

# Aronoff & Linnell, PLLC

## PERSONAL INFORMATION SHEET

Date: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Would you like to receive our monthly e-newsletter?  Yes  No

Name: \_\_\_\_\_ Street address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_ Ext. \_\_\_\_\_

Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Where do you work? \_\_\_\_\_ Length of Employment \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Spouse's Name: Name: \_\_\_\_\_ Street address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_ Ext. \_\_\_\_\_

Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Where do you work? \_\_\_\_\_ Length of Employment \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Dependents? Names and ages: \_\_\_\_\_

How long have you lived in the State of Michigan \_\_\_\_ Years \_\_\_\_ Months

Have you filed for a Chapter 13 or Chapter 7 before?  Yes  No If yes, when: \_\_\_\_\_ Chapter \_\_\_\_

Do you own or do you rent? \_\_\_\_\_ If renting, how far are you behind in your payments? \_\_\_\_\_

Do you owe the IRS or state for **taxes**?  Yes  No If yes, how much: \$ \_\_\_\_\_

Do you owe **child support**?  Yes  No If yes, how much: \$ \_\_\_\_\_

Do you owe for **student loans**?  Yes  No If yes, how much: \$ \_\_\_\_\_

Do you have any **non-sufficient funds** checks?  Yes  No If yes, how much: \$ \_\_\_\_\_

Have you repaid a personal loan to a **friend or family member** in the past year?  Yes  No

If yes, what TOTAL amount and on what dates? \_\_\_\_\_

## SECURED DEBT

### House Loans:

#### • Property #1:

**Loan #1** On Primary Residence Approximate value of property: \$ \_\_\_\_\_ How much is owed on home? \$ \_\_\_\_\_

Monthly payment: \$ \_\_\_\_\_ How far are you behind? \_\_\_\_\_

**Loan#2** Second Mortgage or Home Equity Line (Circle One) \$ \_\_\_\_\_ How much is owed on home?

\$ \_\_\_\_\_ Monthly payment: \$ \_\_\_\_\_ How far are you behind? Months \_\_\_\_\_ Amount \$ \_\_\_\_\_

• **Property #2 (if any):**

**Loan #1** On Primary Residence Approximate value of property: \$ \_\_\_\_\_ How much is owed on home? \$ \_\_\_\_\_  
 Monthly payment: \$ \_\_\_\_\_ How far are you behind? \_\_\_\_\_

**Loan#2** Second Mortgage or Home Equity Line (Circle One) \$ \_\_\_\_\_ How much is owed on home?  
 \$ \_\_\_\_\_ Monthly payment: \$ \_\_\_\_\_ How far are you behind? Months \_\_\_\_\_ Amount \$ \_\_\_\_\_

• **Property #3 (if any):**

**Loan #1** On Primary Residence Approximate value of property: \$ \_\_\_\_\_ How much is owed on home? \$ \_\_\_\_\_  
 Monthly payment: \$ \_\_\_\_\_ How far are you behind? \_\_\_\_\_

**Loan#2** Second Mortgage or Home Equity Line (Circle One) \$ \_\_\_\_\_ How much is owed on home?  
 \$ \_\_\_\_\_ Monthly payment: \$ \_\_\_\_\_ How far are you behind? Months \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Vehicles:**

• **1<sup>st</sup> Auto:**

Year/Make: \_\_\_\_\_ Mileage: \_\_\_\_\_ Purch/Lease? \_\_\_\_\_ Mo. Pymt: \$ \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
 Retain\_\_ Surrender\_\_

• **2<sup>nd</sup> Auto:**

Year/Make: \_\_\_\_\_ Mileage: \_\_\_\_\_ Purch/Lease? \_\_\_\_\_ Mo. Pymt: \$ \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
 Retain\_\_ Surrender\_\_

**Recreational vehicles, motorcycles, boats or other vehicles:**

Year/Make: \_\_\_\_\_ Purch/Lease? \_\_\_\_\_ Mo. Pymt: \$ \_\_\_\_\_ Balance: \$ \_\_\_\_\_ Retain\_\_ Surrender\_\_

Year/Make: \_\_\_\_\_ Purch/Lease? \_\_\_\_\_ Mo. Pymt: \$ \_\_\_\_\_ Balance: \$ \_\_\_\_\_ Retain\_\_ Surrender\_\_

