

BANKRUPTCY INTAKE BY WYNNLAWSVCS

Please fill out ALL the information requested in these forms. If a question or section does NOT apply to you, write "N / A" in the space. (N / A means "not applicable.") The more information you provide in these forms, the faster your bankruptcy petition can be prepared. There will be a delay if we need to verify or obtain more information concerning a specific asset, debt or creditor; so please provide as much detail as you can and fill in ALL the information requested on these forms. Thank you for taking the time to be thorough and complete, resulting in a faster turnaround.

FIRST NAME	MIDDLE	LAST
Social Security Number		Date of Birth
Current Home Address		
City	State	Zip
County of Residence	Length of Time at This Address	
Mobile Phone	Work Phone	Other
Email Address		

MAILING ADDRESS - If you would like the Bankruptcy Court to mail Court Documents to an alternate address please specify:

INFORMATION ABOUT YOUR SPOUSE

SPOUSE'S NAME, First	Middle	Last
Social Security Number		Date of Birth
Address (if living separately)		
City	State	Zip

Do you have a Wage Garnishment or Tax, or Bank Levy?

☐ Yes ☐ No

Name of Company or Agency? _____

Are you being Evicted?

☐ Yes ☐ No

Married?

☐ Unmarried ☐ Spouse Filing Separately ☐

If your spouse is not filing with you, does your spouse reside separately?

☐ Yes ☐ No

Have you filed bankruptcy within the last eight (8) years?

☐ Yes ☐ No

Do you have an Eviction or Foreclosure? _____

ADDITIONAL NOTES:

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CURRENT AND PAST 2 HEAR INCOME HISTORY

Gross Paid Salary from your last paystub: _____

Date of Last Paycheck _____ Date of Next Paycheck _____

Year-to-Date Total from 01/01/2025 to Now _____

Total Gross Income from all sources for 2024: _____ **Total Gross Income for 2023:** _____

Employer's Name: _____

Address _____

City _____ State _____ Zip _____

Time at This Job: _____ Years _____ Months _____

Job Title: _____

How often do you get paid? ☐ Once a Month

Every Week ☐ Bi-Weekly ☐

☐ ☐

What is the total amount deducted from your paycheck for medical insurance?

Amount deducted from your paycheck for State and Federal Tax? _____

Alimony AND Child Support? _____

Are there any other deductions from your paycheck? ☐ Yes ☐ No How Much? _____

What is this "other" deduction for? _____

How much additional income do you make monthly from a business, gig work, etc? _____

Monthly Income from property rental _____ Monthly Royalty \$ _____

Monthly Alimony/Child Support Received _____ Monthly Social Security \$ _____

Monthly SSA _____ Monthly Food Stamps \$ _____

Other Government Assistance _____ Monthly Pension or Retirement \$ _____

Disability _____ Child's Social Security \$ _____

Do you expect your income to change in the next 1 year? _____

Do you have a second job? ☐ Yes ☐ No If yes, name of Employer: _____

Address _____

City _____ State _____ Zip _____

Job Title: _____ Years _____ Months _____

How often do you get paid? _____

Check One:

☐ Every Week ☐ Bi-Weekly

☐

What is your "average" gross wage before deductions _____

Do you receive income from any gig work? _____ How much per month? _____

☐ ☐

INCOME HISTORY FOR YOUR SPOUSE

Date of current paycheck stub _____
Employer's Name _____
Address _____
City _____
Telephone Number _____
Length of Time at This Job _____
Job Title: _____ State _____ Zip _____
How often do you get paid? _____

Income for 2024

~ : 2023

☐ Every Week ☐ Bi-Weekly

What is your "average" gross wage before deductions? \$ _____
"Average" amount of extra money you receive in overtime/commissions per pay period \$ _____
Total amount of taxes deducted (FICA, Federal, State, Local) from your paycheck \$ _____
What is the total amount deducted from your paycheck for insurance? \$ _____
What is the total amount deducted from your paycheck for 401K? \$ _____
Amount you pay in Alimony AND Child Support (if any) \$ _____
What is this "other" deduction for? ☐ ☐ ☐ ☐
Additional income from gig work? ☐ ☐ _____

