

UNITED STATES BANKRUPTCY COURT

SOUTHERN DISTRICT OF CALIFORNIA
325 West F Street, San Diego, California 92101-6991

In Re

Debtor.

BANKRUPTCY NO.

APPLICATION TO HAVE THE CHAPTER 7 FILING FEE WAIVED

Part A. Family Size and Income

1.

| | | | |
|--|--|----------------------------|-------------------------------|
| What is the size of your family? Your family includes you, your spouse, and any dependents listed on <i>Schedule J: Your Expenses</i> (Official Form 106J) | Check all that apply: <input type="checkbox"/> You <input type="checkbox"/> Your spouse <input type="checkbox"/> Your dependents | How many dependents: _____ | Total number of people: _____ |
|--|--|----------------------------|-------------------------------|

2.

| | | | |
|--|---|-------------------|--|
| Fill in your family's average monthly income. Include your spouse's income if your spouse is living with you, even if your spouse is not filing. Do not include your spouse's income if you are separated and your spouse is not filing with you. | Add your income and your spouse's income. Include the value (if known) of any non-cash governmental assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | You | That person's average monthly net income (take-home pay) \$ _____ |
| | If you have already filled out <i>Schedule I: Your Income</i> , see line 10 of that schedule. | Your Spouse ... + | \$ _____ |
| | | Subtotal | \$ _____ |
| | Subtract any non-cash governmental assistance that you included above. | (minus) _ | \$ _____ |
| | Your family's average monthly net income | Total | \$ _____ |

3.

| | | |
|---|--|---------------------|
| Do you receive non-cash governmental assistance? | <input type="checkbox"/> No | |
| | <input type="checkbox"/> Yes. Describe | Type of Assistance: |

4.

| | | |
|--|---------------------------------------|--|
| Do you expect your family's average monthly net income to increase or decrease by more than 10% during the next 6 months? | <input type="checkbox"/> No | |
| | <input type="checkbox"/> Yes. Explain | |

5.

| | |
|---|--|
| Tell the court why you are unable to pay the filing fee in installments within 30 days. If you have some additional circumstances that cause you to not be able to pay your filing fee in installments, explain them. | |
|---|--|

Part B: Monthly Expenses

6.

| | |
|--|----------|
| Estimate your average monthly expenses. Include amounts paid by any government assistance that you reported on line 2. If you have already filled out <i>Schedule J, Your Expenses</i> , copy line 22 from that form. | \$ _____ |
|--|----------|

7.

| | | |
|---|--|--|
| Do these expenses cover anyone who is not included in your family as reported in line 1? | <input type="checkbox"/> No | |
| | <input type="checkbox"/> Yes. Identify who | |

8.

| | | |
|--|---|------------------|
| Does anyone other than you regularly pay any of these expenses? If you have already filled out <i>Schedule I: Your Income</i> , copy the total from line 11. | <input type="checkbox"/> No | |
| | <input type="checkbox"/> Yes. How much do you regularly receive as contributions? | \$ _____ monthly |

9.

| | | |
|--|------------------|--|
| Do you expect your family's average monthly expenses to increase or decrease by more than 10% during the next 6 months? | [] No | |
| | [] Yes. Explain | |

Part C. Real and Personal Property

EITHER (1) attach a completed copy of *Schedule A/B: Property (Official Form 106A/B)* OR (2) if you have not yet completed this schedule, answer the following questions:

10.

| | |
|--|----------------|
| How much cash do you have? <i>Examples:</i> Money you have in your wallet, in your home, and on hand when you file this application. | Cash: \$ _____ |
|--|----------------|

11.

| | | | |
|---|---------------------------|-------------------|----------|
| Bank accounts and other deposits of money? <i>Examples:</i> Checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, and other similar institutions. If you have more than one account with the same institution, list each. Do not include 401(k) or IRA accounts. | | Institution name: | Amount: |
| | Checking account: | | \$ _____ |
| | Savings account: | | \$ _____ |
| | Other financial accounts: | | \$ _____ |
| | Other financial accounts: | | \$ _____ |

12.

| | | | |
|---|---------------------|---------------------------------------|----------|
| Your home? (if you own it outright or are purchasing it) <i>Examples:</i> House, condominium, manufactured home, or mobile home | _____ | Current value: | |
| | Number Street | | \$ _____ |
| | _____ | Amount you owe on mortgage and liens: | |
| | City State ZIP Code | | \$ _____ |

