

## INFORMATION ABOUT YOU

ATTORNEY NOTES

7    11    13    Individual  

Joint

FIRST NAME	MIDDLE NAME	LAST NAME	DATE
SOCIAL SECURITY NUMBER		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED	
RESIDENCE ADDRESS	CITY	STATE	ZIP
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	WORK PHONE	OTHER (SPECIFY)
LENGTH OF TIME AT THIS ADDRESS	DATE OF BIRTH	EMAIL ADDRESS	
LIST ANY OTHER NAMES USED BY YOU IN THE LAST 8 YEARS (INCLUDING BUSINESS/MARRIED NAMES)			
<input type="checkbox"/> YES <input type="checkbox"/> NO   HAVE YOU EVER FILED A BANKRUPTCY BEFORE, EVEN IF IT WAS DISMISSED OR YOU DIDN'T GO THROUGH WITH IT? If yes, what year and case number?   Year _____   Case Number _____			
<input type="checkbox"/> YES <input type="checkbox"/> NO   ARE YOU FILING THIS BANKRUPTCY WITH YOUR SPOUSE?			
SPOUSE'S FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIZ (JR, STR, III)
SPOUSE'S RESIDENCE ADDRESS	CITY	STATE	ZIP
SPOUSE'S MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP
LENGTH OF TIME AT THIS ADDRESS	SOCIAL SECURITY NUMBER	EMAIL ADDRESS	
SPOUSE'S HOME PHONE	SPOUSE'S CELL PHONE	SPOUSE'S WORK PHONE	SPOUSE'S OTHER (SPECIFY)
LIST ANY OTHER NAMES USED BY SPOUSE IN THE LAST 8 YEARS (INCLUDING BUSINESS/MAIDEN NAMES)			
DEPENDANT NAME	AGE	RELATIONSHIP	
DEPENDANT NAME	AGE	RELATIONSHIP	
DEPENDANT NAME	AGE	RELATIONSHIP	
DEPENDANT NAME	AGE	RELATIONSHIP	
DEPENDANT NAME	AGE	RELATIONSHIP	
HOW DID YOU HEAR ABOUT US?			
<input type="checkbox"/> REFERRAL, WHO MAY WE THANK? _____ <input type="checkbox"/> TELEVISION <input type="checkbox"/> MOVIE THEATER <input type="checkbox"/> GOOGLE			
<input type="checkbox"/> MOBILE PHONE <input type="checkbox"/> INTERNET AD <input type="checkbox"/> YOUTUBE <input type="checkbox"/> RADIO <input type="checkbox"/> PHONE BOOK <input type="checkbox"/> OTHER, SPECIFY _____			

