

**LAW OFFICE OF CARL D. MCCUE**  
**CONFIDENTIAL BANKRUPTCY CONSULTATION QUESTIONNAIRE**

PLEASE PRINT CLEARLY

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TODAY'S DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

If you do not have enough room on this form to document the information in each section of this questionnaire, please attach another sheet of paper with the additional information.

**CLIENT INFORMATION**

Name (Mr./Mrs./Ms) First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Other Names Used in last 6 years \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

County \_\_\_\_\_

Have you lived at your current address for 180 days?     YES     NO

Have you lived at your current address for the past three years? (If NO please list all previous addresses below.)

Have you lived in the State of Maine for the last 8 years? (If NO please list any other states you have lived in below.)

If Married, have you and your spouse discussed or planned on a separation or divorce?

**SPOUSE (if filing a Joint Petition)**

Name (Mr./Mrs./Ms) First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Other Names Used in last 6 years \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**CONTACT INFORMATION**

Home Telephone (    ) \_\_\_\_\_ - \_\_\_\_\_                      Work Telephone (    ) \_\_\_\_\_ - \_\_\_\_\_

Cellular Telephone    E-Mail  
Telephone(s) (    ) \_\_\_\_\_ - \_\_\_\_\_                      Address(es) \_\_\_\_\_

(    ) \_\_\_\_\_ - \_\_\_\_\_                      \_\_\_\_\_

**PRIOR BANKRUPTCY CASES**

NONE

YES:    Date Files: \_\_\_\_/\_\_\_\_/\_\_\_\_    Date Dismissed: \_\_\_\_/\_\_\_\_/\_\_\_\_    Case Number: \_\_\_\_\_ Chapter 7/13

Additional

Case(s): \_\_\_\_\_

**REAL ESTATE**

NO REAL ESTATE or:

**Description** (circle one): .....Single Family Home / Condominium / Other \_\_\_\_\_

Do you live there? (circle one).....Yes / No

**Address**  Same or:

Number and Street \_\_\_\_\_ Apt. \_\_\_\_\_ City & State \_\_\_\_\_ Zip \_\_\_\_\_

**Current Value** \$ \_\_\_\_\_ **First Mortgage Lender** \_\_\_\_\_

Date Purchased \_\_\_\_\_ Address \_\_\_\_\_ Balance Owed \$ \_\_\_\_\_

Purchase Price \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Co-Owner: None / Spouse / Other: \_\_\_\_\_ Amount Past Due \$ \_\_\_\_\_

\_\_\_\_\_ Account # \_\_\_\_\_ Surrender?.....Yes / No

**Property Tax Arrears**

Yes

No \$ \_\_\_\_\_

**Second Mortgage Lender** \_\_\_\_\_

**Other Lien(s) on Property** \_\_\_\_\_ Balance Owed \$ \_\_\_\_\_

**or Judgment(s) entered:** \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

\_\_\_\_\_ Amount Past Due \$ \_\_\_\_\_

**PROPERTY #2**

**Description** (circle one): .....Single Family Home / Condominium / Other \_\_\_\_\_

Do you live there? (circle one).....Yes / No

**Address**  Same or:

Number and Street \_\_\_\_\_ Apt. \_\_\_\_\_ City & State \_\_\_\_\_ Zip \_\_\_\_\_

**Current Value** \$ \_\_\_\_\_ **First Mortgage Lender** \_\_\_\_\_

Date Purchased \_\_\_\_\_ Address \_\_\_\_\_ Balance Owed \$ \_\_\_\_\_

Purchase Price \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Co-Owner: None / Spouse / Other: \_\_\_\_\_ Amount Past Due \$ \_\_\_\_\_