Monthly Income from property (rentals)	_____	Monthly Housing-Assistance	\$ _____
Monthly Alimony or Child Support received	_____	Monthly Social Security	\$ _____
Monthly SSA	_____	Monthly Food Stamps	\$ _____
Monthly SSI	_____	Monthly Pension or Retirement	\$ _____
Other Income (Reason and amount received monthly)?	_____		\$ _____

Do you expect your income to change in the next 1 year? Explain: _____

Do you have a second job? ☐ Yes ☐ No If yes, name of employer: _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Length of Time at this Job: Years _____ Months _____

Job Title (do not abbreviate) _____

How often do you get paid? (check one)

☐ Every Week ☐ Bi-Weekly (sometimes I get paid 3 times a month)
☐ Once a Month ☐ semi-monthly (on the same 2 days of each month)

What is your "average" gross wage before deductions? \$ _____

Year-to-Date for 2025: _____ Income for 2024 \$ _____ I _____ Income for 2023 \$ _____

Do you receive income from a gig/home business? ☐ ☐ How much per month? \$ _____

SELF-EMPLOYED OR GIG WORK - PROFIT AND LOSS (P&L)

If you have been self-employed during the past six (6) months, please list below the normal income and expenses your business generated for an average month. If you did not have an average monthly income due to extreme highs and lows in your business, estimate your total yearly income and divide by 12 to get the average monthly income. Use the same method of determining your average monthly expenses and enter those figures into the spaces below:

Gross Monthly Income from Operating a Business \$ _____
Gross Monthly Income from Gig Work \$ _____

Misc Expenses \$ _____

Payroll Taxes \$ _____

Inventory Purchases \$ _____

Utilities \$ _____

Office Expenses and Supplies \$ _____

Repairs and Maintenance \$ _____

Vehicle Expenses (Gas) \$ _____

Equipment Rental and Leases \$ _____

Legal/Accounting/Professional Fee \$ _____

Car Insurance \$ _____

Employee Payroll \$ _____

LICENSE# \$ _____

DBA: \$ _____

LLC: \$ _____

EIN #: \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Did you withhold any earnings for tax purposes? ☐ Yes ☐ No

\$ _____

Total Monthly Gross Income \$ _____

Total Monthly Expense \$ _____

NET INCOME \$ _____

Did you file 2023 & 2024 taxes for your business?

☐ Yes ☐ No

What date was your business established? _____

INFORMATION FOR MEANS TEST

☐ Means Test applies to all dependents claimed on current tax return

DEPENDENTS

Name	Age	Son or Daughter	Is this Child Living with you, and claimed on your taxes?
1.			
2.			
3.			
4.			
5.			
6.			

INCOME FOR LAST SIX (6) Months

Provide the total amount of earned income (from all sources) that you received for the current month and last five (5) months - totaling six (6) months of income. DO NOT DEDUCT TAXES. The income you report below is NOT TAKE-HOME PAY but the TOTAL INCOME YOU ACTUALLY EARNED BEFORE TAXES WERE DEDUCTED.

