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**SHADED AREAS ARE FOR OFFICE USE ONLY**

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The worksheet is 4 pages long. Click on the tabs at the bottom of the window for the additional pages.

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**INCOME INSTRUCTIONS**

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**Your Gross Monthly Pay:** Please list your gross monthly or total pay from your primary job. If you are paid twice each month, simply add your two gross or total amounts together. If you are paid weekly, simply multiply your weekly gross or total pay amount by four. If your income varies each month, please give a six month average of total pay.

**Take Home Pay:** Please subtract all deductions from your gross or total pay to get take home pay. This should match the amount of your paycheck.

**Your Other Income:** Please list all your other monthly income from other household income, monthly bonus checks, tips, alimony, child support, dividends, interest, second or part-time job income, regular gifts from family, disability payments, business or government pensions and so on. If this income varies each month, please give a six month average. If you receive an annual bonus, divide that bonus by twelve and include

**Co-Client's Gross Monthly Pay and Take Home Pay:** Please complete if you are filing jointly.

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**YOUR LIVING EXPENSES INSTRUCTIONS**

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**Please Include all monthly household expenses as they exist NOW:** Please be as accurate as possible. This information will assist you in rebuilding your finances.

A brief description of what to list for each expense is listed on the Living Expenses worksheet.

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**INSTRUCTIONS FOR YOUR CREDITORS**

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Please list all unsecured debts that you owe (including medical, loans, credit cards). If needed, attach another sheet. DO NOT include mortgages, car loans, taxes or student loans. Please clearly state the creditor's name and the total balance due.

Please e-mail to [bankruptcy@cccsok.org](mailto:bankruptcy@cccsok.org) or fax to 405-384-3947

## Pre-Filing Credit Counseling WORKSHEET (page 1 of 4)

### PERSONAL INFORMATION

Client Last Name      First      Middle/Maiden      Date of Birth      Social Security Number

Co-Client Last Name      First      Middle/Maiden      Date of Birth      Social Security Number

Address No./Street      City      County      State      Zip Code

Home Phone	<input type="checkbox"/> OK to Contact	Single	Married	Separated	Divorced	Widowed
Cell Phone	<input type="checkbox"/> OK to Contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Phone	<input type="checkbox"/> OK to Contact	Total Dependents				

E-Mail Address	Highest Education Level Completed	Ethnicity/Race																																										
Client <input type="checkbox"/> OK to Contact	<table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">Client</td> <td style="text-align: center;">Co-Client</td> </tr> <tr> <td>Elementary/Middle</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>High School</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>College</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Graduate School</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Doctorate</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Client	Co-Client	Elementary/Middle	<input type="checkbox"/>	<input type="checkbox"/>	High School	<input type="checkbox"/>	<input type="checkbox"/>	College	<input type="checkbox"/>	<input type="checkbox"/>	Graduate School	<input type="checkbox"/>	<input type="checkbox"/>	Doctorate	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0" style="width: 100%;"> <tr> <td>American Indian</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>American Indian</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Asian/Pacific Islander</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Black/Non-Hispanic</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Hispanic</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>White/NonHispanic</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Multi-Race</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	American Indian	<input type="checkbox"/>	<input type="checkbox"/>	American Indian	<input type="checkbox"/>	<input type="checkbox"/>	Asian/Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	Black/Non-Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	White/NonHispanic	<input type="checkbox"/>	<input type="checkbox"/>	Multi-Race	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
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<b>Housing</b>																																												
Are you: <input type="checkbox"/> Renting <input type="checkbox"/> Buying <input type="checkbox"/> Own Home <input type="checkbox"/> Other																																												
Type Loan: <input type="checkbox"/> FHA <input type="checkbox"/> Conventional <input type="checkbox"/> VA <input type="checkbox"/> USDA																																												
Current: <input type="checkbox"/> Yes <input type="checkbox"/> No      If late, how many months																																												
<b>Vehicle</b>																																												
Auto #1      Current: <input type="checkbox"/> Yes <input type="checkbox"/> No	Auto #2      Current: <input type="checkbox"/> Yes <input type="checkbox"/> No																																											

