

**COLLECTION INFORMATION STATEMENT FOR WAGE EARNERS
AND SELF-EMPLOYED INDIVIDUALS**

Complete all entry spaces with the most current data available
Write "N/A" (not applicable) in spaces that do not apply.

Section 1

Personal Info

Full Name(s) _____ Home Telephone () _____
Best Time To Call: _____

Street Address _____

City _____ State _____ Zip _____ Marital Status:
() Married () Separated
() Single

Your Social Security Number _____ / ____ / ____ Date of Birth _____ / ____ / ____
Spouse's Social Security Number _____ / ____ / ____ Spouse's DOB _____ / ____ / ____

() Own Home () Rent () Other (specify, i.e. share rent, live with relative) _____

List the dependents you can claim on your tax return: (Attach sheet if more space is needed)

First Name	Relationship	Age	Does This Person Live With You	First Name	Relationship	Age	Does This Person Live With You
_____	_____	_____	() No () Yes	_____	_____	_____	() No () Yes
_____	_____	_____	() No () Yes	_____	_____	_____	() No () Yes
_____	_____	_____	() No () Yes	_____	_____	_____	() No () Yes

Adjusted Gross Income from Current Year Filing of Federal Personal Income Tax Return: \$ _____

Section 2

Are you or your spouse self-employed or a partner operating a business?
Sole Proprietor () Partnership ()

Your Business Info

Name of Business _____ Employer I.D. No. _____
Street Address _____ Business Telephone () _____
City _____ State _____ Zip _____ Do you have employees? () No () Yes

Do you have accounts receivable? () No () Yes

Section 3

Employment Info

Employer _____ Spouse's Employer _____
Street Address _____ Street Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____

Work Telephone No. () _____ () _____ Work Telephone No. () _____ () _____

May we contact you at work? () No () Yes May we contact you at work? () No () Yes

Occupation _____ Occupation _____

Section 4

Other Income Info

Do you receive income from sources other than your own business or employer? (Check all that apply)
() Pension () Social Security () Other (specify, i.e. child support, alimony, rental) _____

Section 5 CHECKING ACCOUNTS. List all checking accounts. (If additional space is needed, attach a separate sheet.)

Banking Investment Cash Credit Life Ins- urance	Type of Account	Full Name of Bank, Savings & Loan, Credit Union or Financial Institution	Bank Account No.	Current Balance
	Checking	Name _____ Street Address _____ City/State/Zip _____	_____	\$ _____
	Checking	Name _____ Street Address _____ City/State/Zip _____	_____	\$ _____
Total Checking Account Balances				\$ _____

OTHER ACCOUNTS. List all accounts, including brokerage, savings, and money market, not listed previously.

Type of Account	Full Name of Bank, Savings & Loan, Credit Union or Financial Institution	Bank Account No.	Current Balance
	Name _____ Street Address _____ City/State/Zip _____	_____	\$ _____
	Name _____ Street Address _____ City/State/Zip _____	_____	\$ _____
Total Other Account Balances			\$ _____

INVESTMENTS.

Current Value: Indicate the amount you could sell the asset for today.	Name of Company	Number of Shares/Units	Current Value	Loan Amount	Used as collateral on loan	
			\$ _____	\$ _____	() No	() Yes
	_____	_____	\$ _____	\$ _____	() No	() Yes
	_____	_____	\$ _____	\$ _____	() No	() Yes
	_____	_____	\$ _____	\$ _____	() No	() Yes
Total Investments					\$ _____	

CASH ON HAND. Include any money that you have that is not in the bank.

Total Cash on Hand \$ _____

AVAILABLE CREDIT. List all lines of credit, including credit cards.

Full Name of Credit Institution	Credit Limit	Amount Owed	Available Credit
Name _____ Street Address _____ City/State/Zip _____	\$ _____	\$ _____	\$ _____
Name _____ Street Address _____ City/State/Zip _____	\$ _____	\$ _____	\$ _____
Total Credit Available			\$ _____

**Section 5
Continued**

LIFE INSURANCE. Do you have life insurance with a cash value? () No () Yes
(Term Life Insurance does not have a cash value.)

If yes:

Name of Insurance Company _____
 Policy Number(s) _____
 Owner of Policy _____
 Current Cash Value \$ _____ Outstanding Loan Balance \$ _____
 Net Difference of Current Cash Value and Outstanding Loan Balance \$ _____

Section 6

OTHER INFORMATION.

**Other
Information**

Are there any garnishments against your wages? () No () Yes
 If yes, who is the creditor? _____ Date of Judgement _____ Amt Owed \$ _____

Are there any other judgements against you? () No () Yes
 If yes, who is the creditor? _____ Date of Judgement _____ Amt Owed \$ _____

Are you a party in a lawsuit? () No () Yes
 If yes, amount of suit \$ _____ Possible completion date _____ Subject matter of suit _____

Did you ever file bankruptcy? () No () Yes
 If yes, date filed _____ Date discharged _____

Are you a beneficiary of a trust or an estate? () No () Yes
 If yes, name of trust or estate _____ Anticipated amount to be received \$ _____

Are you a participant in a profit sharing plan? () No () Yes
 If yes, name of plan _____ Value in plan \$ _____

Section 7

PURCHASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS: Include boats, RV's motorcycles, trailers, etc.
(If you need additional space, attach a separate sheet.)

