

Bankruptcy Client Intake Form

Section 1 – Basic Information

Part A. Name and Address

Full legal name (first, middle, last, Jr. or Sr.): _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Social Security Number: _____ DOB: _____ Email address: _____

Have you used any other names in the past eight years? If yes, please list: _____

Have you lived at this address for at least 180 days? No Yes

Have you lived at this address for at least 2 years? No Yes

If you have answered “No” to either of the questions above, please list your previous address and dates of residency: _____

❖ Please initial acknowledging attachment of the required copy of your social security card(s) and driver’s license(s). ()

Part B. Name and Address of Spouse (to be completed only for joint bankruptcies)

Full legal name (first, middle, last, Jr. or Sr.): _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Social Security Number: _____ DOB: _____ Email address: _____

Have you used any other names in the past eight years? If yes, please list: _____

Have you lived at this address for at least 180 days? No Yes

Have you lived at this address for at least 2 years? No Yes

If you have answered “No” to either of the questions above, please list your previous address and dates of residency: _____

❖ Please initial acknowledging attachment of the required copy of your social security card(s) and driver’s license(s). ()

Part C. Prior/Pending Bankruptcy Cases

If you have filed a bankruptcy in the last eight (8) years, provide the case number, date filed, district of which state case was filed, and the outcome: _____

If any immediate family member has a bankruptcy pending, provide case number, name of debtor, relation to you, date and location where filed: _____

Section 2 – Property

❖ Please initial acknowledging attachment of copies of titles or registrations for all motor vehicles listed. ()

If you own a home or any real property, please fill out the following information (if you own a mobile home, please list under “vehicles” in the personal property section):

Address of property: _____

County of property: _____ Value of property: _____ Purchase date (mo./yr.): _____

** Keeping this property or surrendering it in your bankruptcy? (circle one) **KEEP** **SURRENDER**

Name/Address of Home Owners' Association: _____

Monthly Association Amount: _____ Delinquency Amount (if any); \$ _____

Mortgages (Schedule A)

Name of Mortgage Company: _____ Account Number: _____

Mailing Address: _____ Monthly Payment: _____

(Does this include taxes?) _____ Loan date (mo/yr) _____ Balance owed: _____

Monthly real estate taxes: _____ Insurance: _____

Additional Mortgages, Liens

Please list any second mortgages, home equity loans, or any other lien holders on your property. Please attach a separate sheet if more space is required.

Name of Mortgage Company: _____ Account Number: _____

Mailing Address: _____ Monthly Payment: _____

(Does this include taxes?) _____ Loan date (mo/yr) _____ Balance owed: _____

Monthly real estate taxes: _____ Insurance: _____

If you own any other real estate such as a time share, private lot or condo, please list below and provide the same information requested above.

Personal Property (Schedule B): You must list ALL of your personal property by completing the attached Household Inventory worksheet.

❖ *The values you provide should reflect the current market replacement cost taking into consideration the age and condition of that item. More specifically, if you had a garage sale tomorrow or if you took an item to a pawn shop, what price would you receive for that item? Those are the prices to list in Schedule B.*

1. Cash on Hand: (Cash over \$5.00 must be listed. _____)

2. Deposits of Money: (Please list separately each checking, savings, or other financial account, CDs, etc.)

A) Name: _____ Local Branch Address: _____

Account number: _____ Current Balance: _____ Type: (circle one) Checking Savings

Other (specify) _____ Is anybody else on this account? No/ Yes (name) _____

B) Name: _____ Local Branch Address: _____

Account number: _____ Current Balance: _____ Type: (circle one) Checking Savings

Other (specify) _____ Is anybody else on this account? No/ Yes (name) _____

***Attach a separate sheet if needed for additional financial institutions*

❖ **Please initial acknowledging attachment of 90 days of current banks statements for each account. ()**

3. Security Deposits:

Name: _____ Address: _____

Account Number: _____ Amount: _____ Type of deposit: _____

4. Household Goods, Furniture, Audio, Video, and Computer Equipment:

** Please complete the household inventory worksheets attached (last 3 pages)

5. Books, Pictures, Music CDs, Art Objects, Stamp, Coin, and Other Collections:

Description: _____ Value: \$ _____

6. Wearing Apparel: Please write the approximate value of your personal clothing Value: \$ _____

7. Furs and Jewelry: Please list your jewelry and what you think it is worth today. Please be specific.

Example: 14k gold wedding band with one small diamond, etc. _____

_____ Value: \$ _____

8. Sports, photographic, hobby equipment or firearms: Please list these items and what you think they are worth today, be as specific as possible. Example: 1 Smith & Wesson .44 revolver, 2 adult bicycles, 1 set of rollerblades, etc.

