

RECENT INCOME AND EMPLOYMENT FORM FOR MEANS TESTING

Date form completed:

Name:

- Are you currently employed? Do not include self-employment. Yes No
- Have you held any other job, even briefly, during the last 9 months? Yes No
- How many jobs do you have currently?
- How many jobs have you had during the last 9 months, not including current job(s)?

Name of Spouse:

- Is spouse currently employed? Do not include self-employment. Yes No
- Has spouse held any other job, even briefly, during the last 9 months? Yes No
- How many jobs does spouse have currently?
- How many jobs has spouse had during the last 9 months, not including current job(s)?

Complete a separate CURRENT JOB form for each and every current job. Complete a separate FORMER JOB form for each and every former job if you or spouse received any pay during the most recent 7 months.

Do you or spouse receive any regular monthly payments related to retirement? Yes No

This includes Social Security, government pensions, business pensions, annuities, and other retirement plans in which the amount of the monthly payment is fixed. Do not include monthly withdrawals from a 401(k) plan or IRA. Complete a MISCELLANEOUS INCOME form for each source of income, if you or spouse received any payment during the most recent 7 months.

Do you or spouse receive any regular monthly payments of government benefits not related to retirement? Yes No

This includes disability income of any sort, unemployment compensation, welfare of any sort, and E.I.C. Complete a MISCELLANEOUS INCOME form for each source of income, if you or spouse received any payment during the most recent 7 months.

Have you or spouse received any child support or spousal support in the last 9 months? Yes No

Complete a MISCELLANEOUS INCOME form for each source of income, if you or spouse received any payment during the most recent 7 months.

Does anyone other than you or spouse make regular contributions toward payment of household expenses? Yes No

This includes roommates, significant others, parents, children, and other relatives. Complete a MISCELLANEOUS INCOME form for each source of income, if you or spouse received any payment during the most recent 7 months.

Have you or spouse received interest, dividends, or royalty payments from any source in the last 9 months? Yes No

Complete a MISCELLANEOUS INCOME form for each source of income, if you or spouse received any payment during the most recent 7 months.

Have you or spouse received rental payments from others in the last 9 months? Yes No

Provide detailed monthly profit and loss statements for the most recent 7 months.

Have you or spouse received payments from any business, profession, or farm in the last 9 months? Yes No

This includes any amount received from self-employment or from a business you own in whole or in part. Provide detailed monthly profit and loss statement for the most recent 7 months.

Have you or spouse sold a personal residence in the last 9 months? Yes No

Provide a copy of the escrow closing statement for the recent sale. State the date and original purchase price of the residence, and provide a copy of the escrow closing statement for the purchase of the residence if available.

Have you or spouse sold any investment real property in the last 9 months? Yes No

Provide escrow closing statements for every real property sold in the last 9 months. Provide information from which any capital gain or loss can be determined.

Have you or spouse sold any stocks, bonds, mutual funds, futures contracts, or similar investments in the last 9 months? Yes No

Give the date, amount, and description of every investment sold in the most recent 7 months. Provide information from which any capital gain or loss can be determined.

Have you sold any other personal property of more than nominal value in the last 9 months? Yes No

Give the date, amount, and description of items sold in the most recent 7 months. Provide information from which any capital gain can be determined. Do not include everyday household items of nominal value or non-investment items sold for less than the original purchase price.

CURRENT JOB

Date form completed:

Employee:

Job title:

Employer Name, mailing address, telephone number, and branch location (if more than one location):

Full time? Yes No

If part-time, average number of hours currently worked per week?

Date employment started (month & day if less than 9 months)?

How often are you paid?

Every week

Once a month

Quarterly

Every 2 weeks

Twice a month

Other (explain)

Rate of pay?

\$ per hour

\$ per pay period (salary)

\$ base plus \$ commissions

Other (explain)

Income documentation:

Do you understand that if you file bankruptcy, you will be required to provide your bankruptcy trustee with written proof of income and deductions for 6 to 7 months? This includes the partial month in which your bankruptcy petition is filed plus the six calendar months before that. For example, if your bankruptcy is filed on September 20th, you need pay stubs for any paycheck in September, plus pay stubs from March 1 through and including August 31.

Yes No

Do you have copies of your pay stubs (or similar evidence of gross pay, deductions, and net pay) for the last 7 months?

Yes No

Provide an explanation for any "yes" answers to these questions:

Have your monthly earnings from this job varied more than 10% in the last 7 months?

Yes No

Has the numbers of hours worked per month varied more than 10% in the last 7 months?

Yes No

Do you expect your monthly earnings or hours to vary more than 10% in the next year?

Yes No

Are there any circumstances suggesting that this job might not be permanent? For example, if you are a probationary employee working at a new job, if the job is only temporary, or if you plan to seek work with another employer.

Yes No

Provide the following information for the last 7 calendar months:

	Gross pay	Taxes	Mandatory deductions	Insurance	Retirement	Other
Since first day of this month						
1 month ago						
2 months ago						
3 months ago						
4 months ago						
5 months ago						
6 months ago						

Definitions:

- "Gross pay" - Total amount of all pay (wages, salary, commissions, bonuses) before any deductions.
- "Taxes" - Federal, state, and local income taxes, state disability insurance, Social Security, and Medicare.
- "Mandatory deductions" - Union dues and the like that are required.
- "Insurance" - Health, dental, or vision insurance, etc., provided as part of an employee benefit plan.
- "Retirement" - Pension, 401(k), IRA, and the like; do not include social security or employee stock purchase plans.
- "Other" - All other deductions.

FORMER JOB

Date form completed:

Employee:

Job title:

Employer name, mailing address, telephone number, and branch location (if more than one location):

Full time? Yes No

If part-time, average number of hours worked per week?

Date employment started (month & day)?

Date employment ended (month & day)?

How often were you paid?

Every week

Once a month

Quarterly

Every 2 weeks

Twice a month

Other (explain)

Rate of pay?

\$ per hour

\$ per pay period (salary)

\$ base plus \$ commissions

Other (explain)

Income documentation:

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Yes No

Do you have copies of your pay stubs (or similar evidence of gross pay, deductions, and net pay) for the last 7 months for this job?

Yes No

Provide the following information for any period in the last 6 to 7 calendar months during which you were employed at this former job. Enter "N/A" for any month in which you were not employed at this former job.

	Gross pay	Taxes	Mandatory deductions	Insurance	Retirement	Other
Since first day of this month						
1 month ago						
2 months ago						
3 months ago						
4 months ago						
5 months ago						
6 months ago						

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