**Assets and
Liabilities**

Description	Current Value	Current Loan Balance	Name of Lender	Purchase Date	Amount of Monthly Payment
Year _____ Make/Model _____ Mileage _____ \$ _____					\$ _____
Description	Current Value	Current Loan Balance	Name of Lender	Purchase Date	Amount of Monthly Payment
Year _____ Make/Model _____ Mileage _____ \$ _____		\$ _____			\$ _____
Description	Current Value	Current Loan Balance	Name of Lender	Purchase Date	Amount of Monthly Payment
Year _____ Make/Model _____ Mileage _____ \$ _____		\$ _____			\$ _____

Section 7
Continued

LEASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS.

Include boats, RV's motorcycles, trailers, etc.

(If you need additional space, attach a separate sheet.)

Description	Current Value	Current Loan Balance	Name of Lender	Purchase Date	Amount of Monthly Payment
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Year _____
 Make/Model _____
 Mileage _____ \$ _____ \$ _____ \$ _____

Description	Current Value	Current Loan Balance	Name of Lender	Purchase Date	Amount of Monthly Payment
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Year _____
 Make/Model _____
 Mileage _____ \$ _____ \$ _____ \$ _____

REAL ESTATE. List all real estate you own. (If you need additional space, attach a separate sheet.)

Street Address, City, State, Zip and County	Date Purchased	Purchase Price	Current Value	Loan Balance	Name of Lender or Lien Holder	Amount of Monthly Payment	Date of Final Payment
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 _____ \$ _____ \$ _____ \$ _____ \$ _____

 _____ \$ _____ \$ _____ \$ _____ \$ _____

PERSONAL ASSETS. List all personal assets below. (If you need additional space, attach a separate sheet.)

Furniture/Personal Effects includes the total current market value of your household such as furniture and appliances. Other personal assets includes all artwork, jewelry, collections (coin, gun, etc.), antiques or other assets.

Description	Current Value	Loan Balance	Name of Lender	Amount of Monthly Payment	Date of Final Payment
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Furniture/Personal Effects

Other:
 Artwork \$ _____ \$ _____ \$ _____
 Jewelry \$ _____ \$ _____ \$ _____
 \$ _____ \$ _____ \$ _____

BUSINESS ASSETS. List all business assets and encumbrances below.

Description	Current Value	Loan Balance	Name of Lender	Amount of Monthly Payment	Date of Final Payment
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Tools used in Trade/Business \$ _____ \$ _____ \$ _____

Other:
 Machinery \$ _____ \$ _____ \$ _____
 Equipment \$ _____ \$ _____ \$ _____
 \$ _____ \$ _____ \$ _____

Section 7 Continued		Other Liabilities (including judgements, notes, other charge accounts, Federal taxes)			
Description	Balance Owed	Name of Lender	Monthly Payment	Date of Final Pmt	
Federal Tax Liability	\$ _____	_____	\$ _____	_____	
_____	\$ _____	_____	\$ _____	_____	
_____	\$ _____	_____	\$ _____	_____	
_____	\$ _____	_____	\$ _____	_____	
_____	\$ _____	_____	\$ _____	_____	
Total Other Liabilities	\$ _____				

**Section 8
Prior History**

REFERENCES: Name, address and telephone number of next of kin or other reference.

Name _____ Telephone Number () _____

Street Address _____

City, State, Zip _____

Prior names or aliases used by you.

Prior address, if present address is less than two years old.

Section 9		Total Income Source	Gross Monthly	Total Living Expenses Expense Items	Actual Monthly
Monthly Income and Expense Analysis	Wages(Yourself)	\$ _____	Food, Clothing, Misc.	\$ _____	
	Wages(Spouse)	_____	Housing and Utilities	_____	
	Interest/Dividends	_____	Transportation	_____	
	Net Income from Business	_____	Health Care	_____	
	Net Rental Income	_____	Taxes	_____	
	Pension/Soc Sec (Yourself)	_____	Court Ordered Payments	_____	
	Pension/Soc Sec (Spouse)	_____	Child/Dependent care	_____	
	Child Support	_____	Life Insurance	_____	
	Alimony	_____	Other Secured Debt	_____	
	Other	_____	Other Expenses	_____	
	Total Income	\$ _____	Total Living Expenses	\$ _____	
Total Income less Total Living Expenses:		\$ _____			

Certification: Under penalties of perjury, I declare that to the best of my knowledge and belief this statement of assets, liabilities, and other information is true, correct and complete.

Your Signature

Spouse's Signature

Date