HUSBAND: Wages, salaries, tips, bonuses, overtime and commissions:

Month:	Month:	Month	Month	Month	

WIFE: Wages, salaries, tips, bonuses, overtime and commissions:

Month:	Month:	Month:	Month	Month	Month

HUSBAND: Income from operation of business or Gig Work:

Month:	Month:	Month	Month:	Month	Month

WIFE: Income from operation of business or Gig Work:

Month:	:Month	Month	Month	Month	Month

HUSBAND: Rents and other property income (rents paid to you):

Month:	Month:	Month	Month: :	Month	Month

CONTINUED ON NEXT PAGE

INFORMATION FOR MEANS TEST CONTINUED

WIFE: Rents and other property income (rents paid to you):

Month:	Month:	Month	Month	Month	Month

HUSBAND: SSI, SSA, Disability

Month:	Month:	Month	Month	Month	Month

WIFE: SSI, SSA, Disability

Month:	Month:	Month	Month	Month	Month

HUSBAND: Pension or 401K retirement income:

Month:	Month:		Month:	Month	Month

WIFE: Pension or 401K retirement income:

Month:	Month:	Month	Month:	Month	Month

HUSBAND: Income received from others who contribute money to the monthly household expenses:

Month:	Month:	Month	Month	Month	Month

WIFE: Income received from others who contribute money to the monthly household expenses:

Month: May	Month: June	Month: July	Month: August	Month: Sept	Month: Oct

HUSBAND: Unemployment compensation:

Month:	Month:	Month	Month	Month	Month

WIFE: Unemployment compensation:

Month:	Month:	Month	Month	Month	Month

CONTINUED ON NEXT PAGE

INFORMATION FOR MEANS TEST CONTINUED

HUSBAND: Income from other sources not provided for above:

Month:	Month:		Month	Month	Month

WIFE: Income from other sources not provided for above:

Month:	Month:	Month	Month	Month	Month

OTHER INFORMATION

Have you or your spouse been known by any other name during the past 8 years?
(Example: maiden name, last name from previous marriage, legal name change, etc.)

☐ Yes ☐ No

If yes, write the NAME KNOWN AS and DATE(S) THIS NAME WAS USED below:

Name Used _____ Dates Used _____ Thru _____

Name Used _____ Dates Used _____ Thru _____

Has your income significantly increased or decreased during the past six (6) months?
If so, please provide details below:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

EXPENSE DECLARATION

This form is necessary to determine how much you spend each month on living expenses. Be sure to write in the MONTHLY (not yearly) amounts in the spaces below each expenditure. For utilities, your bill may be higher in the winter than in the summer, so write an amount that is "average" covering the whole twelve (12) month period.

Housing Expenses

Rent or Mortgage \$ _____

HOA (If Applicable) \$ _____

Mobile Home Payment \$ _____

Lot Payment \$ _____

Real Estate Taxes \$ _____

☐ Yes ☐ No
\$ _____

Is Your Homeowner's Insurance Included
in your Mortgage Payment ☐ Yes ☐ No

Home/Renter's Insurance _____

Utilities (Normal Monthly Average)

Electricity and Gas \$ _____

Water and Trash \$ _____

Home Internet and Cable \$ _____

Telephone: Home/ Mobile \$ _____

Grocery Cost (Monthly) \$ _____

Household Upkeep, Cleansing \$ _____

Eating Out \$ _____

Other _____

All Car Payments \$ _____

Vehicle Insurance \$ _____

Gas, Repairs, Rideshare \$ _____

Health Insurance (Paid Out Of Pocket) \$ _____

Other Insurance \$ _____

Tax Garnishment

Any Tax garnishment
deducted from your wages? ☐ Yes ☐ No
Amount? \$ _____

Other Expenses

Alimony and/or Child Support \$ _____

Wage, Tax Garnishment \$ _____

Child Care Expense, Describe \$ _____

Clothing, Laundry, Dry Clean \$ _____

Haircut, Personal Hygiene \$ _____

Other \$ _____

Other \$ _____

Use the space below to describe any additional
monthly expenses that you must pay out of your
pocket that are not covered here. Explain the type of
expense, amount of expense and how long you will
continue to have this expense:

Do you expect your expenses to change in the next 1 year? Explain: _____

**NOTICE: IF YOU OWN A MOBILE HOME,
PLEASE FILL OUT THE NEXT PAGE**

YOUR REAL ESTATE

☐

USE SEPARATE PAGES FOR EVERY SEPARATE PIECE OF REAL ESTATE THAT YOU OWN.

