# DEBT FORM

Complete one (1) of these forms for each debt, and provide a debt form for **all** debts. Answer **each** question as accurate as possible. If the question does not apply to this specific debt, write N/A in the blank after the question. If possible, please staple your most recent bill or statement to the back of this form.

1. Debt owed to: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Original creditor)

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Has this debt been turned over to someone for collections? **YES** **NO** If **YES:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

3. Total amount of the debt: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. When was this debt incurred? **Month**: \_\_\_\_\_\_\_\_\_\_\_\_\_**Year**:\_\_\_\_\_\_\_\_\_\_\_(please write “revolving” for credit cards)

5. Which person is liable for the debt: Husband\_\_\_Wife\_\_\_Both\_\_\_Single person\_\_\_

6. Is anyone besides you or a spouse liable for this debt? **YES NO** If **YES:**

 Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_Zip Code:\_\_\_\_

**7.** Is this debt another person’s that you have cosigned for, guaranteed, secured, or otherwise became liable for?

**YES NO** If **YES**,

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_ Zip code\_\_\_\_\_\_\_\_

8. What did you receive in consideration for this debt?

 Cash\_\_\_\_\_ Credit Card\_\_\_\_\_ Medical Care\_\_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Do you admit that you are liable for the full amount of this debt? **YES NO** If **NO**, explain**:\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

10. Do you and the creditor agree on the amount of this debt? **YES NO** If **NO**, explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Are the payments on this debt: \_\_\_\_current \_\_\_\_delinquent