

MEANS TEST WORKBOOK

1A. Are you a disabled Veteran? YES or NO

1B. Are your debts. primarily debts. incurred? YES or NO

1C. Are you an active member of the Reserves or the National Guard? YES or NO

If YES then list your dates of active duty: _____

2. Marital Status: Single Married Living Together Married Living Separately Legally Separated

3. Gross Wages, Salary, Tips, Etc. Debtor Joint Debtor

4. Income from Business: _____

Gross: _____

Expense: _____

Net: _____

5. Rental Income: _____

6. Interest Dividends: _____

7. Pension/Retirement: _____

8. Amounts paid by another person on a regular basis for household expenses of Debtor or Debtors Dependants (include income contributed from other people: _____

9. Unemployment Compensation: _____

10. Other Income: _____

14. Your State of Residence: _____
How long have you lived in your state of residence? _____
How many people including yourself live in your household? _____

<u>Name</u>	<u>Relation</u>	<u>Claimed as a Dependiant</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

20B. List your monthly mortgage payment or rent (include 1st, 2nd, and 3rd mortgage payments):
1st Mortgage: _____
2nd Mortgage: _____
3rd Mortgage: _____

22A. How many vehicles does your family operate? None 1 2 or more

24. How many vehicles are owned by you and your spouse (if married)? None 1 2 or more

25. Please provide us with copies of your paystubs for you and your spouse for the past 6 months:
(note for office: in EZFile, enter paystubs use B-22 tab, then allocate withholdings): _____

26. List your involuntary deductions from your paycheck:

(do not include payments that you can stop at your request)

	<u>Name of Deduction</u>	<u>Amt. per Check</u>
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____

27. Do you pay monthly premiums for term life insurance: YES or NO

How much per month?

You: _____

Your Spouse: _____

Other Person: _____

28. Do you make court ordered payments? YES or NO

<u>If yes: For What</u>	<u>Monthly Amount</u>
1	_____
2	_____
3	_____
4	_____

Do these amounts get automatically deducted from your paycheck? YES or NO

Which ones are not deducted automatically from your paycheck:

1	_____
2	_____
3	_____
4	_____

29. Do you support a physically or mentally handicapped child whom you claim as a dependant on your taxes:

YES or NO

30. How much do you pay monthly for daycare for all of your children? _____

31. How much do you spend on health insurance every month? _____

32. How much do you spend for mobile services every month?
You: _____
Your Spouse: _____
Your Children: _____

34. Do you have Disability Insurance? YES or NO
How much does it cost monthly:
You: _____
Your Spouse: _____
Your Children: _____

Does it come out of your check automatically? YES or NO

35. Do you spend money regularly for an elderly, chronically ill or disabled member of your household? YES
or NO
How much per month? _____

Do you give money to or spend for the purpose of supporting an immediate family member even if they do
not reside with you? YES or NO

Name

Relation

How much per month: _____

36. Do you pay for an alarm in your home? YES or NO

If yes, how much per month? _____

Do you have any other expenses that are necessary in order to keep you and your family safe? YES or NO

How much per month: _____

38. Does your child attend a private school? YES or NO

What are the monthly fees? _____

40. Do you make regular charitable contributions? YES or NO

How much per month? _____

42. List your monthly auto payments:

Year of car

Make and Model

Monthly Payment

1st Auto: _____

2nd Auto: _____

3rd Auto: _____

4th Auto: _____

(note for office: in EZFile; list secured debt and priority debts using IOU icon)

44. Do you owe back taxes? YES or NO

Tax Year

Total Amount Due

Do you owe back child support? YES or NO

Year

Total Amount

Do you owe back Alimony/ Spouse Maintenance? YES or NO

Year

Total Amount

53. What is the total amount of your unsecured debt.? _____

Credit Cards? _____

Signature Loans? _____

Medical Bills? _____

Deficiency Judgement from Reposed Auto? _____