**Other Secured Debt:**

List all other secured loans such as furniture, appliances, computers, stereo equipment, water systems, swimming pools or any loans in which a company holds an item as security. (All other debt will be listed on next page, including credit cards, medical bills, personal loans, utility bills and any other unsecured debt)

Name of Company	Mo. Payment	Balance	Judgment? Yes or No	Item securing debt (collateral)

**UNSECURED DEBT:**

List all unsecured debt, including credit cards, medical bills, personal loans, utility bills, loans to relatives, auto accident claims, student loans, etc.)

Name of Company	Mo. Payment	Balance	Judgment? Yes or No

Are your wages now being **garnished** or about to be garnished?  Yes  No,

if yes, name of creditor: \_\_\_\_\_

Are you threatened with repossession?  Yes  No If yes, name of creditor: \_\_\_\_\_

Do you have any **judgments** against you?  Yes  No If yes, who? \_\_\_\_\_

Do you have any **lawsuits** against you?  Yes  No If yes, who? \_\_\_\_\_

Are there any **co-signors** on your bills?  Yes  No If yes, which one? \_\_\_\_\_

Do you owe any money to a credit unions  Yes  No If yes, which one? \_\_\_\_\_

If YES, do you do your personal banking with that same credit union?

**INCOME:**

Your total monthly Gross Income \$ \_\_\_\_\_ Take home pay \$ \_\_\_\_\_ per month

Spouse's total monthly Gross Income \$ \_\_\_\_\_ Take home pay \$ \_\_\_\_\_ per month

Other monthly income such as social security, retirement, child support, etc. \$ \_\_\_\_\_ per ...month

(Source: \_\_\_\_\_)

**EXPENSES:**

Estimate the approximate **MONTHLY** amounts:

*For Office Use Only*

Rent or mortgage \$ \_\_\_\_\_ \$ \_\_\_\_\_

Lot rent/ homeowners association fees \$ \_\_\_\_\_ \$ \_\_\_\_\_

Property taxes \$ \_\_\_\_\_ \$ \_\_\_\_\_

Electric and gas \$ \_\_\_\_\_ \$ \_\_\_\_\_

Water and sewer \$ \_\_\_\_\_ \$ \_\_\_\_\_

Telephone \$ \_\_\_\_\_ \$ \_\_\_\_\_

Home Maintenance \$ \_\_\_\_\_ \$ \_\_\_\_\_

Food \$ \_\_\_\_\_ \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_ \$ \_\_\_\_\_

Laundry and dry cleaning \$ \_\_\_\_\_ \$ \_\_\_\_\_

Medical and dental expenses \$ \_\_\_\_\_ \$ \_\_\_\_\_

Transportation \$ \_\_\_\_\_ \$ \_\_\_\_\_

Recreation \$ \_\_\_\_\_ \$ \_\_\_\_\_

Charitable contributions \$ \_\_\_\_\_ \$ \_\_\_\_\_

Auto insurance \$ \_\_\_\_\_ \$ \_\_\_\_\_

Health insurance (not deducted from check) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Other insurance (not deducted from check) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Child support (not deducted from check) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Daycare \$ \_\_\_\_\_ \$ \_\_\_\_\_

1<sup>st</sup> automobile payment \$ \_\_\_\_\_ \$ \_\_\_\_\_

2<sup>nd</sup> automobile payment \$ \_\_\_\_\_ \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Total (Do not total) \$ \_\_\_\_\_ \$ \_\_\_\_\_

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**BUSINESS OWNERSHIP**

Do you own a business?  Yes  No

If YES:

- What form? (LLC, PC, Sole Proprietorship, Partnership, etc.): \_\_\_\_\_
  - Is the business still operating?  Yes  No
  - If the business is still in operation, do you intend to continue to operate the business?  Yes  No
  - Does the business own any real estate?  Yes  No
  - Does the business own any automobiles or other vehicles?  Yes  No
  - What is the value of the business' total assets (liquidation value)? \$\_\_\_\_\_
  - What are the total liabilities of the business (all debts)? \$\_\_\_\_\_
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**NOTES (for Attorney Use):**