OFFICE OF THE CHAPTER 13 TRUSTEE P.O. BOX 1907 COLUMBUS, GEORGIA 31902

TELEPHONE (706) 327·4151 IN GA (800) 642·8809 FAX (706) 327·4277 JONATHAN W. DELOACH · TRUSTEE

The following items are required to obtain a loan while in a chapter 13 bankruptcy. The enclosed budget form must be legibly and completely filled out.

- The following must be included:
 - o Total proposed dollar amount
 - o Total proposed monthly payment
 - o Total approximate time to repay the loan
 - Proposed interest rate
 - Debtor and/or spouse last pay stub (or proof of income)
- Home loans must include a Good Faith Estimate from the financial institution.
- Vehicle loans must include three written estimates on three different proposed vehicles from any dealership (must be from at least two different places).

DEALERSHIP NEEDS TO PROVIDE US WITH THE FOLLOWING -

(also mark on estimate which car debtor wants!!!)

- FINANCED AMOUNT
- APR (interest rate)
- MONTHLY PAYMENT
- LENGTH OF LOAN (# of months)

After all requested information is submitted; the Trustee will review the loan request, and will mail a response in approximately 2 to 3 weeks.

Due to the large volume of requests received, we ask during this processing period that you please **do not call** to inquire about the status of the loan request.

No information can be provided until the review process is completed and a decision is made.

Office of the Chapter 13 Trustee – Middle District of Georgia **Budget Request Form**

Case#:			SS#:		
Name: _					
Address	s :				
Debtor Phone: Home Spouse Phone: Home			_ Work		
			_ Work		
REASO	N FOR	LOAN REQUEST:			
A.		Status: Married Single Separated Divorce	ced		
	2.	The debtor supports the following dependents (other than the de Name Age I	ebtor's spouse): Relationship to debtor		
В.	1.	The debtor is self employed as			
	3.	The debtor is self-employed as Address of business as as as as as			
		Address of business The debtor's spouse is self-employed as Address of business			
C.	Curre	nt Income - Give estimated average current MONTHLY INCOM	ME of debtor and spouse DEBTOR	e, consisting of: SPOUSE	
	1.	Gross pay (wages, salary, or commissions)	\$	\$\$	
	2.	MONTHLY NET PAY (gross pay less all deductions)	\$	\$	
		Regular income available from the operation of a business or profession	\$	\$	
	4.	Other income: a. Interest and dividends b. From real estate or personal property c. Social Security d. Pension or other retirement income e. Other (specify)	\$ \$ \$ \$	\$\$ \$\$ \$ \$	
	5.	Alimony maintenances, or support pmts: (debtor's use) a. Payable to the debtor for the support of b. Payable to the debtor for the support of another (attach additional sheet listing the name, age and relationship to the debtor, of persons for whose benefit payments are made).	\$ \$ \$	\$ \$	
	6.	Total estimated current monthly income Attach a copy of last check stub (debtor & spouse).	\$	\$	

If you anticipate receiving additional income other than on a monthly basis in the next six months, such as an income tax refund, attach an additional sheet of paper and describe.

If you anticipate a substantial change in your income in the immediate future, attach an additional sheet of paper and describe.

Office of the Chapter 13 Trustee – Middle District of Georgia **Budget Request Form**

	nt Expenses - Give estimated average MONTHLY expenditures of debtor and spouse consist	sting of:
1.	Home Expenses:	¢
	a. Rent or home loan payment (including any assessment or maintenance fees)	\$
	b. Real estate taxesc. Utilities:	\$
	c. Utilities: i. Electricity	ф
	ii. Gas	Φ
	ii. Water	Φ
	iv. Telephone	\$
	v. Other (specify)	\$
	d. Home-maintenance (repairs and upkeep)	\$
2.	Other Expenses:	Ψ
2.	a. Taxes (not deducted from wages or included in home loan payments or included	
	in real estate taxes)	\$
3.	Alimony, maintenance or support payments (attach additional sheet listing name	Ψ
.	age and relationship of beneficiaries)	\$
4.	Insurance (not deducted from wages)	4
	a. Life	\$
	b. Health	\$
	c. Auto	\$
	d. Homeowner's or Renter's	\$
5.	Installment payments:	
	a. Auto	\$
	b. Other (specify)	\$
6.	Transportation (not including auto payments)	\$
7.	Education (including tuition and school books)	\$
8.	Food	\$
9.	Clothing	\$
	Medical, dental, and medicines	\$
	Laundry and cleaning	\$
	Newspaper, periodical and books	\$
	Recreation, clubs and entertainment	\$
14.	Charitable contributions	\$
15.	Other expenses (specify)	\$
Total estimated	current MONTHLY Expenses	\$
If you anticipate	a substantial change in your expenses in the immediate future, attach additional sheet of pape	r and describe.
	Unsworn Declaration under Penalty of Perjury	
	penalty of perjury that I have read the foregoing schedule and any attachment consistin	g of sheets in all,
and that they ar	e true and correct to the best of my knowledge, information and belief.	
Date		
Luc		
Signature of De	otor Signature of Co-Debtor	
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FAX number: (706) 327-4277 Attention: Loan Request Processing