\_\_\_\_\_ Account # \_\_\_\_\_ Surrender?.....Yes / No

**Property Tax Arrears**

Yes

No \$ \_\_\_\_\_

**Second Mortgage Lender** \_\_\_\_\_

**Other Lien(s) on Property** \_\_\_\_\_ Balance Owed \$ \_\_\_\_\_

**or Judgment(s) entered:** \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

\_\_\_\_\_ Amount Past Due \$ \_\_\_\_\_

**PROPERTY #3**

Description (circle one): .....Single Family Home / Condominium / Other \_\_\_\_\_

Do you live there? (circle one).....Yes / No

Address  Same or:

Number and Street \_\_\_\_\_ Apt. \_\_\_\_\_ City & State \_\_\_\_\_ Zip \_\_\_\_\_

Current Value \$ \_\_\_\_\_ First Mortgage Lender \_\_\_\_\_

Date Purchased \_\_\_\_\_ Address \_\_\_\_\_ Balance Owed \$ \_\_\_\_\_

Purchase Price \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Co-Owner: None / Spouse / Other: \_\_\_\_\_ Amount Past Due \$ \_\_\_\_\_

\_\_\_\_\_ Account # \_\_\_\_\_ Surrender?.....Yes / No

**Property Tax Arrears**

Yes

No \$ \_\_\_\_\_

Second Mortgage Lender \_\_\_\_\_

Other Lien(s) on Property or Judgment(s) entered: \_\_\_\_\_ Balance Owed \$ \_\_\_\_\_

\_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

\_\_\_\_\_ Amount Past Due \$ \_\_\_\_\_

**PROPERTY #4**

Description (circle one): .....Single Family Home / Condominium / Other \_\_\_\_\_

Do you live there? (circle one).....Yes / No

Address  Same or:

Number and Street \_\_\_\_\_ Apt. \_\_\_\_\_ City & State \_\_\_\_\_ Zip \_\_\_\_\_

Current Value \$ \_\_\_\_\_ First Mortgage Lender \_\_\_\_\_

Date Purchased \_\_\_\_\_ Address \_\_\_\_\_ Balance Owed \$ \_\_\_\_\_

Purchase Price \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Co-Owner: None / Spouse / Other: \_\_\_\_\_ Amount Past Due \$ \_\_\_\_\_

\_\_\_\_\_ Account # \_\_\_\_\_ Surrender?.....Yes / No

**Property Tax Arrears**

Yes

No \$ \_\_\_\_\_

Second Mortgage Lender \_\_\_\_\_

Other Lien(s) on Property or Judgment(s) entered: \_\_\_\_\_ Balance Owed \$ \_\_\_\_\_

\_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

\_\_\_\_\_ Amount Past Due \$ \_\_\_\_\_

**LANDLORD / TENANT**

NO LANDLORD OR TENANT (S), or, complete below for:

TENANT(S) and/or

LANDLORD:

**Name and Address:** \_\_\_\_\_ **Term of Lease:** Monthly / Yearly

\_\_\_\_\_

\_\_\_\_\_ **Expiration Date of Lease:** \_\_\_\_\_

\_\_\_\_\_

If you have more than one tenant or Landlord please provide that information below.

TENANT(S) and/or

LANDLORD:

**Name and Address:** \_\_\_\_\_ **Term of Lease:** Monthly / Yearly

\_\_\_\_\_

\_\_\_\_\_ **Expiration Date of Lease:** \_\_\_\_\_

\_\_\_\_\_

TENANT(S) and/or

LANDLORD:

**Name and Address:** \_\_\_\_\_ **Term of Lease:** Monthly / Yearly

\_\_\_\_\_

\_\_\_\_\_ **Expiration Date of Lease:** \_\_\_\_\_

\_\_\_\_\_

TENANT(S) and/or

LANDLORD:

**Name and Address:** \_\_\_\_\_ **Term of Lease:** Monthly / Yearly

\_\_\_\_\_

\_\_\_\_\_ **Expiration Date of Lease:** \_\_\_\_\_

\_\_\_\_\_

<b>MOTOR VEHICLE #1</b>	
Year _____ Make _____ Model _____	Do you intend to keep it? Yes / No
Current Value \$ _____ Co-Owner? No / Yes: _____	Is it Insured? Yes / No
Is it Paid for? Yes / No If No, then provide finance company information below:	Is it leased? Yes / No
Finance Company _____	Balance Owed \$ _____
Address _____	Monthly Payment \$ _____
_____	Current? Yes / No
Co – Signer? Yes / No: _____	Date Purchased: _____

<b>MOTOR VEHICLE #2</b>	
Year _____ Make _____ Model _____	Do you intend to keep it? Yes / No
Current Value \$ _____ Co-Owner? No / Yes: _____	Is it Insured? Yes / No
Is it Paid for? Yes / No If No, then provide finance company information below:	Is it leased? Yes / No
Finance Company _____	Balance Owed \$ _____
Address _____	Monthly Payment \$ _____
_____	Current? Yes / No
Co – Signer? Yes / No: _____	Date Purchased: _____

<b>MOTOR VEHICLE #3</b>	
Year _____ Make _____ Model _____	Do you intend to keep it? Yes / No
Current Value \$ _____ Co-Owner? No / Yes: _____	Is it Insured? Yes / No
Is it Paid for? Yes / No If No, then provide finance company information below:	Is it leased? Yes / No
Finance Company _____	Balance Owed \$ _____
Address _____	Monthly Payment \$ _____
_____	Current? Yes / No
Co – Signer? Yes / No: _____	Date Purchased: _____

<b>MOTOR VEHICLE #4</b>	
Year _____ Make _____ Model _____	Do you intend to keep it? Yes / No
Current Value \$ _____ Co-Owner? No / Yes: _____	Is it Insured? Yes / No
Is it Paid for? Yes / No If No, then provide finance company information below:	Is it leased? Yes / No
Finance Company _____	Balance Owed \$ _____
Address _____	Monthly Payment \$ _____
_____	Current? Yes / No
Co – Signer? Yes / No: _____	Date Purchased: _____

**PROPERTY AND ASSETS**

**Please declare everything you have:**

**Fair Market Value:**

- |  |               |          |
|--|---------------|----------|
| 1. Cash on Hand.....   | Yes / No..... | \$ _____ |
| 2. Checking Account<br>(Bank Name) _____<br>(Bank Name) _____<br>(Bank Name) _____ | Yes / No..... | \$ _____ |
| ... Savings Account<br>(Bank Name) _____<br>(Bank Name) _____<br>(Bank Name) _____ | Yes / No..... | \$ _____ |
| 3. Security Deposit (i.e. one month's rent with landlord)                          | Yes / No..... | \$ _____ |
| 4. Household Goods (see page 13)   |               |          |
| 5. Antiques, Valuable Books, Valuable Collections                                  | Yes / No..... | \$ _____ |
| 6. Normal Clothing and Jewelry   | Yes / No..... | \$ _____ |
| 7. Furs, Expensive Clothing and Jewelry  | Yes / No..... | \$ _____ |
| 8. Firearms (Guns); Expensive Equipment (Sports, Hobby)                            | Yes / No..... | \$ _____ |
| 9. Life Insurance Policies Term (no cash value / cannot borrow)                    | Yes / No..... | \$ _____ |
| ... Life Insurance Policies Whole (cash value/can borrow against)                  | Yes / No..... | \$ _____ |

