDENT LOAN

ACCOUNT NAME & ADDRESS	Husband, Wife, Joint, Co-signer- AMOUNT OWED	Type of Debt- Car loan, mortgage, credit card, medical, utility, school loan, repo deficiency, bank loan, etc...
	H W J C \$	Account #: Date: Type of debt::
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	H W J C \$	Account #: Date: Type of debt

LIST ALL DEBTS-INCLUDING CAR LOANS, MORTGAGES, UTILITIES, STUDENT LOANS, WHETHER OR NOT THE DEBT IS CANCELED BY BANKRUPTCY. USE ADDITIONAL SHEETS IF NEEDED.