

Appointment / Questionnaire Checklist

(To provide a quality session, please bring as many recent statements as possible)

1. **Pay stubs for each source of income in the household** _____
 - a. Include year-to-date for each source and actual paystubs _____
for the two month period prior to filing.
 - b. Tax returns for the previous two years. _____

2. **Utility Statements** _____
 - a. Heat/Gas _____
 - b. Electric _____
 - c. Water _____
 - d. Telephone _____
 - e. Cable _____
 - f. Cellular phones _____
 - g. Pager _____
 - h. Other _____

3. **Automobile Payment and Insurance Information** _____
 - a. Include purchase/lease origination date and term _____
of loan/lease
 - b. Titles to all motor vehicles _____

4. **Statements** _____
 - a. Credit Cards _____
 - b. Medical/dental bills _____
 - c. Book/Music clubs _____
 - d. Bank Statements for the past 12 months _____
for all accounts, including closed accounts.
 - e. Mortgage/Lease/Land Contract _____
 - f. Property Tax (12 Months recent) _____
 - g. Property Insurance _____
 - h. Association Dues statements, if applicable _____

5. **Loan Information** _____
 - a. Bank/Finance Company Loans _____
 - b. Personal Loans _____
 - c. Student Loans _____

6. **Other Applicable Items** _____
 - a. Threatening Notices _____
 - b. Checkbook Registers _____
 - c. Lawsuit/litigation documents _____

Home Budget Expenses:

Some of the items listed here may not apply. You may not know the exact amounts you spend every month on many of these items, but we need an average. If you have been spending more or less on certain items than you feel is reasonable, please list the dollar amount you think would be reasonable to spend.

(This information is both supplemental too and partially duplicative of your Answers in the Questionnaire. It's purpose it to assist in identifying all of your expenses)

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|--------------------------|-----------------------------|
| Groceries _____ | Dry Cleaning/Laundry _____ |
| Work Lunches _____ | Church/Charity _____ |
| School Lunches _____ | Tuition/Books _____ |
| Cigarettes/Tobacco _____ | Medical Care _____ |
| Gasoline _____ | Day Care _____ |
| Auto Insurance _____ | Child Support/Alimony _____ |
| Life Insurance _____ | Entertainment _____ |
| Medical Insurance _____ | |