Check the type of real estate you own: ☐ House ☐ Condominium ☐ Vacant Lot ☐ Other

Name(s) on Deed _____

Address of Real Estate _____

Description of Real Estate: Example: Single Family Home, Condo, Duplex, Town House

Name of Mortgage Company _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date obtained this mortgage _____

What are the monthly payment _____ What is the payoff amount? \$ _____

Are you behind on payments? ☐ Yes ☐ No If so, which months? _____

Does payment include taxes? ☐ Yes ☐ No Does payment include insurance? ☐ Yes ☐ No

What interest rate do you pay? _____ % Total Arrears including Trustee/Attorney Fees? _____

When was your Property last appraised? _____ What was the appraised value? \$ _____

Do you have a 2nd mortgage on Property? ☐ Yes ☒ No Intention: ☐ Keep ☐ Surrender

SECOND (2nd) MORTGAGE INFORMATION (IF APPLICABLE)

Name of Mortgage Company _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date obtained this mortgage _____

What are the monthly payments? \$ _____ What is the pay-off amount? \$ _____

Are you behind on payments? ☐ Yes ☐ No If so, which months? _____

What interest rate do you pay? _____ Total Amount of Arrears? _____

FORECLOSURE INFORMATION (IF APPLICABLE)

Name of Trustee or Attorney _____

Address _____

City _____ State _____ Zip _____

Is this property in the process of a Foreclosure action? ☐ Yes ☐ No

Please provide a copy of the Trustee Sale Document or Attorney Notice.

☐ Check this box if you have a homestead exemption that exceeds \$125,000.00

MOBILE HOME

PRINT OUT ADDITIONAL PAGES FOR EVERY MOBILE HOMES THAT YOU OWN.

Name(s) on title _____

Address of mobile home _____

Are the wheels completely removed and the mobile home attached to the ground? ☐ Yes ☐ No

Does the home sit in a mobile home park? ☐ Yes ☐ No What is the monthly lot rent? \$ _____

Does your mobile home sit on a piece of ground you own? ☐ Yes ☐ No Size of lot _____

Do you make separate payments for the ground your mobile home sits on? ☐ Yes ☐ No

If so, explain: _____

If you own the ground free and clear, what is the resale value for this piece of ground? \$ _____

Description of Mobile Home: (example: 28x40 double-wide, 2 bedrooms, 1 bath, on wheels with skirting and steps and 1 outbuilding shed, situated in mobile home park.) _____

Name of Mortgage Company _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date obtained this mortgage _____

What are the monthly payments? \$ _____ What is the pay-off amount? \$ _____

Are you behind on payments? ☐ Yes ☐ No If so, which months? _____

What interest rate do you pay? _____ % Amount to catch up back payments? \$ _____

What year was your mobile home last appraised? _____ What was the appraised value? \$ _____

Do you have a 2nd mortgage on this mobile home? ☐ Yes ☐ No Intention: ☐ Keep ☐ Surrender

SECOND (2nd) MORTGAGE INFORMATION (IF APPLICABLE)

Name of Mortgage Company _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date obtained this mortgage _____

What are the monthly payments? \$ _____ What is the pay-off amount? \$ _____

Are you behind on payments? ☐ Yes ☐ No If so, which months? _____

What interest rate do you pay? _____ % Amount to catch up back payments? \$ _____

FORECLOSURE INFORMATION

Name of Trustee or Attorney _____

Address _____

City _____ State _____ Zip _____

Is your property in the process of foreclosure Sale? ☐ Yes ☐ No

Please provide a copy of the Trustee Sale Document including:

Trustee/Attorney Phone and Fax Number

HOUSEHOLD & PERSONAL ASSETS

Please check the items below that you currently have in your home.