### Income

<u>Client</u>	<u>Co-Client</u>
Client Employer _____	Co-Client Employer _____
Occupation _____	Occupation _____
Full Time/Part Time _____	Full Time/Part Time _____
Pd: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> x per month	
Date Started _____	Date Started _____
<b>MONTHLY</b> Gross Pay _____	<b>MONTHLY</b> Gross Pay _____
<b>MONTHLY</b> Take Home Pay _____	<b>MONTHLY</b> Take Home Pay _____
<b>MONTHLY</b> Child Support _____	<b>MONTHLY</b> Child Support _____
<b>MONTHLY</b> Additional Income _____	<b>MONTHLY</b> Additional Income _____
Total Monthly Income      \$0.00	Total Monthly Income      \$0.00

### ATTORNEY INFORMATION

Attorney's Name	
Attorney's Phone Number	

# LIVING EXPENSES

**COMPLETE THIS AREA ONLY**

## EXPENSES

**MONTHLY  
AMOUNT**

Fixed expenses are payments that are the same each month, such as housing, insurance and installment payments.

Rent/Mortgage		Please list your monthly housing expense such as rent or total mortgage payment.
Second Mortgage		Please list second mortgage, line of credit against home, home equity loan
Homeowner's Association Dues		Please list amount
Insurance (Car, Health, Life)		Please list auto, health and / or life
Car Payments		Please list amount of all combined
Paying Child Support/Alimony		Please list amount
Savings		Please list amount
<b>TOTAL FIXED</b>	0.00	

Variable expenses are expenses that may vary from one month to the next. These are usually averaged.

Electricity		Please list your average monthly amount
Gas/Heating		Please list your average monthly amount
Water/Sewer/Garbage		Please list your average monthly amount
Home Phone/Cell Phone		Please list amount. (If bundled with Cable list on next line.)
Cable/Internet		Please list amount
Gasoline/Oil		Please list average monthly amount
Food at Home		Please list average monthly food costs for your household
Eating Out (School, Work, Dinner)		Please list average monthly amount
Family Clothing		Please list average monthly amount
Laundry/Cleaning Supplies		Please list average monthly amount
Transportation Costs (Pikepass, cab fare)		Please list average monthly amount
Personal Toiletries		Please list average monthly amount
Medications		Please list average monthly amount
Day Care/Baby Needs		Please list average monthly amount
Barber/Beauty Shop (manicures, etc.)		Please list average monthly amount
Contributions/Tithe		Please list average monthly amount
Hobbies/Books/News/Magazine		Please list average monthly amount
Tobacco/Alcohol		Please list average monthly amount
Entertainment/Movies/Sports/Concerts/DVD's		Please list average monthly amount
Allowance(s)		Please list amount
Pet Expenses		Please list average monthly amount
Student Loans		Please list the monthly payment amount
State and Federal Tax Payments		Please list the monthly payment amount
<b>TOTAL VARIABLE</b>	0.00	

Periodic expenses are expenses which do not occur on a regular basis. These expenses will be divided by 12.

## YEARLY TOTALS

PLEASE ENTER YEARLY AMOUNTS

Home Repairs		Please list amount
Car (Repairs, Tires, Tags)		Please list amount
Veterinary		Please list amount
Medical-Vision, Dental, etc.		Please list amount
Gifts		Please list amount
Vacation/Out of Town Trips		Please list amount
School Supplies/Tuition		Please list amount
Property Taxes		Please list amount
Homeowner's Insurance		Please list amount
<b>TOTAL MONTHLY PERIODIC</b>	0.00	

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Total Monthly Living Expenses 0.00

## BANKRUPTCY CREDITOR INFORMATION

List **all** unsecured debt that you owe (including medical, loans, credit cards). If needed, attach another sheet.

**DO NOT** include mortgages, car loans, taxes or student loans.

Office Use Only	Creditor's Name	Current Balance
	<b>Example</b>	
	Washington Mutual/Provident	\$1,285.00
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Office Use Only	Creditor's Name	Current Balance
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		
31.		

Please Continue to Creditor Info (2) Tab

## BANKRUPTCY CREDITOR INFORMATION

List all unsecured debt that you owe (including medical, loans, credit cards). If needed, attach another sheet.

**DO NOT** include mortgages, car loans, taxes or student loans.

Office Use Only	Creditor's Name	Current Balance
	<b>Example</b>	
	Washington Mutual/Provident	\$1,285.00
32		
33		
34		
35		
36		
37		
38		
39		
40		
41		
42		
43		
44		
45		
46		

Office Use Only	Creditor's Name	Current Balance
47		
48		
49		
50		
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59		
60		
61		
62		