Marital Status 6	☐Not married-- complete only column **A** for "you".	☐Married and filing jointly--complete column **A** for "husband" & **B** for "wife". ☐Married, living together, but spouse is not filing--complete **A** for "you" & **B** for your spouse. ☐Married, living separate from spouse, and spouse is not filing--complete only column **A** for "you".

A You (Husband if joint)		**B** Spouse (Wife if joint)	
Birth Date	Occupation	Birth Date	Occupation
Employer	Hire Date	Employer	Hire Date
Address		Address	

DEPENDENTS: List all dependents.

Name	Birth Date	Relationship	Name	Birth Date	Relationship

How often do you get paid?		**A** You (Husband if joint)		**B** Spouse (Wife if joint)	
		Pay Period	**Multiplier**	**Pay Period**	**Multiplier**
Choose *Semi-monthly* if you are paid on the same 2 dates each month, such as the 1st and 15th Choose *Bi-weekly* if paid on the same day of the week, such as every other Friday. *For monthly amounts multiply* **Pay Period** *amount by* **Multiplier**. *Note:* Voluntary savings, and retirement will be added to income. For Ch. 13, do *not* list Credit Union and other debt paid through the plan. *You should stop* these deductions.		☐Monthly ☐Semi-monthly ☐Bi-weekly ☐Weekly ☐Other:	1 2 2.1667 4.3333	☐Monthly ☐Semi-monthly ☐Bi-weekly ☐Weekly ☐Other:	1 2 2.1667 4.3333

ATTACH THE LAST TWO PAY STUBS FOR EACH JOB		**Pay Period**	**Per Month**	**Pay Period**	**Per Month**
INCOME	Gross pay before taxes and deductions	$	$	$	$
	Estimated average overtime	+	+	+	$
TOTAL INCOME	Before taxes and deductions	$	$	$	$
DEDUCTIONS	Federal Withholding Tax	-	-	-	-
	Social Security Tax	-	-	-	-
	State Withholding Tax	-	-	-	-
	Insurance (Health and life, etc.)	-	-	-	-
	Mandatory retirement/profit sharing	-	-	-	-
Ch 7 only:	Credit Union Payments (see note above)	-	-	-	-
Ch 7 only:	Profit Sharing Payments (see note above)	-	-	-	-
Other (specify):		-	-	-	-
Other (specify):		-	-	-	-
TAKE HOME PAY [INCOME less DEDUCTIONS]		$	$	$	$
OTHER INCOME	Self-employment income	+	+	+	+
	Interest and dividends, real property	+	+	+	+
	Social Security	+	+	+	+
	Government assistance	+	+	+	+
	Pension or retirement income	+	+	+	+
	Spousal maintenance actually received	+	+	+	+
	Child support actually received	+	+	+	+
Other (specify):		+	+	+	+
Other (specify):		+	+	+	+
TOTAL TAKE HOME PAY AND OTHER INCOME		$	$	$	$

Do you think that any of the income categories will *increase* or *decrease* by more than 10% within the next year?
☐No ☐Yes   If yes, state category, reason and amount of increase or decrease expected. Don't forget child support changes.

I Income - Page 17   INITIAL _____

If *married, living apart & filing jointly,* complete column **C** for husband, and column **D** for wife. Otherwise complete only column **C**; include spouse's expenses if *married & living together* even if your spouse is *not* filing.			The Chapter 13 payment will be the amount left after expenses are deducted from income. Expenses that are *greater* or *less* than the Trustee's allowance may not be allowed without a good explanation.	
EXPENSES	**C** You, Joint, or Husband	**D** Wife *if joint & apart*	**TRUSTEE'S ALLOWANCE**	**EXPLANATION IF VARIES FROM TRUSTEE'S ALLOWANCE**
☐Rent ☐Mortgage ☐Mobile home--list payment and space rent separately	$	$	Variable–maximum of 35% of income before taxes	
Is real property tax included? If "No", give amount.	☐Yes ☐No	☐Yes ☐No		
Is property insurance in- cluded? If "No", give amount.	☐Yes ☐No	☐Yes ☐No		
Home maintenance			$75 only if home is owned	
Electricity			$210 must be verified average	
Gas			$73 must be verified average	
Water & sewer			$55 must be verified average	
Telephone			$60 must be verified average	
Food			$260 single; $410 couple + $175 each teenager; $150 pre-teen	
Clothing			$50 for each person	
Laundry & cleaning			$28 single; $15 ea. family member	
Medical, dental & drugs			$50 must be verified average	
Transportation: car (gas, oil repairs, license) or bus			$240 per vehicle for each employed spouse or bus fare $75	
Recreation (papers, books, school books, magazines, cable, internet, etc.)			$100 for an individual or $150 for a family	
Miscellaneous/contingency			$90 per family	
Charity/church tithing			Actual verified amount	
Homeowner/renter's insurance			Verification required	
Vehicle insurance			*Required if vehicle is owned*	
Life insurance			Reasonable--verification required	
Health insurance			Verification required	
Taxes not deducted from pay			As required per tax schedules	
Vehicle lease			$450 per vehicle maximum	
Vehicle payments (Ch. 7 only)			Not allowed in Ch. 13 except lease	
Other payments (Ch. 7 only)			Not allowed in Ch. 13	
Child support actually paid & not deducted from pay			Verification required	**Children's Names/Ages/Relation**
Spousal support actually paid & not deducted from pay			Verification required	**Paid to**
Cell phone			$50 per family	
Other expenses (Specify)				
COLUMN TOTALS			TOTAL *INCOME* COLUMNS **A+B**	$
In Ch 13, your payment will be INCOME less EXPENSES. In Ch 7, you may be denied a discharge if this amount would allow you to pay 1/2 of your debt over 3 years.			TOTAL *EXPENSE* COLUMNS **C+D**	-
			INCOME LESS EXPENSES	$