_____ Value: \$ _____

9. Interest in Insurance Policies: (specify refund or cancellation value)

Name/Address of company: _____ Policy No: _____

Type (ex. Whole life, etc.): _____ Face value: _____ Cash surrender value (if any): _____

❖ Please initial acknowledging attachment of copy(s) of the declaration page(s) for each policy, annuity, education or pre-paid college fund, or pension statement(s) for items 9 through 12. ()

10. Annuities:

Name and Address of company: _____

Account #: _____ Face value: (amount paid out): _____ Cash value (if terminated): \$ _____

11. Interest in any Education or Pre-Paid College trust fund: Please list the company that actually manages your account. Example: Fidelity, Meryl Lynch, etc. Do not list your employer unless your employer actually manages the account.

Name and address of company: _____

Last four digits of account number: _____ Cash value: (if terminated) _____

12. Pension or Profit-Sharing Plans: Example: 401(k), IRA, or other type of retirement plans. Please list the company that actually manages your account. Example: Fidelity, Meryl Lynch, etc. Do not list your employer unless your employer actually manages the account.

Name and address of company: _____

Last four digits of account number: _____ Cash value: (if terminated) _____

13. Stock and Interests in Incorporated and Unincorporated Businesses: List any shares of stock owned or interests in any business: _____ Value: _____

❖ Please initial acknowledging attachment of copy(s) of report(s) from www.sunbiz.org or articles of incorporation or board minutes reflecting percentage of ownership and officers of referenced business(s) for items 13 and 14. ()

14. Interest in Partnerships/Joint Ventures: If you have any interest in a partnership, please describe and place a value on your interest: _____ Value: _____

15. Bonds: Please describe and place a value on your interest: _____ Value: _____

❖ Please initial acknowledging attachment of copy(s) of bond(s) reflecting balance or value. ()

16. Accounts Receivable: Please list the name/address of the person/company and amount owed to you:

17. Family Support (to which you are or may be entitled) for example child support:

Please list the name/address of the person who owes you support as well as the type/amount that you are owed and case number: _____

18. Amount of other Liquidated Debts Owed to you, including tax refunds: _____

19. Interest in the Estate of a Decendent: _____

20. Other Contingent or Non-Liquidated Claims: Please list details of any claims where you might receive money in the future. *Example: A pending auto accident case, slip and fall, property settlement from a divorce, etc.* Please list a description of the source of the funds, an estimated amount that you may receive and a name, address, and telephone number of your attorney for this claim (if applicable)

21. Patents, Copyrights and Other Intellectual Property:

Please list a description of the patent or copyright, value and any other facts that you feel are important:

22. Licenses, Franchises and Other General Intangibles:

23. Automobiles, Trucks, Trailers, Mobile Homes and Other Vehicles: Please be as specific as possible.

**Example: 2007 Honda Accord EX 4-door, VIN 2132398YDDFJN23RE82, 78000 miles, fair condition, \$5,800.00*

❖ Please initial acknowledging attachment of current valuation(s) by www.nadaguides.com reflecting any additional options and mileage along with a copy(s) of the registration(s) or title(s) for each vehicle listed in items 23 through 24. ()

Vehicle 1: Year: _____ Manufacturer: _____ Model: _____ Trim: _____

VIN no.: _____ Mileage: _____ Condition: _____

Do you intend to KEEP or SURRENDER this vehicle in your bankruptcy: (Circle one)

Is there a loan or lien on this vehicle? If so, please fill out the following information:

Name and address of lien holder: _____

Account Number: _____ Date acquired loan: _____ Balance: _____

Monthly Payment: \$ _____ Is anyone else on this loan? If so, who? _____

Vehicle 2: Year: _____ Manufacturer: _____ Model: _____ Trim: _____

VIN no.: _____ Mileage: _____ Condition: _____

Do you intend to KEEP or SURRENDER this vehicle in your bankruptcy: **(Circle one)**

Is there a loan or lien on this vehicle? If so, please fill out the following information:

Name and address of lien holder: _____

Account Number: _____ Date acquired loan: _____ Balance: _____

Monthly Payment: \$ _____ Is anyone else on this loan? If so, who? _____

24. Boats, Motors, and Accessories: Please be as specific as possible. *Example: 1980 Sea Ray Sundancer*

24 ft., Hull no. 3242SWJJ3, approx. 2,000 hours, fair condition, \$4,000.00, jointly owned with John Smith (brother) at 123 Main St., Anywhere, FL, 12345

Year of boat: _____ Manufacturer/model: _____ Value: _____

Hull number: _____ Hours: _____ Condition: _____

Is there a loan or lien on this vehicle? If so, please fill out the following information:

Name and address of lien holder: _____

Account Number: _____ Date acquired loan: _____ Balance: _____

Monthly Payment: \$ _____ Is anyone else on this loan? If so, who? _____

Numbers 25 – 29 usually describe items for those Debtors who are self-employed or own a business.

25. Office Equipment, Furnishings, and Supplies: _____

26. Machinery, Fixtures, Equipment and Supplies: Please list any items not listed on the attached Personal Property Inventory with a description and a value price _____

27. Inventory: Please describe any business inventory with an estimated value: _____

28. Livestock, Poultry, and Other Animals: _____

29. Other Personal Property: Not listed in the previous sections: _____

Section 3 – Debts

Part E. Unsecured Priority Debts (Schedule E)

Please list any government debts, including IRS, taxes, student loans, domestic support obligations, or claims for death or injury while intoxicated.

Name and address of creditor or person receiving support: _____

Account/Case No: _____ Year acquired: _____ Balance: _____ Monthly payment: _____

Who is responsible (husband, wife, joint)? _____ Type of debt: _____

❖ Please initial acknowledging attachment of copy(s) of Marital Settlement Agreement or IRS statements. ()

Part F. Unsecured Creditors (Schedule F)

Please provide copies of debts owed, along with any collection agency/third party associated with that debt.

Additional comments/notes regarding creditors: _____

Section 4 – Unexpired Leases and Contracts (Schedule G)

Leases or Contracts: Are you a party to any leases or contracts not listed previously? If yes, please list the parties involved and their addresses. If you owe money on these contracts, the amount should be listed as well, name and address of creditor, account number and date lease expires: _____

❖ Please initial acknowledging attachment of copy(s) of lease(s) or contract(s). ()

Section 5 – Current Monthly Income

Marital Status List all dependents of you and your spouse, their ages, and their relationship to you

	Name	Age	Relationship
<input type="checkbox"/> Married	_____	_____	_____
<input type="checkbox"/> Single	_____	_____	_____
<input type="checkbox"/> Divorced	_____	_____	_____
<input type="checkbox"/> Separated	_____	_____	_____
<input type="checkbox"/> Widowed	_____	_____	_____

❖ Please initial acknowledging attachment of copies of the prior six months of current paystubs, which reflect gross wages along with all deductions for each debtor. ()

Part A. Debtor’s Income

What is your occupation: _____

How long at your current employer? _____

Name and address of employer: _____

How often paid? weekly bi-weekly monthly other _____

Do you receive:

Income from business operations outside of your regular paycheck listed above? _____ If so, what is the business and how much do you receive per month? _____

Income from real estate? Yes No _____

Interests or dividends? Yes No _____

Alimony or family support ? Yes No _____

Social security or disability? Yes No _____

Retirement or pension money? Yes No _____

Do you have any other source of income not listed above?

Part B. Joint Debtor’s Income

What is your occupation: _____

How long at your current employer? _____

Name and address of employer: _____

How often paid? weekly bi-weekly monthly other _____

Do you receive:

Income from business operations outside of your regular paycheck listed above? _____ If so, what is the business and how much do you receive per month? _____

Income from real estate? Yes No _____

Interests or dividends? Yes No _____

Alimony or family support ? Yes No _____

Social security or disability? Yes No _____

Retirement or pension money? Yes No _____

Do you have any other source of income not listed above?

Do you expect any increases or decreases in any of the above income in the next year? If so please explain:

Section 6 – Current Monthly Expenses

Do you and your spouse maintain separate households? Yes No. If yes, fill one page out for your household and another for your spouse's.