## REAL ESTATE

DO YOU RENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF LANDLORD	ADDRESS	MONTHLY PAYMENT
HOMEOWNERS: TYPE OF PROPERTY OWNED: <input type="checkbox"/> HOUSE <input type="checkbox"/> CONDO <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> RENTAL PROPERTY <input type="checkbox"/> VACANT LOT <input type="checkbox"/> TIME SHARE <input type="checkbox"/> CO-OP <input type="checkbox"/> OUT OF STATE/COUNTY <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> _____			
NAME(S) ON DEED OR TITLE			YEAR PURCHASED
PROPERTY ADDRESS	CITY		STATE    ZIP
1 <sup>ST</sup> MORTGAGE COMPANY NAME /ADDRESS	CITY		STATE    ZIP
MONTHLY PAYMENT	TAXES & INSURANCE INCLUDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	BALANCE OWED	ARE YOU BEHIND <input type="checkbox"/> YES <input type="checkbox"/> NO
2 <sup>ND</sup> MORTGAGE COMPANY NAME /ADDRESS			IF YES, HOW MANY MONTHS?
PROPERTY ADDRESS	CITY		STATE    ZIP
1 <sup>ST</sup> MORTGAGE COMPANY NAME /ADDRESS	CITY		STATE    ZIP
MONTHLY PAYMENT	BALANCE OWED	ARE YOU BEHIND <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HOW MANY MONTHS?
2 <sup>ND</sup> MORTGAGE COMPANY NAME /ADDRESS			IF YES, HOW MANY MONTHS?
DO YOU OWN ANY REAL ESTATE WITH OTHER PEOPLE, OR HAS SOMEONE ADDED YOUR NAME TO THEIR PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU OWN ANY REAL ESTATE VIA LAND CONTRACT <input type="checkbox"/> YES <input type="checkbox"/> NO			
2 <sup>ND</sup> PROPERTY ADDRESS	CITY		STATE    ZIP
1 <sup>ST</sup> MORTGAGE COMPANY NAME /ADDRESS	CITY		STATE    ZIP
MONTHLY PAYMENT	BALANCE OWED	ARE YOU BEHIND <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HOW MANY MONTHS?
2 <sup>ND</sup> MORTGAGE COMPANY NAME /ADDRESS			IF YES, HOW MANY MONTHS?
PROPERTY ADDRESS	CITY		STATE    ZIP
1 <sup>ST</sup> MORTGAGE COMPANY NAME /ADDRESS	CITY		STATE    ZIP
MONTHLY PAYMENT	BALANCE OWED	ARE YOU BEHIND <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HOW MANY MONTHS?
2 <sup>ND</sup> MORTGAGE COMPANY NAME /ADDRESS			IF YES, HOW MANY MONTHS?
3 <sup>RD</sup> PROPERTY ADDRESS	CITY		STATE    ZIP
1 <sup>ST</sup> MORTGAGE COMPANY NAME /ADDRESS	CITY		STATE    ZIP
MONTHLY PAYMENT	BALANCE OWED	ARE YOU BEHIND <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HOW MANY MONTHS?
2 <sup>ND</sup> MORTGAGE COMPANY NAME /ADDRESS			IF YES, HOW MANY MONTHS?
PROPERTY ADDRESS	CITY		STATE    ZIP
1 <sup>ST</sup> MORTGAGE COMPANY NAME /ADDRESS	CITY		STATE    ZIP
MONTHLY PAYMENT	BALANCE OWED	ARE YOU BEHIND <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HOW MANY MONTHS?
2 <sup>ND</sup> MORTGAGE COMPANY NAME /ADDRESS			IF YES, HOW MANY MONTHS?

## MOTOR VEHICLES

PLEASE LIST ANY VEHICLE THAT IS TITLED IN YOUR NAME OR YOUR SPOUSE'S NAME OR WITH ANYONE ELSE. INCLUDE ALL VEHICLES, EVEN IF THEY ARE PAID OFF OR SOMEONE ELSE DRIVES THEM.

VEHICLE TYPE:

CAR    TRUCK    MOTORCYCLE    MOPED    BOAT    CAMPER    TRAILER    OTHER (SPECIFY) \_\_\_\_\_

YEAR	MAKE	MODEL	LEASE OR PURCHASE	LEASE OR PURCHASE DATE
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CONDITION <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> NOT RUNNING	MILEAGE
--	---------

NAME ON TITLE	COMPANY YOU MAKE PAYMENTS TO	PAYMENT AMOUNT	BALANCE
---------------	------------------------------	----------------	---------

DO YOU WANT TO KEEP THIS VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU BEHIND <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HOW MANY MONTHS?
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2<sup>ND</sup> VEHICLE TYPE:

CAR    TRUCK    MOTORCYCLE    MOPED    BOAT    CAMPER    TRAILER    OTHER (SPECIFY) \_\_\_\_\_

YEAR	MAKE	MODEL	LEASE OR PURCHASE	LEASE OR PURCHASE DATE
------	------	-------	-------------------	------------------------

CONDITION <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> NOT RUNNING	MILEAGE
--	---------

NAME ON TITLE	COMPANY YOU MAKE PAYMENTS TO	PAYMENT AMOUNT	BALANCE
---------------	------------------------------	----------------	---------

DO YOU WANT TO KEEP THIS VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU BEHIND <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HOW MANY MONTHS?
--	--	--------------------------

3<sup>RD</sup> VEHICLE TYPE:

CAR    TRUCK    MOTORCYCLE    MOPED    BOAT    CAMPER    TRAILER    OTHER (SPECIFY) \_\_\_\_\_

YEAR	MAKE	MODEL	LEASE OR PURCHASE	LEASE OR PURCHASE DATE
------	------	-------	-------------------	------------------------

CONDITION <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> NOT RUNNING	MILEAGE
--	---------

