

Name: _____

Spouse/partner/roommate's name: _____

Married Married living apart Single Divorced Widowed Living with domestic partner/roommate

Home Address: _____ Phone: Home _____
_____, FL 34 _____
Work _____

Mail Address: _____ Cell _____
_____, FL 34 _____
Spouse's Cell _____

County of Residence: _____ Spouse's Work _____

Source of Income (We need to review income of both husband and wife/roommate, even if only one is filing for BK and other is not)

Employer: _____ Spouse's Employer: _____

If self employed - average monthly business income \$ _____ minus
average monthly business expenses \$ _____

PLEASE Indicate if paid Weekly, Bi-Weekly or Monthly:	<u>Client</u> W/BW/M	<u>Spouse</u> W/BW/M
Gross Pay from Employment	\$ _____	\$ _____
Net Take Home Pay from Employment:	\$ _____	\$ _____
Gross Soc Sec Retirement (monthly):	\$ _____	\$ _____
Gross Soc Sec Disability (monthly):	\$ _____	\$ _____
Gross Retirement/Pension (monthly):	\$ _____	\$ _____
Child Support/Alimony-Paid out monthly	\$ _____	\$ _____
Child Support/Alimony-Received monthly	\$ _____	\$ _____
All other income from any source (roommate/family making regular contributions)	\$ _____	\$ _____

If divorced, when did it become final? _____

Number of dependent children: _____ Other dependents? _____

How long have you lived in the state of Florida? _____

If less than two years, list every state where you have lived in the last two years and the dates you lived there: _____

Is your current residence rented If rented, how much is rent _____?
owned free and clear , mortgaged , owned by family or friend ?