**Retirement and Financial Accounts: ERISA Qualified or Exempt?**

- |   |                          |               |          |
|---|--------------------------|---------------|----------|
| 10. Annuities.....  | <input type="checkbox"/> | Yes / No..... | \$ _____ |
| 11. Education I.R.A. / State Tuition Plan                                 | <input type="checkbox"/> | Yes / No..... | \$ _____ |
| 12. I.R.A. / Keogh, Profit Sharing  | <input type="checkbox"/> | Yes / No..... | \$ _____ |
| .....401(k)   | <input type="checkbox"/> | Yes / No..... | \$ _____ |
| ..... Deferred Comp. / E.S.O.P. / Other _____                             | <input type="checkbox"/> | Yes / No..... | \$ _____ |
| Any other financial accounts?   |                          |               |          |
| 13. Stocks (ownership of business)  |                          | Yes / No..... | \$ _____ |
| 14. Interests in Ventures or Partnerships                                 |                          | Yes / No..... | \$ _____ |
| 15. Government or Corporate Bonds   |                          | Yes / No..... | \$ _____ |
| 16. Accounts Receivables  |                          | Yes / No..... | \$ _____ |
| 17. Alimony, Maintenance or Support                                       |                          | Yes / No..... | \$ _____ |
| 18. Tax Refunds Expected  |                          | Yes / No..... | \$ _____ |
| 20. Inheritance Expected (within 6 months)                                |                          | Yes / No..... | \$ _____ |
| 21. Lawsuits or Claims current or potential (Injury and/or Workers. Comp) |                          | Yes / No..... | \$ _____ |
| 22. Patents or Copyrights or other intellectual property                  |                          | Yes / No..... | \$ _____ |
| 23. Licenses or Franchises  |                          | Yes / No..... | \$ _____ |

- 24. Customer lists or other compilations containing personal information      Yes / No.....\$ \_\_\_\_\_
- 25. Automobiles, trucks, trailers, other vehicles or accessories              Yes / No.....\$ \_\_\_\_\_
- 26. Boats, motors and accessories    Yes / No.....\$ \_\_\_\_\_
- 27. Aircraft and accessories    Yes / No.....\$ \_\_\_\_\_
- 28. Office equipment, furnishings and supplies                                      Yes / No.....\$ \_\_\_\_\_
- 29. Machinery, fixtures, equipment, and supplies used in business ..... Yes / No.....\$ \_\_\_\_\_
- 30. Inventory .....    Yes / No.....\$ \_\_\_\_\_
- 31. Animals .....    Yes / No.....\$ \_\_\_\_\_
- 32. Crops growing or harvested .....    Yes / No.....\$ \_\_\_\_\_
- 33. Farming equipment and implements .....    Yes / No.....\$ \_\_\_\_\_
- 34. Farm supplies, chemicals and feed .....    Yes / No.....\$ \_\_\_\_\_
- 35. Personal property of any other kind not already listed .....                  Yes / No.....\$ \_\_\_\_\_
- 36. Do you owe any friends or family members money? .....                      Yes / No.....\$ \_\_\_\_\_
- 37. Do you own or have any snowmobiles, trailers, campers, ATV's?.....      Yes / No.....\$ \_\_\_\_\_

38. A Secured Debt is any Debt that if you failed to make payments to the creditor, the creditor could repossess the asset. Common Secured Debts would be a Home or Car. Do you have any secured debts? ( YES OR NO) If you chose YES, do you owe any other debts to that creditor other than the (1) secured debt? (YES OR NO). If Yes, please list that creditor and the number of debts you owe below.

If YES: Name _____	Name _____
Address _____	Address _____
City & State _____	City & State _____
Amount _____	Amount _____

Notes:

**DESCRIPTION OF HOUSEHOLD**

**Marital Status:** Single / Married / Divorced / Separated / Widow(er)

**Dependents in the household:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ M / F / Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ M / F / Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ M / F / Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ M / F / Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ M / F / Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ M / F / Relationship: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Name of Employer \_\_\_\_\_ Address of employer \_\_\_\_\_