NAME ON TITLE	COMPANY YOU MAKE PAYMENTS TO	PAYMENT AMOUNT	BALANCE
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DO YOU WANT TO KEEP THIS VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU BEHIND <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HOW MANY MONTHS?
--	--	--------------------------

VEHICLE TYPE:

CAR    TRUCK    MOTORCYCLE    MOPED    BOAT    CAMPER    TRAILER    OTHER (SPECIFY) \_\_\_\_\_

YEAR	MAKE	MODEL	LEASE OR PURCHASE	LEASE OR PURCHASE DATE
------	------	-------	-------------------	------------------------

CONDITION <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> NOT RUNNING	MILEAGE
--	---------

NAME ON TITLE	COMPANY YOU MAKE PAYMENTS TO	PAYMENT AMOUNT	BALANCE
---------------	------------------------------	----------------	---------

DO YOU WANT TO KEEP THIS VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU BEHIND <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HOW MANY MONTHS?
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# MONTHLY INCOME

EMPLOYER NAME

ADDRESS

CITY

STATE

ZIP

PHONE

LENGTH OF TIME ON JOB

JOB TITLE

HOW OFTEN DO YOU GET PAID?

WEEKLY

BI-WEEKLY

MONTHLY

BI-MONTHLY

CO-DEBTOR/SPOUSE EMPLOYER NAME

ADDRESS

CITY

STATE

ZIP

PHONE

LENGTH OF TIME ON JOB

JOB TITLE

HOW OFTEN DO YOU GET PAID?

WEEKLY

BI-WEEKLY

MONTHLY

BI-MONTHLY

(Estimate of average or projected monthly income)

MONTHLY GROSS WAGES, SALARY & COMMISSIONS

DEBTOR

CO-DEBTOR/SPOUSE

MONTHLY OVERTIME (ESTIMATE)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

SUBTOTAL

\$ \_\_\_\_\_

\$ \_\_\_\_\_

MONTHLY PAYROLL TAXES & SOCIAL SECURITY DEDUCTIONS

\$ \_\_\_\_\_

\$ \_\_\_\_\_

MONTHLY INSURANCE

\$ \_\_\_\_\_

\$ \_\_\_\_\_

MONTHLY UNION DUES

\$ \_\_\_\_\_

\$ \_\_\_\_\_

OTHER MONTHLY DEDUCTIONS \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

NET PAYROLL

\$ \_\_\_\_\_

\$ \_\_\_\_\_

COMMISSIONS  YES  NO

IF YES FOR HOW LONG? \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

ALIMONY/CHILD SUPPORT  YES  NO

IF YES FOR HOW LONG? \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

FOOD STAMPS  YES  NO

IF YES FOR HOW LONG? \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

FIA ASSISTANCE  YES  NO

IF YES FOR HOW LONG? \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

UNEMPLOYMENT  YES  NO

IF YES FOR HOW LONG? \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

WORKERS COMP  YES  NO

IF YES FOR HOW LONG? \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

PENSION  YES  NO

IF YES FOR HOW LONG? \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

SOCIAL SECURITY/DISABILITY  YES  NO

IF YES FOR HOW LONG? \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

RENTAL INCOME  YES  NO

IF YES FOR HOW LONG? \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

ANNUITY/TRUST INCOME  YES  NO

IF YES FOR HOW LONG? \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

TOTAL OTHER INCOME

\$ \_\_\_\_\_

\$ \_\_\_\_\_

WILL YOU BE RECEIVING A BONUS OR PROFIT SHARING CHECK WITHIN THE NEXT YEAR?

YES

NO

IF YES, HOW MUCH??

WILL YOUR SPOUSE BE RECEIVING A BONUS OR PROFIT SHARING CHECK WITHIN THE NEXT YEAR?

YES

NO

IF YES, HOW MUCH?

DO YOU OR HAVE A SECOND JOB?  YES  NO

DOES YOUR SPOUSE HAVE A SECOND JOB?  YES  NO

YOUR 2<sup>ND</sup> EMPLOYER (NAME & ADDRESS)

LENGTH OF TIME

JOB TITLE

HOW OFTEN DO YOU GET PAID?