Please list your monthly expenses. Any expenses that vary from month to month (example: electric bill), please provide an average for the last six months.

1. Your rent or your home mortgage \$ _____
 Real estate taxes included Property taxes included

2. Utilities \$ _____
a) Electricity or heating \$ _____
b) Water and sewage \$ _____
c) Telephone service/long distance \$ _____
d) Other utility bills (such as cable)? If so, type and monthly fee
_____ \$ _____
_____ \$ _____
_____ \$ _____

3. Home maintenance, including repairs and general upkeep \$ _____

4. Food \$ _____

5. Clothing \$ _____

6. Laundry and dry cleaning \$ _____

7. Medical and dental expenses \$ _____

8. Transportation (such as gas/tolls, not including car payment) \$ _____

9. Entertainment, recreation, newspaper, magazines \$ _____

10. Charitable contributions \$ _____

11. Insurance not deducted from paycheck \$ _____
a) Homeowner's / Renters \$ _____

b) Life \$ _____

c) Health \$ _____

d) Auto \$ _____

e) Other \$ _____

15. Taxes not deducted from paycheck \$ _____

16. Installment payments for auto, furniture, etc. (specify) \$ _____
a) Auto \$ _____

b) Other _____ \$ _____

17. Alimony, maintenance, support paid to others \$ _____

18. Payments for support of dependents not living at home \$ _____

19. Expenses from operation of business \$ _____

20. Childcare \$ _____

21. Other expenses not listed above: \$ _____
_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Section 7 – Statement of Financial Affairs

1. Income from Employment or Operation of Business. Please list your gross income before taxes.

	Your Income	Your Spouse's Income
This Year (to date)	_____	_____
Last Year	_____	_____
Two Years Ago	_____	_____

2. Income Other than from Employment or Operation of Business. Please list your income from other sources (social security, interest income, rental income) for the current year and **two** years prior.

	Your Income	Your Spouse's Income
This Year (to date)	_____	_____
Last Year	_____	_____
Two Years Ago	_____	_____

	Your Income	Your Spouse's Income
This Year (to date)	_____	_____
Last Year	_____	_____
Two Years Ago	_____	_____

3. Payments to Creditors.

Within 90 days immediately preceding the commencement of this case, have you paid \$600.00 or more to **one single creditor**? **Example: your monthly car payment is \$300 per month and you have paid it for the last three months. \$300 x 3 months = \$900 paid in the last three months.* If you have, please fill out the following information.

Name of Creditor	Date(s) of Payments	Amount Paid

List payments made within one year to an insider. *Example: you owed your brother \$1,500 and paid him 6 months ago.*

Name/address of Person and Relationship	Date(s) of Payments	Amount Paid

4. Suits and Administrative Proceedings, Executions, Garnishments and Attachments

List all suits and administrative proceedings to which you are or were a party within one year preceding the filing of this case.

Name of Creditor	Date(s) Asset(s) Taken	Describe Asset(s) Taken

❖ Please initial acknowledging attachment of copy(s) of Lawsuits and/or Final Judgments. ()

5. Repossessions, Foreclosures and Returns

List all property that has been surrendered, repossessed, foreclosed, or transferred within one year immediately preceding the commencement of this case. List name of creditor, date of repossession, address and value of item/property: _____

6. Assignments and Receiverships

a) Have you assigned (transferred your interest in) any property or assets to someone else in the past six months? If so, provide date, what was assigned, name/address of assignee and terms of agreement: _____

b) List all property which has been in the hands of a custodian, receiver, or court-appointed official within the last year immediately preceding the commencement of this case and give details. _____

7. Gifts

List all gifts or charitable contributions made in the last year (except ordinary and usual gifts) to family members totaling less than \$200 in value per family member and totaling less than \$100 per recipient for charitable contribution.

Name/Address of Person/Institution _____ Date(s) _____
Description _____ Value of Gift(s) _____

8. Losses

List all losses from fire, theft, other casualty or gambling within the last year. (List additional on separate sheet)

Description and Value of Property Lost What happened to the property? Date of Loss: _____

9. Payments Related to Debt Counseling or Bankruptcy

List all payments made relating to bankruptcy or credit counseling in the last year.