13.

| | | | |
|---------------------------|---------------------|---------------------------------------|----------|
| Other real estate? | _____ | Current value: | _____ |
| | Number Street | | \$ _____ |
| | _____ | Amount you owe on mortgage and liens: | _____ |
| | City State ZIP Code | | \$ _____ |

14.

| | | | |
|--|----------------|--------------------------|----------|
| The vehicles you own? <i>Examples:</i> Cars, vans, trucks, sports utility vehicles, motorcycles, tractors, boats | Make: _____ | Current value: | \$ _____ |
| | Model: _____ | | |
| | Year: _____ | Amount you owe on liens: | \$ _____ |
| | Mileage: _____ | | |
| | Make: _____ | Current value: | \$ _____ |
| | Model: _____ | | |
| | Year: _____ | Amount you owe on liens: | \$ _____ |
| | Mileage: _____ | | |

15.

| | | | |
|--|-----------------------------------|--------------------------|----------|
| Other assets? Do not include household items and clothing. | Describe the other assets: | Current value: | \$ _____ |
| | | Amount you owe on liens: | \$ _____ |

16.

| | | | |
|--|--|--------------------------|--|
| Money or property due you? <i>Examples:</i> Tax refunds, past due or lump sum alimony, spousal support, child support, maintenance, divorce or property settlements, Social Security benefits, Workers' compensation, personal injury recovery | Who owes you the money or property? Enter the names in the below boxes. | How much is owed? | Do you believe you will likely receive payment in the next 180 days? |
| | _____ | \$ _____ | [] No [] Yes. Explain in the box below |
| | _____ | \$ _____ | |

Part D. Additional Information

17.

| | | | |
|--|------------------------------|---|--|
| Have you paid anyone for services for this case, including filling out this application, the bankruptcy filing package, or the schedules? | <input type="checkbox"/> No | Whom did you pay? Check all that apply: <input type="checkbox"/> An attorney <input type="checkbox"/> A bankruptcy petition preparer, paralegal, or typing service <input type="checkbox"/> Someone else: _____ | How much did you pay? \$ _____ |
| | <input type="checkbox"/> Yes | | |

18.

| | | | |
|--|------------------------------|---|---|
| Have you promised to pay or do you expect to pay someone for services for your bankruptcy case? | <input type="checkbox"/> No | Whom did you expect to pay? Check all that apply: <input type="checkbox"/> An attorney <input type="checkbox"/> A bankruptcy petition preparer, paralegal, or typing service <input type="checkbox"/> Someone else: _____ | How much do you expect to pay? \$ _____ |
| | <input type="checkbox"/> Yes | | |

19.

| | | | | |
|---|------------------------------|--|---|---|
| Has anyone paid someone on your behalf for services for this case? | <input type="checkbox"/> No | Who was paid on your behalf? Check all that apply: <input type="checkbox"/> An attorney <input type="checkbox"/> A bankruptcy petition preparer, paralegal, or typing service <input type="checkbox"/> Someone else: _____ | Who paid? Check all that apply: <input type="checkbox"/> Parent <input type="checkbox"/> Brother or sister <input type="checkbox"/> Friend <input type="checkbox"/> Pastor or clergy <input type="checkbox"/> Someone else: _____ | How much did someone else pay? \$ _____ |
| | <input type="checkbox"/> Yes | | | |

20.

| | | | |
|---|------------------------------|---------------------------|--------------------|
| Have you filed for bankruptcy within the last 8 years? | <input type="checkbox"/> No | | |
| | <input type="checkbox"/> Yes | | |
| | District: _____ | When: _____ MM/DD/YYYY | Case Number: _____ |
| | District: _____ | When: _____ MM/DD/YYYY | Case Number: _____ |
| | District: _____ | When: _____ MM/DD/YYYY | Case Number: _____ |

Part E. Sign Below

I (we) declare under penalty of perjury that I (we) cannot currently afford to pay the filing fee in full or in installments and that the foregoing information is true and correct.

Dated:

Signed: _____
Signature of Debtor

Dated:

Signed: _____
Signature of Co-debtor

If this document is prepared by a **Non-Attorney Bankruptcy Petition Preparer**, the form 119, *Bankruptcy Petition Preparer's Notice, Declaration, and Signature*, must be completed and submitted with this Application.