Then, **provide the “Yard Sale” VALUE of each item:**

	“Yard Sale” Value
<input type="checkbox"/> Stove	\$ _____
<input type="checkbox"/> Refrigerator	\$ _____
<input type="checkbox"/> Washer/Dryer	\$ _____
<input type="checkbox"/> Microwave	\$ _____
<input type="checkbox"/> Dishwasher	\$ _____
<input type="checkbox"/> Cooking Utensils	\$ _____
<input type="checkbox"/> Silverware/Flatware	\$ _____
<input type="checkbox"/> Cookware (Pots/Pans)	\$ _____
<input type="checkbox"/> Dining Room Furniture	\$ _____
<input type="checkbox"/> Tables and Chairs	\$ _____
<input type="checkbox"/> Bedroom Furniture	\$ _____
<input type="checkbox"/> Television(s)	\$ _____

Additional Items: _____

<input type="checkbox"/> Cellular / Mobile Phones	\$ _____
<input type="checkbox"/> Living Room Furniture	\$ _____
<input type="checkbox"/> Dressers/Night Stands	\$ _____
<input type="checkbox"/> Lamps and Accessories	\$ _____
<input type="checkbox"/> Wedding Rings	\$ _____
<input type="checkbox"/> Other Jewelry / Watches	\$ _____

Describe item(s): _____

<input type="checkbox"/> Computer(s)	\$ _____
<input type="checkbox"/> Computer Printers/Fax Mach	\$ _____
<input type="checkbox"/> Desks/Office Furniture	\$ _____
<input type="checkbox"/> Other Computer Equipment	\$ _____

Describe item(s): _____

<input type="checkbox"/> All Clothing	\$ _____
<input type="checkbox"/> Other:	\$ _____

Describe Item: _____

“Yard Sale” Value

<input type="checkbox"/> Carpenter Tools	\$ _____
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Describe item(s): _____

<input type="checkbox"/> Mechanic Tools	\$ _____
---	----------

Describe item(s): _____

<input type="checkbox"/> Guns and Firearms	\$ _____
--	----------

Describe item(s): _____

<input type="checkbox"/> Boats	\$ _____
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<input type="checkbox"/> Trailers	\$ _____
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<input type="checkbox"/> RV	\$ _____
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<input type="checkbox"/> Classic Car	\$ _____
--------------------------------------	----------

	\$ _____
--	----------

	\$ _____
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ADDITIONAL NOTES:

<input type="checkbox"/> _____

<input type="checkbox"/> _____

<input type="checkbox"/> _____

<input type="checkbox"/> _____

<input type="checkbox"/> _____

<input type="checkbox"/> _____

<input type="checkbox"/> _____

<input type="checkbox"/> _____

<input type="checkbox"/> _____

CHECKING, SAVINGS, 401K, RETIREMENT, ETC

List all financial accounts including: checking, savings, 401k or other Retirement, PayPal, etc. Make copies of this page if you have more accounts to report.

Name of Bank _____
Address of Branch _____
City _____ State _____ Zip _____
Type of Account ☒ Checking ☐ Savings ☐ 401k ☐ Other (list type) _____
Name(s) on Account _____
Account Number _____ Current Balance \$ _____

Name of Bank _____
Address of Branch _____
City _____ State _____ Zip _____
Type of Account: ☐ Checking ☐ Savings ☐ 401k ☐ Other (list type) _____
Name(s) on Account _____
Account Number _____ Current Balance \$ _____

Name of Bank _____
Address of Branch _____
City _____ State ^{VA} _____ Zip _____
Type of Account: ☐ Checking ☐ Savings ☒ 401k ☐ Other (list type) _____
Name(s) on Account _____
Account Number _____ Current Balance \$ _____

Name of Bank _____
Address of Branch _____
City _____ State _____ Zip _____
Type of Account: ☐ Checking ☐ Savings ☐ 401k ☐ Other (list type) _____
Name(s) on Account _____
Account Number _____ Current Balance \$ _____

Name of Bank _____
Address of Branch _____
City _____ State _____ Zip _____
Type of Account: ☐ Checking ☐ Savings ☐ 401k ☐ Other (list type) _____
Name(s) on Account _____
Account Number _____ Current Balance \$ _____

NOTES: _____

YOUR MOTOR VEHICLES

Cars, Trucks, SUV's, Motorcycles, Motor homes, Boats, Trailers, Etc.,

Print more sheets if you own more than four (4) vehicles.

