KENNETH C. RANNICK, P.C.

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HOUSEHOLD INCOME

Do you think your income or expenses will change 10% over the next 6 months? ___ Yes ___ No Explain_____

_____

HUSBAND/MALE	WIFE/FEMALE
Provide information about your average or typical paycheck: How often are you paid? (Check One) ___Weekly ___Bi-weekly ___Once Monthly ___Twice a Month	Provide information about your average or typical paycheck: How often are you paid? (Check One) ___Weekly ___Bi-weekly ___Once Monthly ___Twice a Month
GROSS WAGES _____ AVERAGE OVERTIME _____ *AMOUNTS DEDUCTED FROM YOUR PAYCHECK* Federal Income Tax _____ Social Security Tax _____ Medicare _____ State Income Tax _____ Life Insurance _____ Health Insurance _____ Dental Insurance _____ Disability Insurance _____ Credit Union _____ Union Dues _____ United Fund _____ Pension/401K Deduction _____ 401K Loan Re-Payment _____ Child Support _____ OTHER: _____ OTHER: _____ OTHER: _____ OTHER: _____ OTHER: _____ NET TAKE HOME PAY _____	GROSS WAGES _____ AVERAGE OVERTIME _____ *AMOUNTS DEDUCTED FROM YOUR PAYCHECK* Federal Income Tax _____ Social Security Tax _____ Medicare _____ State Income Tax _____ Life Insurance _____ Health Insurance _____ Dental Insurance _____ Disability Insurance _____ Credit Union _____ Union Dues _____ United Fund _____ Pension/401K Deduction _____ 401K Loan Re-Payment _____ Child Support _____ OTHER: _____ OTHER: _____ OTHER: _____ OTHER: _____ OTHER: _____ NET TAKE HOME PAY _____
AMOUNT OF OTHER MONTHLY INCOME	AMOUNT OF OTHER MONTHLY INCOME
Business – Monthly Gross Receipts _____ Alimony / Support _____ Social Security _____ Medicare _____ Disability _____ Pension _____ Part-Time Job _____ Roommate _____ Help from your family _____ Food Stamps _____ Child Support _____ OTHER: _____ OTHER: _____ OTHER: _____ OTHER: _____ OTHER: _____	Business – Monthly Gross Receipts _____ Alimony / Support _____ Social Security _____ Medicare _____ Disability _____ Pension _____ Part-Time Job _____ Roommate _____ Help from your family _____ Food Stamps _____ Child Support _____ OTHER: _____ OTHER: _____ OTHER: _____ OTHER: _____ OTHER: _____

**Admitted in Tennessee and Georgia. Board Certified: Consumer Bankruptcy Law, American Bankruptcy Board of Certification.*

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HUSBAND/MALE	WIFE/FEMALE
Please print the names, addresses and phone numbers of two close friends or relatives not living with you in case we must locate you immediately.	Please print the names, addresses and phone numbers of two close friends or relatives not living with you in case we must locate you immediately.
Name:_____ Address:_____ City/State/ZIP:_____ Phone:_____ Relationship:_____	Name:_____ Address:_____ City/State/ZIP:_____ Phone:_____ Relationship:_____
Name:_____ Address:_____ City/State/ZIP:_____ Phone:_____ Relationship:_____	Name:_____ Address:_____ City/State/ZIP:_____ Phone:_____ Relationship:_____

IF YOU ARE TO PAY ALIMONY OR CHILD SUPPORT:

Who should you pay it for?	Age/Relationship	Who should you pay this to?	Amount you are behind.

IF YOU DEPENDABLY RECEIVE ALIMONY OR CHILD SUPPORT:

Please list name, age and relationship of persons for whose benefit payments are received by you:

Name	Age/Relationship	Monthly Amount

DEPENDENTS: Please list name, age and relationship of all dependents, except current spouse.

Name	Age	Relationship

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