DEBT FORM

Please complete one of these forms for <u>each</u> debt, including for mortgages, car loans, medical bills, credit cards, student loans, and any other person or entity that might possibly claim money from you.

Please also staple or attach to this completed Debt Form copies of the creditor's *two* most recent statements or bills.
Answer <u>every</u> question on this form. If you need more space, use the other side.

Name of Creditor:	**Account number**
Address:	**Who owes this debt** **Husband _____ Wife _____ Both _____**
If this debt has been turned over to a collection agency or attorney, please state the name and address of the collection agency:	
How much have you paid this creditor in the last three months?	
Date of payment	**Amount**
Date of payment	**Amount**
Date of payment	**Amount**
How much do you owe NOW?	
What is the debt for? (Clothes, etc) What did you purchase <u>specifically</u>:	
When did you incur the debt (month and year if known)?	
If this debt is for a *credit card*, when did you last use the card? Month:_____ Year: _____	
Is this debt covered or secured by a Mortgage, Security Interest, Judgment, or Lien on any of your property? **Yes _____ (please attach a copy of the lien) No _____**	
What is the property?	
How much is it worth? **What is the basis for the value (tax bill, NADA, appraisal etc?)** **Please attach a copy**	
Is there is a co-signer? **Name:** **Address:**	