WEEKLY

BI-WEEKLY

MONTHLY

BI-MONTHLY

SPOUSE'S 2<sup>ND</sup> EMPLOYER (NAME & ADDRESS)

LENGTH OF TIME

JOB TITLE

HOW OFTEN DO YOU GET PAID?

WEEKLY

BI-WEEKLY

MONTHLY

BI-MONTHLY

## OTHER INFO

### BANKING INFORMATION

<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS	NAME OF BANK /CREDIT UNION	ADDRESS	BALANCE	NAME ON ACCOUNT
<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS	NAME OF BANK/CREDIT UNION	ADDRESS	BALANCE	NAME ON ACCOUNT
<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS	NAME OF BANK/CREDIT UNION	ADDRESS	BALANCE	NAME ON ACCOUNT

### MONTHLY EXPENSES

<p><b><u>HOUSING</u></b></p> <p>RENT/MORTGAGE \$ _____</p> <p>2<sup>ND</sup> MORTGAGE/EQUITY \$ _____</p> <p>LOT RENT \$ _____</p> <p>HOME/RENTERN'S INSURANCE \$ _____</p> <p>HOMEOWENER ASSOSTION OR CONDO DUES \$ _____</p> <p><b><u>UTILITIES</u></b></p> <p>GAS BILL \$ _____</p> <p>ELECTRIC BILL \$ _____</p> <p>HEAT BILL \$ _____</p> <p>WATER BILL \$ _____</p> <p>PHONE BILL \$ _____</p> <p>CELL PHONE \$ _____</p> <p>CABLE/DISH \$ _____</p> <p>INTERNET \$ _____</p> <p>STREAMING \$ _____</p> <p>OTHER, SPECIFY _____ \$ _____</p> <p><b><u>BASIC NEEDS</u></b></p> <p>GROCERIES \$ _____</p> <p>EATING OUT \$ _____</p> <p>CHILDCARE AND CHILDREN'S EDUCATION COSTS \$ _____</p> <p>CLOTHING, LAUNDRY/DRY CLEANING \$ _____</p> <p>PERSONAL CARE PRODUCTS AND SERVICES (PERSONA HYGIENE, HAIRCUTES) \$ _____</p> <p>MEDICAL BILLS (PRESCRIPTIONS, DENTAL BILLS, EYEGASSES) \$ _____</p> <p><b><u>TRANSPORTATION</u></b></p> <p>MAINTENANCE \$ _____</p> <p>GASOLINE \$ _____</p> <p><b><u>ENTERTAINMENT</u></b></p> <p>\$ _____</p>	<p><b><u>CHARITY</u></b></p> <p>\$ _____</p> <p><b><u>INSURANCE</u></b></p> <p>LIFE INSURANCE \$ _____</p> <p>HEALTH INSURANCE (NOT DEDUCTED ON PAY STUB) \$ _____</p> <p>AUTO INSURANCE \$ _____</p> <p><b><u>TAXES</u></b></p> <p>IRS &amp; MI TAXES \$ _____</p> <p><b><u>VEHICLE PAYMENTS</u></b></p> <p>CAR PAYMENT FOR VEHICLE 1 \$ _____</p> <p>CAR PAYMENT FOR VEHICLE 2 \$ _____</p> <p>OTHER, SPECIFY: _____ \$ _____</p> <p><b><u>FAMILY SUPPORT PAYMENTS</u></b></p> <p>ALIMONY OR CHILD SUPPORT NOT DEDUCTED FROM YOUR PAYCHECK \$ _____</p> <p>OTHER PAYMENTS TO SUPPORT OTHERS WHO DO NOT LIVE WITH YOU \$ _____</p> <p><b><u>OTHER REAL PROPRTY NOT LISTED IN PROPERTY</u></b></p> <p>MORTGAGES ON OTHER PROPERTY \$ _____</p> <p>REAL ESTATE TAXES \$ _____</p> <p>PROPERTY, HOMEOWNER'S, OR RENTER'S INSURANCE \$ _____</p> <p>MAINTENANCE, REPAIR, AND UPKEEP \$ _____</p> <p>HOMEOWNER'S ASSOCIATION OR CONDOMINIUM DUES \$ _____</p> <p><b><u>OTHER</u></b></p> <p>CIGARRETTES \$ _____</p> <p>LAWN CARE/SNOW REMOVAL \$ _____</p> <p>STORAGE FEES \$ _____</p> <p>PET SUPPLIES \$ _____</p> <p>ALARM SERVICE \$ _____</p> <p>OTHER, SPECIFY _____ \$ _____</p>
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## DEBTS