Job Title \_\_\_\_\_ City & State \_\_\_\_\_ Zip \_\_\_\_\_

Working there how long \_\_\_\_\_ Annual Income Rate (past 6 months) \_\_\_\_\_

**EMPLOYMENT INFORMATION (Spouse)**

Name of Employer \_\_\_\_\_ Address of employer \_\_\_\_\_

Job Title \_\_\_\_\_ City & State \_\_\_\_\_ Zip \_\_\_\_\_

Working there how long \_\_\_\_\_ Annual Income Rate (past 6 months) \_\_\_\_\_

**EMPLOYMENT INFORMATION (Additional and/or Part-time Job)**

Name of Employer \_\_\_\_\_ Address of employer \_\_\_\_\_

Job Title \_\_\_\_\_ City & State \_\_\_\_\_ Zip \_\_\_\_\_

Working there how long \_\_\_\_\_ Annual Income Rate (past 6 months) \_\_\_\_\_

**EMPLOYMENT INFORMATION (Additional and/or Part-time Job)**

Name of Employer \_\_\_\_\_ Address of employer \_\_\_\_\_

Job Title \_\_\_\_\_ City & State \_\_\_\_\_ Zip \_\_\_\_\_

Working there how long \_\_\_\_\_ Annual Income Rate (past 6 months) \_\_\_\_\_

**MONTHLY INCOME**

	<b>Debtor</b>	<b>Spouse</b>	<b>Additional (Specify)</b>
<b>Paycheck – Gross Per Month:</b>	\$ _____	\$ _____	\$ _____
Less Deductions:	\$ _____	\$ _____	\$ _____
Taxes & Social Security	\$ _____	\$ _____	\$ _____
Health Insurance	\$ _____	\$ _____	\$ _____
Union Dues	\$ _____	\$ _____	\$ _____
Pension/Retirement	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____
<b>Paycheck – Net Per Month:</b>	\$ _____	\$ _____	\$ _____
Frequency of Pay:	Once a week Every other week Twice a month Other _____	Once a week Every other week Twice a month Other _____	
Operation of Business	\$ _____	\$ _____	
Unemployment Benefits	\$ _____	\$ _____	
Alimony / Support	\$ _____	\$ _____	
Social Security	\$ _____	\$ _____	
Pension / Retirement	\$ _____	\$ _____	
Other _____	\$ _____	\$ _____	
Other _____	\$ _____	\$ _____	
<b>TOTAL MONTHLY INCOME:</b>	\$ _____		

**MONTHLY EXPENSES (Average)**

<b>Housing:</b>	Rent	\$ _____	
	Home Mortgage	\$ _____	Day of the month due: _____
	Second Mortgage	\$ _____	Day of the month due: _____
	Property Tax	\$ _____	<input type="checkbox"/> None (included in mortgage payment)
	Homeowner's / Renter's Insurance	\$ _____	<input type="checkbox"/> None (included in mortgage payment)
	Home Repairs and Maintenance	\$ _____	
	Water & Sewer & Trash	\$ _____	
<b>Utilities and Communication:</b>	Power (Electricity & Gas)	\$ _____	
	Telephone (home)	\$ _____	
	Telephone (cellular)	\$ _____	
	Cable Television	\$ _____	
	Internet Access	\$ _____	
<b>Personal Expenses:</b>	Food (groceries & restaurants)	\$ _____	
	Clothing	\$ _____	
	Laundry & Dry cleaning	\$ _____	
	Medical & Dental	\$ _____	
	Gas, Tolls, Hwy	\$ _____	
	Recreation	\$ _____	
	Charitable Contributions	\$ _____	
<b>Insurance:</b>	Health (not deducted from paycheck)	\$ _____	
	Automobile Insurance	\$ _____	
	Life Insurance	\$ _____	
<b>Family Care:</b>	Support to Others _____	\$ _____	..... <b>Child Support, Maintenance, Alimony</b>
	Child Care / Tuition _____	\$ _____	<input type="checkbox"/> Current <input type="checkbox"/> Behind.....\$ _____
<b>Installment Payments:</b>	Automobile Payment	\$ _____	Address of Recipient:
	Other Installment Payment	\$ _____	City & State:
			Zip:

TOTAL MONTHLY EXPENSES:

\$ \_\_\_\_\_

**STATEMENT OF FINANCIAL AFFIARS**

**If the answer to any of the questions below is Yes, please answer= to the best of your ability, including dates, amounts, ect:**

1. Please list any income from employment or Operation of Business:

State your income this year so far:	\$ _____	Spouse's Income this year so far:	\$ _____
Last year:	\$ _____	Last year:	\$ _____
Year before:	\$ _____	Year before:	\$ _____

2. Did you or your spouse receive any other income other than from employment or operation of business within the last (3) years?