Name and Address of Person: _____
Date of Payment(s): _____ Amount Paid: \$ _____

10. Other Transfers

a) List any assets transferred, sold, or pledged as collateral in the last year. Provide the name/address of person transferred to, along with a description, date and value of property transferred: _____

b) In the past ten years, have you transferred any of your assets to a trust? If "yes", list name of trust, date of transfer amount of money or value of property: _____

11. Closed Financial Accounts

If you closed, sold, or transferred any checking, savings, or other financial accounts (CD's, pensions, brokerage accounts) in the last year list: Name/Address of Institution: _____

Account Type: _____ Last Four Digits of Account Number: _____ Date Closed/Balance: \$ _____

12. Safe Deposit Boxes

List safe deposit box in which you have or have/had stocks, cash, or other valuables within the past year.

Name/Address of Bank: _____ List of Items: _____ If Closed, Date Closed: _____

13. Setoffs

In the last 90 days, has any creditor taken money out of an account to offset a balance owed to them? List amount, name/address of creditor, and date: _____

14. Property Held for Another Person

List all property or assets owned by another person that you have in your possession. *Example: your brother's boat is parked in your driveway.*

Name and Address of Owner: _____

Description/location and Value of Property: _____

15. Prior Address

If you have moved in the past three years, immediately preceding the commencement of this case, list all residences during the last three years, excluding your present address.

Address: _____

Name Used at that Address: _____ Dates of occupancy _____

16. Nature, Location, and Name of Business

In the last six years, have you been involved with a business (owner or director)? If so, please list the name of the business, start and end dates, type of business, tax ID number and your capacity (owner, director, etc.)

❖ Please initial acknowledging attachment of copy(s) of report(s) from www.sunbiz.org or articles of incorporation or board minutes reflecting percentage of ownership and officers of referenced business(s). ()

PLEASE REMEMBER, you will be swearing under penalty of perjury to the truthfulness and accuracy of your petition. Your signature below confirms, that all the information provided in this Intake Packet is true, accurate and complete to the best of your knowledge.

Signature of Debtor #1

Signature of Debtor #2

Date: _____

Date: _____

HOUSEHOLD INVENTORY WORKSHEET

Fill in the quantity to the left of the appropriate item which is contained in your home. To the right of each item, please fill in the value taking into consideration the age and condition of the item; garage sale prices. Blank lines are provided for items not listed at the end of each list.

LIVING ROOM

___ Sofa \$ _____
 ___ Armchair \$ _____
 ___ Loveseat \$ _____
 ___ Coffee Table \$ _____
 ___ End Table \$ _____
 ___ Picture \$ _____
 ___ Lamp \$ _____
 ___ Credenza \$ _____
 ___ Bookcase \$ _____
 ___ Desk \$ _____
 ___ Wall Unit \$ _____
 ___ Bar \$ _____
 ___ Piano \$ _____
 ___ Organ \$ _____
 ___ Drapes \$ _____
 ___ Recliner \$ _____
 ___ Painting \$ _____
 ___ TV (Size ____) \$ _____
 ___ _____ \$ _____
 ___ _____ \$ _____
TOTAL \$ _____

KITCHEN

___ Dinette Set \$ _____
 ___ Microwave \$ _____
 ___ Dishwasher \$ _____
 ___ Dishes \$ _____
 ___ Pots & pans \$ _____
 ___ Refrigerator \$ _____
 ___ Stove \$ _____
 ___ _____ \$ _____
 ___ _____ \$ _____
TOTAL: \$ _____

PATIO

___ Table \$ _____
 ___ Chairs \$ _____
 ___ Lounge \$ _____
 ___ Grill \$ _____
 ___ Umbrella \$ _____
 ___ _____ \$ _____
 ___ _____ \$ _____
TOTAL \$ _____

POOL AREA

___ Table \$ _____
 ___ Chairs \$ _____
 ___ Lounge \$ _____
 ___ Grill \$ _____
 ___ Umbrella \$ _____
 ___ Pool Supplies \$ _____
 ___ _____ \$ _____
 ___ _____ \$ _____
TOTAL \$ _____

DINING ROOM

___ Buffet \$ _____
 ___ China Cabinet \$ _____
 ___ Picture \$ _____
 ___ Plants \$ _____
 ___ _____ \$ _____
TOTAL \$ _____