Type: ☐ Automobile ☐ Truck ☐ Motorcycle ☐ Other: _____

Year _____ Make _____ Model _____ Mileage _____

Condition: ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Not Running

Name(s) on vehicle title? _____

Financed? ☐ Yes ☐ No Loan Balance \$ _____

Name of Lender: _____

Address: _____

City _____ State _____ Zip _____

Account Number _____ Date loan established _____

Monthly payment? \$ _____ How many months are you behind on payments? _____

What is the pay-off amount on this vehicle? \$ _____ Check one: ☐ Keep ☐ Surrender

Interest rate of auto loan: _____ % Month and year this will be paid off: _____

Have you listed this vehicle as collateral for a title loan / quick loan / personal loan? ☐ Yes ☐ No

If so, name and address of loan company for personal loan: _____

Type: ☐ Automobile ☐ Truck ☐ Motorcycle ☐ Other: _____

Year _____ Make _____ Model _____ Mileage _____

Condition: ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Not Running

Engine: ☐ 4 Cylinder ☐ 6 Cylinder ☐ 8 Cylinder Liters: _____

Transmission: ☐ Automatic ☐ Manual (4-speed, 5-speed, etc.)

Name(s) on vehicle title? _____

Is vehicle financed? ☐ Yes ☐ No

Name of Lender you make payments:: _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date loan established _____

Monthly payment? \$ _____ How many months are you behind on payments? _____

What is the pay-off amount on this vehicle? \$ _____ Check one: ☐ Keep ☐ Surrender

Month and year this will be paid off: _____

Have you listed this vehicle as collateral for a title loan / quick loan / personal loan? ☐ Yes ☐ No

If so, name of loan company for personal loan: _____

CREDITORS THAT ARE NOT LISTED ON YOUR CREDIT REPORT

- COPY MORE PAGES IF YOU HAVE ADDITIONAL CREDITORS TO DECLARE.
- LIST ALL DEBTS: PERSONAL LOANS, CASH LOANS, TITLE LOANS, MEDICAL, ETC...

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account Number _____

Month and year you originally obtained this debt or established credit _____

If this debt is for a credit card, what month and year did you last make a purchase? _____

What is this debt for? ☐ Credit Card ☐ Cash Loan ☐ Other _____

Who is financially responsible for this debt? ☐ Husband ☐ Wife ☐ Both ☐ Other _____

Has this debt been turned over to a collection agency? ☐ Yes ☐ No

Name of collection agency or Law Firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account Number _____

Month and year you originally obtained this debt or established credit _____

If this debt is for a credit card, what month and year did you last make a purchase? _____

What is this debt for? ☐ Medical ☐ Credit Card ☐ Loan ☐ Other _____

Who is financially responsible for this debt? ☐ Husband ☐ ☐ Wife ☐ _____

Has this debt been turned over to a collection agency? ☐ Yes ☐ No

Name of collection agency or Law Firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____

Account Number _____ Date Account Opened: _____

If this debt is for a credit card, what month and year did you last make a purchase _____

? What is this debt for? ☐ Medical ☐ Credit Card ☐ Loan ☐ Other _____

Who is financially responsible for this debt? ☐ Husband ☐ Wife ☐ ☐ _____

Has this debt been turned over to a collection agency? ☐ Yes ☐ No

Name of collection agency or Law Firm _____

Address _____

City _____ State _____ Zip _____