

DEBT SHEET

IF YOU HAVE MORE THAN 10 CREDITORS, YOU WILL NEED TO PRINT OUT MORE OF THESE PAGES. PLEASE LIST EVERY DEBT YOU OWE, NOT JUST THE ONES YOU WANT TO INCLUDE.

Name of creditor: _____

Address: _____

Amount owed \$ _____ Account #: _____

If debt is secured (eg mortgage, auto loan, etc) list the date debt was incurred: _____

Have you been sued on this debt? Yes No I'm not sure

Type of debt Medical Credit Card Mortgage Auto Loan Personal Loan
 Student Loan Utility (past due) Other _____

Who is financially responsible for this debt? Only Me Me and My Spouse Other

Is there a co-signer on this debt? Yes No

If yes, what is the name and address of the co-signer? _____

Relationship to you (friend, parent, sibling, etc.) _____

Have you pledged any collateral on this debt? (e.g. I placed my car as collateral on a personal loan) Yes No

If yes, please list the collateral pledged: _____

Collection Agency/Attorney #1	Collection Agency/Attorney #2
Name: _____	Name: _____
Address _____	Address _____
_____	_____
Acct # _____	Acct # _____

If there are more than 2 collection agencies and/or attorneys collecting on this debt, please provide the name, address and account number below.

Please attach **the most recent statement** from this debt, including **the most recent letter** from any collection agencies and attorneys to this debt sheet.