

# Spiroff Law Office

Christopher J. Spiroff | Attorney and Counselor

Your Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Work/Cell: \_\_\_\_\_

Prior Bankruptcies: Yes No Case No(s): \_\_\_\_\_

## **REAL ESTATE**

Do You? Rent Own (Circle one)

Parcel #1:

Address: \_\_\_\_\_ Name(s) on Deed: \_\_\_\_\_

Who signed note? H W Joint (Circle one)

Monthly Payment: \_\_\_\_\_ Real estate taxes: Separate w/Payment (Circle one)

Interest Rate: \_\_\_\_\_ Annual tax amount: \_\_\_\_\_

Balance: \_\_\_\_\_ Delinquent amount: \_\_\_\_\_

Market value: \_\_\_\_\_ Insurance: Separate Included (Circle one)

Last payment made: \_\_\_\_\_ Insurance premium: \_\_\_\_\_

Parcel #2:

Address: \_\_\_\_\_ Name(s) on Deed: \_\_\_\_\_

Who signed note? H W Joint (Circle one)

Monthly Payment: \_\_\_\_\_ Real estate taxes: Separate w/Payment (Circle one)

Interest Rate: \_\_\_\_\_ Annual tax amount: \_\_\_\_\_

Balance: \_\_\_\_\_ Delinquent amount: \_\_\_\_\_

Market value: \_\_\_\_\_ Insurance: Separate Included (Circle one)

Last payment made: \_\_\_\_\_ Insurance premium: \_\_\_\_\_

**VEHICLE #1:** Lease Purchase (Circle one)

Year: \_\_\_\_\_ Lender: \_\_\_\_\_

Make: \_\_\_\_\_ Balance: \_\_\_\_\_

Model: \_\_\_\_\_ Interest: \_\_\_\_\_

Mileage: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Yearly Premium: \_\_\_\_\_ Loan status: \_\_\_\_\_

**VEHICLE #2:**      Lease      Purchase      (Circle one)

Year: \_\_\_\_\_ Lender: \_\_\_\_\_  
Make: \_\_\_\_\_ Balance: \_\_\_\_\_  
Model: \_\_\_\_\_ Interest: \_\_\_\_\_  
Mileage: \_\_\_\_\_ Monthly payment: \_\_\_\_\_  
Insurance Co: \_\_\_\_\_ Yearly Premium: \_\_\_\_\_ Loan status: \_\_\_\_\_

**VEHICLE #3:**      Lease      Purchase      (Circle one)

Year: \_\_\_\_\_ Lender: \_\_\_\_\_  
Make: \_\_\_\_\_ Balance: \_\_\_\_\_  
Model: \_\_\_\_\_ Interest: \_\_\_\_\_  
Mileage: \_\_\_\_\_ Monthly payment: \_\_\_\_\_  
Insurance Co: \_\_\_\_\_ Yearly Premium: \_\_\_\_\_ Loan status: \_\_\_\_\_

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**TAX DEBTS**

IRS total: \_\_\_\_\_ Tax year(s): \_\_\_\_\_  
State total: \_\_\_\_\_ Tax year(s): \_\_\_\_\_  
City total: \_\_\_\_\_ Tax year(s): \_\_\_\_\_

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**UTILITIES**

Gas: \_\_\_\_\_ Phone: \_\_\_\_\_  
Electric: \_\_\_\_\_ Trash: \_\_\_\_\_  
Water: \_\_\_\_\_ Cable: \_\_\_\_\_  
Security: \_\_\_\_\_ Internet: \_\_\_\_\_

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**OTHER DEBTS**

Type <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Total \$	Type <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Total \$
Credit cards: _____		Medical bills: _____	
Student loans: _____		Repossession debt: _____	
Personal loans: _____		Child support: _____	
Bad checks: _____		Bank overdrafts: _____	

**EMPLOYMENT**

**HUSBAND**

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Years on job: \_\_\_\_\_

Hourly wage: \_\_\_\_\_ Hours/week: \_\_\_\_\_

Annual salary: \_\_\_\_\_

Retirement per month: \_\_\_\_\_

Total value of pension: \_\_\_\_\_

Child support paid per month: \_\_\_\_\_

Child support received per month: \_\_\_\_\_

***Other Monthly Income***

2nd job: \_\_\_\_\_

Gross: \_\_\_\_\_ Net: \_\_\_\_\_

Social security: \_\_\_\_\_

Pension: \_\_\_\_\_

Government assistance: \_\_\_\_\_

Rent: \_\_\_\_\_

Roommate: \_\_\_\_\_

Other: \_\_\_\_\_

**WIFE**

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Years on job: \_\_\_\_\_

Hourly wage: \_\_\_\_\_ Hours/week: \_\_\_\_\_

Annual salary: \_\_\_\_\_

Retirement per month: \_\_\_\_\_

Total value of pension: \_\_\_\_\_

Child support paid per month: \_\_\_\_\_

Child support received per month: \_\_\_\_\_

***Other Monthly Income***

2nd job: \_\_\_\_\_

Gross: \_\_\_\_\_ Net: \_\_\_\_\_

Social security: \_\_\_\_\_

Pension: \_\_\_\_\_

Government assistance: \_\_\_\_\_

Rent: \_\_\_\_\_

Roommate: \_\_\_\_\_

Other: \_\_\_\_\_

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**MONTHLY HOUSEHOLD BUDGET**

Rent: \_\_\_\_\_

Real estate taxes: \_\_\_\_\_

Real estate insurance: \_\_\_\_\_

Food: \_\_\_\_\_

Gas: \_\_\_\_\_

Electric: \_\_\_\_\_

Water: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Internet: \_\_\_\_\_

Cable: \_\_\_\_\_

Trash: \_\_\_\_\_

Home maintenance: \_\_\_\_\_

Clothes: \_\_\_\_\_

Medical expenses: \_\_\_\_\_

Gasoline: \_\_\_\_\_

Parking: \_\_\_\_\_

Daycare/babysitter: \_\_\_\_\_

Tuition: \_\_\_\_\_

Tithing: \_\_\_\_\_

Auto insurance: \_\_\_\_\_

Auto lease payment: \_\_\_\_\_