**PLEASE LIST ALL DEBTS. INCLUDE UTILITY BILLS, UNPAID RENT, UNPAID TAXES, ALIMONY, CHILD SUPPORT AND ANY OTHER DEBTS YOU CURRENTLY OWE.**

- YES  NO ARE YOU PURCHASING FURNITURE, APPLIANCES OR JEWELRY WITH INSTALLMENT PAYMENTS?  
 YES  NO ARE YOU RENTING-TO-OWN ANY FURNITURE OR APPLIANCES? FROM WHERE? \_\_\_\_\_  
 YES  NO ARE YOU USING FURNITURE OR APPLIANCES AS COLLATERAL FOR A PERSONAL LOAN?  
 YES  NO DO YOU OWE ANY FINES? INCLUDE PARKING TICKETS, MOVING VIOLATIONS, ETC.

WHO IS RESPONSIBLE FOR THIS DEBT?  SELF  SPOUSE  BOTH  OTHER: \_\_\_\_\_

NAME OF CREDITOR \_\_\_\_\_ LAST 4 DIGITS OF ACCOUNT NUMBER \_\_\_\_ \_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TOTAL BALANCE DUE \$ \_\_\_\_\_ DATE ESTABLISHED \_\_\_\_\_ DATE OF LAST PURCHASE \_\_\_\_\_

WHAT IS THE DEBT FOR? (IE CREDIT CARD, CAR LOAN, UTILITY BILL ETC) \_\_\_\_\_

WHO IS RESPONSIBLE FOR THIS DEBT?  SELF  SPOUSE  BOTH  OTHER: \_\_\_\_\_

NAME OF CREDITOR \_\_\_\_\_ LAST 4 DIGITS OF ACCOUNT NUMBER \_\_\_\_ \_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TOTAL BALANCE DUE \$ \_\_\_\_\_ DATE ESTABLISHED \_\_\_\_\_ DATE OF LAST PURCHASE \_\_\_\_\_

WHAT IS THE DEBT FOR? (IE CREDIT CARD, CAR LOAN, UTILITY BILL ETC) \_\_\_\_\_

WHO IS RESPONSIBLE FOR THIS DEBT?  SELF  SPOUSE  BOTH  OTHER: \_\_\_\_\_

NAME OF CREDITOR \_\_\_\_\_ LAST 4 DIGITS OF ACCOUNT NUMBER \_\_\_\_ \_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TOTAL BALANCE DUE \$ \_\_\_\_\_ DATE ESTABLISHED \_\_\_\_\_ DATE OF LAST PURCHASE \_\_\_\_\_

WHAT IS THE DEBT FOR? (IE CREDIT CARD, CAR LOAN, UTILITY BILL ETC) \_\_\_\_\_

WHO IS RESPONSIBLE FOR THIS DEBT?  SELF  SPOUSE  BOTH  OTHER: \_\_\_\_\_

NAME OF CREDITOR \_\_\_\_\_ LAST 4 DIGITS OF ACCOUNT NUMBER \_\_\_\_ \_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TOTAL BALANCE DUE \$ \_\_\_\_\_ DATE ESTABLISHED \_\_\_\_\_ DATE OF LAST PURCHASE \_\_\_\_\_

WHAT IS THE DEBT FOR? (IE CREDIT CARD, CAR LOAN, UTILITY BILL ETC) \_\_\_\_\_

WHO IS RESPONSIBLE FOR THIS DEBT?  SELF  SPOUSE  BOTH  OTHER: \_\_\_\_\_

NAME OF CREDITOR \_\_\_\_\_ LAST 4 DIGITS OF ACCOUNT NUMBER \_\_\_\_ \_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TOTAL BALANCE DUE \$ \_\_\_\_\_ DATE ESTABLISHED \_\_\_\_\_ DATE OF LAST PURCHASE \_\_\_\_\_

WHAT IS THE DEBT FOR? (IE CREDIT CARD, CAR LOAN, UTILITY BILL ETC) \_\_\_\_\_