This year so far:	\$ _____	This year so far:	\$ _____
Last year:	\$ _____	Last year:	\$ _____
Year before:	\$ _____	Year before:	\$ _____

3. A. Have you paid **any (1) creditor more than (\$600)** in the last 90 days?

B. Please list any payments made to an "Insider" (family, friend, relative)?

4. Have you been involved in any lawsuits, or had any garnishments, returns, or levies within the past year?

5. Has any of your property been repossessed or returned to a creditor within the past year?

Item: _____	Item: _____
Finance Co: _____	Finance Co: _____
Date: _____	Date: _____

6. Have you closed any bank accounts, or transferred any property, or given away any valuable asset?

Name of Bank: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Approx. Date Closed \_\_\_\_\_  
Amount: \_\_\_\_\_

7. Do you own a safe deposit box: and are you holding any property for someone else?

8. A. Have you sold or transferred any Real estate within that last 2 years?

B. Have you transferred any Real estate to a self trust or similar device in the last 10 years?

9. A. Have you given any friend or family member more than \$200.00 in the last year?

- B. Have you given any (1) charity more than \$100.00 in the past year?
10. Have you lost anything from fire, theft, gambling or other casualty?
11. Has any federal, state or local authority served you with any notice regarding Hazardous Materials?
12. Have you owned a business within the last six years? Yes / No

**CO-DEBTORS**

List anyone who co-signed for any of your debt and anyone whose debt you co-signed for: OR:  No co-debtor

Name and Address of Co-Debtor:

_____	Creditor: _____
_____	_____
_____	Collateral? _____

Name and Address of Co-Debtor:

_____	Creditor: _____
_____	_____
_____	Collateral? _____

**STUDENT LOANS**

List all student loans below: (These are not dischargeable in Bankruptcy regardless of age.)

Creditor Name _____	Creditor Name _____
Address _____	Address _____
City & State _____ Zip _____	City & State _____ Zip _____
Amount \$ _____ Account# _____	Amount \$ _____ Account# _____

**INCOME TAX DEBTS**

List all income tax debts below: Specify whether the debt is for Federal (I.R.S) or State Tax

Tax Owed To: _____	Tax Owed To: _____
Address: _____	Address: _____
City & State: _____ Zip _____	City & State: _____ Zip _____
Amount \$ _____ Was a return filed? Yes / No	Amount \$ _____ Was a return filed? Yes / No

Is a tax lien recorded? Yes / No  
Year(s) of Tax Debt: \_\_\_\_\_

Is a tax lien recorded? Yes / No  
Year(s) of Tax Debt: \_\_\_\_\_

**HOUSEHOLD GOODS**

List all items such as furniture, appliances, electronics and any other item of value. (Please note that the value should be based on what another individual might pay you for that item if you were to sell that item in a "Yard Sale".) (Please also note that it is not necessary to list items such as cups, plates, silverware and any other small item that would be less than \$5.00 in value)

	Item Description	Age	Value
<b>Kitchen:</b>	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
<b>Living Room:</b>	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
<b>Bedroom #1:</b>	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____

	_____	_____	\$ _____
<b>Bedroom #2</b>	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
<b>Bedroom #3</b>	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
<b>Garage:</b>	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
<b>Yard:</b>	_____	_____	\$ _____
	_____	_____	\$ _____
<b>Other:</b>	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____