FAMILY ROOM

___ Sofa \$ _____
 ___ Chair \$ _____
 ___ Recliner \$ _____

___ Loveseat \$ _____
 ___ Coffee Table \$ _____
 ___ Desk \$ _____
 ___ Lamp \$ _____
 ___ Bookcase \$ _____
 ___ Ent. Center \$ _____
 ___ Stereo \$ _____
 ___ TV (Size ____) \$ _____
 ___ Painting \$ _____
 ___ VCR/DVD/BR \$ _____
 ___ Telephone \$ _____
 ___ _____ \$ _____
 ___ _____ \$ _____
TOTAL \$ _____

MASTER BEDROOM

___ Kings-size bed \$ _____
 ___ Queen-size bed \$ _____
 ___ Full-size bed \$ _____
 ___ Waterbed \$ _____
 ___ Dresser \$ _____
 ___ Night Table \$ _____
 ___ Lamp \$ _____
 ___ Vanity \$ _____
 ___ Chair \$ _____
 ___ Picture \$ _____
 ___ Stool/Chest \$ _____
 ___ TV (Size ____) \$ _____
 ___ Bed linens \$ _____
 ___ VCR/DVD/BR \$ _____
 ___ _____ \$ _____
 ___ _____ \$ _____
TOTAL \$ _____

HOUSEHOLD INVENTORY WORKSHEET

Fill in the quantity to the left of the appropriate item which is contained in your home. To the right of each item, please fill in the value taking into consideration the age and condition of the item; garage sale prices. Blank lines are provided for items not listed at the end of each list.

BEDROOM #2

___ Kings-size bed \$ _____
 ___ Queen-size bed \$ _____
 ___ Full-size bed \$ _____
 ___ Waterbed \$ _____
 ___ Dresser \$ _____
 ___ Night Table \$ _____
 ___ Lamp \$ _____
 ___ Vanity \$ _____
 ___ Chair \$ _____
 ___ Picture \$ _____
 ___ Stool/Chest \$ _____
 ___ TV (Size___) \$ _____
 ___ Bed linens \$ _____
 ___ VCR/DVD/BR \$ _____
 ___ _____ \$ _____
 ___ _____ \$ _____
TOTAL \$ _____

BEDROOM #4

___ Kings-size bed \$ _____
 ___ Queen-size bed \$ _____
 ___ Full-size bed \$ _____
 ___ Waterbed \$ _____
 ___ Dresser \$ _____
 ___ Night Table \$ _____
 ___ Lamp \$ _____
 ___ Vanity \$ _____
 ___ Chair \$ _____
 ___ Picture \$ _____
 ___ Stool/Chest \$ _____
 ___ TV (Size___) \$ _____
 ___ Bed linens \$ _____
 ___ VCR/DVD/BR \$ _____
 ___ _____ \$ _____
 ___ _____ \$ _____
TOTAL \$ _____

___ Sporting Items \$ _____
 ___ Tools \$ _____
 ___ Musical _____ \$ _____
 ___ Lawn Mower \$ _____
 ___ Garden Tools \$ _____
 ___ Pets (Kind___) \$ _____
 ___ _____ \$ _____
 ___ _____ \$ _____
TOTAL \$ _____

BEDROOM #3

___ Kings-size bed \$ _____
 ___ Queen-size bed \$ _____
 ___ Full-size bed \$ _____
 ___ Waterbed \$ _____
 ___ Dresser \$ _____
 ___ Night Table \$ _____
 ___ Lamp \$ _____
 ___ Vanity \$ _____
 ___ Chair \$ _____
 ___ Picture \$ _____
 ___ Stool/Chest \$ _____
 ___ TV (Size___) \$ _____
 ___ Bed linens \$ _____
 ___ VCR/DVD/BR \$ _____
 ___ _____ \$ _____
 ___ _____ \$ _____
TOTAL \$ _____

ITEMS NOT OTHERWISE LISTED

___ Washer \$ _____
 ___ Dryer \$ _____
 ___ Freezer \$ _____
 ___ Compactor \$ _____
 ___ Microwave \$ _____
 ___ Compressor \$ _____
 ___ Video consuls \$ _____
 ___ Games/Movies \$ _____
 ___ Vacuum \$ _____
 ___ Print/Copy/Fax \$ _____
 ___ Computer \$ _____
 ___ Cell phone \$ _____
 ___ Baby Furniture \$ _____
 ___ Baby Toys \$ _____
 ___ Sewing Machine \$ _____
 ___ Bicycle \$ _____