

In accordance with Section 1305 of the Bankruptcy code, the Chapter 13 Trustee may be asked to review and approve post-petition consumer debts (consumer debts incurred “after” your Chapter 13 petition was filed.) *In order for such debt to be approved*, it must be related to your ability to complete your Chapter 13 plan; that is, the goods or services being financed must be reasonably necessary for you to continue successfully with your plan, and the proposed new debt must not be one which will jeopardize your ability to make your Chapter 13 plan payments.

Our review process takes two-to-three full business days from the time we receive your completed information forms. Should you have questions, you may contact our office at (501) 537-2500. If you wish you may fax your application and/or supporting documentation to (501) 537-2501. Please keep in mind that the Trustee cannot guarantee that you will receive an extension of credit, even though this office may approve your request. Whether you *actually* receive credit is up to the prospective lending institution.

Also, please note that the Trustee does *not* have the authority to approve a loan request related to real property (real estate), or debts exceeding \$15,000. If, for example, you need approval to finance the purchase of a home, or approval to refinance your home, you will need to contact your attorney so that the Court’s permission can be granted.

If you are requesting approval of automobile financing, and if the transaction involves *trading in* a vehicle being paid for in your Chapter 13 plan, please provide our office with the proof that the vehicle in your plan is paid off.

| | |
|---|---|
| Case Number: | |
| Name: | |
| Address: | |
| | |
| Daytime telephone number: | () |
| Name of Lender: | |
| Address of Lender: | |
| | |
| Lender phone #: | () |
| Amount of Loan: | |
| Amount of down payment and where funds came from: | \$ _____ |
| Interest Rate: | |
| Monthly Payment: | |
| Length of Loan: | |
| Reason for Loan: | |
| | <p>If this request is for an auto loan, provide the following:</p> <p>Make of Vehicle: _____</p> <p>Model of Vehicle: _____</p> <p>Year of Vehicle: _____</p> <p>How do you plan to pay for Sales Tax and auto insurance?</p> |
| | |
| | <p>If this auto will replace another auto, provide reason for replacement:</p> |
| | |
| | |

Case Number: _____ **Debtor(s) Name:** _____

Debtor's Occupation: _____
 Employer's Name and Address: _____

 How Long? _____

Spouse's Occupation: _____
 Employer's Name and Address: _____

 How Long? _____

Schedule I - Income

Schedule J - Expenses

| | Debtor | Spouse |
|--|-----------------|-----------------|
| Gross Wages (Per Month) | \$ _____ | \$ _____ |
| Payroll Deductions: | | |
| a: Payroll taxes | \$ _____ | \$ _____ |
| b: Social Security | \$ _____ | \$ _____ |
| c: Union Dues | \$ _____ | \$ _____ |
| d: Other | \$ _____ | \$ _____ |
| Subtotal of deductions: | \$ _____ | \$ _____ |
| Net (Per Month) | \$ _____ | \$ _____ |
| Regular Income from operations of business or professions: | \$ _____ | \$ _____ |
| Child Support | \$ _____ | \$ _____ |
| Pension, Social Security or Retirement Income | \$ _____ | \$ _____ |
| Other Monthly Income Specify: | \$ _____ | \$ _____ |
| TOTAL MONTHLY INCOME | \$ _____ | \$ _____ |
| COMBINED MONTHLY INCOME minus Total Monthly Expenses equals | \$ _____ | - \$ _____ |
| Total Excess Income: | \$ _____ | |
| Monthly Plan Payment: | \$ _____ | |
| Dependents Number, age & relationship of dependents (except current spouse). | _____ | |

| | |
|---|----------|
| 1st Mortgage | \$ _____ |
| 2nd Mortgage | \$ _____ |
| Rent | \$ _____ |
| Utilities: | |
| Electricity | \$ _____ |
| Water/Sewer | \$ _____ |
| Heat | \$ _____ |
| Telephone | \$ _____ |
| Other | \$ _____ |
| Total Utilities: | \$ _____ |
| Home Maintenance | \$ _____ |
| Food | \$ _____ |
| Clothing | \$ _____ |
| Laundry & Cleaning | \$ _____ |
| Newspapers & Books | \$ _____ |
| Doctor & Medical Expenses | \$ _____ |
| Transportation (not including auto payment) | \$ _____ |
| Insurance (not included in wages) | |
| Auto | \$ _____ |
| Life | \$ _____ |
| Health | \$ _____ |
| Homeowners/Renters | \$ _____ |
| Total Insurance: | \$ _____ |
| Real Estate/Personal Property Taxes | \$ _____ |
| Other Taxes: (specify): | \$ _____ |
| Do you pay or are you liable for payments of alimony or child support which are not paid by your pl _____ | |
| If yes, state monthly amount: | \$ _____ |
| List the Name, age and relationship of each person for whom benefit payments are made. _____ | |
| Child Care | \$ _____ |
| Miscellaneous | \$ _____ |
| Total estimated future monthly expenses: | \$ _____ |

I (we) certify under penalty of perjury that I (we) have read the foregoing budget and that it is true and correct to the best of my (our) knowledge, information and belief.

Date: _____

Debtor: _____

Joint Debtor: _____