

Other credit card debts (gas cards, phone cards, etc.)	1. Amount Owed (<i>amount of claim</i>):	Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
	2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:			

Other credit card debts (gas cards, phone cards, etc.)	1. Amount Owed (<i>amount of claim</i>):	Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
	2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:			

Cash advances	1. Amount Owed (<i>amount of claim</i>):	Who incurred the debt?	<input type="checkbox"/> No	
	2. Creditor Name and Address:	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	<input type="checkbox"/> Yes	
Cash advances	3. Account Number, if any:			
	4. Date/range of dates when debt was incurred:	Is there a codebtor or cosigner on this loan?		
Cash advances	5. Contact person's name and address if different:	<input type="checkbox"/> No		
		<input type="checkbox"/> Yes If yes, please provide name and address:		

Part C. Medical Debts

Please list below all unpaid medical bill debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information:	Person(s) Responsible/Codebtor	Do you dispute the debt?	Office Use Only
Unpaid medical bills	<p>1. Amount Owed (<i>amount of claim</i>): <i>Unknown</i></p> <p>2. Creditor Name and Address: <i>Salsus Care 3763 Evans Ave Fort Myers FL 33901</i></p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> <p>6. Any additional information about the debt: <i>Balance unknown → they don't send me bills but directly to collections</i></p>	<p>Who incurred the debt?</p> <p><input checked="" type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input checked="" type="checkbox"/> Other: <i>Son</i></p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	
Unpaid medical bills	<p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> <p>6. Any additional information about the debt:</p>	<p>Who incurred the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	

Unpaid medical bills	<p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> <p>6. Any additional information about the debt:</p>	<p>Who incurred the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Unpaid medical bills	<p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> <p>6. Any additional information about the debt:</p>	<p>Who incurred the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Part D. Tax Debts

Please list below all unpaid tax debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information:	Person(s) Responsible/Codebtor	Do you dispute the debt?	Office Use Only
Unpaid taxes	<p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> <p>6. Any additional information about the debt:</p>	<p>Who incurred the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Unpaid taxes	<p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> <p>6. Any additional information about the debt:</p>	<p>Who incurred the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Unpaid taxes	1. Amount Owed (<i>amount of claim</i>):	Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No	
	2. Creditor Name and Address:		<input type="checkbox"/> Yes	
	3. Account Number, if any:			
	4. Date/range of dates when debt was incurred:			
	5. Contact person's name and address if different:			
	6. Any additional information about the debt:			
Unpaid taxes	1. Amount Owed (<i>amount of claim</i>):	Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No	
	2. Creditor Name and Address:		<input type="checkbox"/> Yes	
	3. Account Number, if any:			
	4. Date/range of dates when debt was incurred:			
	5. Contact person's name and address if different:			
	6. Any additional information about the debt:			

Part E. Student Loan Debts

Please list below all Student Loan debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information:	Person(s) Responsible/Codebtor	Do you dispute the debt?	Office Use Only
Student loan	<p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> <p>6. Any additional information about the debt:</p>	<p>Who incurred the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Student loan	<p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> <p>6. Any additional information about the debt:</p>	<p>Who incurred the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Student loan	<p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> <p>6. Any additional information about the debt:</p>	<p>Who incurred the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Student loan	<p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> <p>6. Any additional information about the debt:</p>	<p>Who incurred the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Part F. Other Debts

Please list below all debts not listed above that you owe OR that creditors claim you owe.

Please Describe the Type of Debt <i>(e.g. unpaid rent, alimony or child support, service fees, other bank loans, or personal loans.)</i>	Creditor Information:	Person(s) Responsible/Codebtor	Do you dispute the debt?	Office Use Only
Describe:	<p>1. Amount Owed (<i>amount of claim</i>): 9217.59</p> <p>2. Creditor Name and Address: Upgrade</p> <p>3. Account Number, if any: 1842460370</p> <p>4. Date/range of dates when debt was incurred: August 2022</p> <p>5. Contact person's name and address if different:</p> <p>6. Any additional information about the debt:</p>	<p>Who incurred the debt?</p> <p><input checked="" type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	
Describe:	<p>1. Amount Owed (<i>amount of claim</i>): 46618.41</p> <p>2. Creditor Name and Address: Paypal Credit</p> <p>3. Account Number, if any: 6044 1910 1162 2489</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> <p>6. Any additional information about the debt:</p>	<p>Who incurred the debt?</p> <p><input checked="" type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	

Please Describe the Type of Debt <i>(e.g. unpaid rent, alimony or child support, service fees, other bank loans, or personal loans.)</i>	Creditor Information:	Person(s) Responsible/Codebtor	Do you dispute the debt?	Office Use Only
<p>Describe:</p>	<p>1. Amount Owed (<i>amount of claim</i>): 1636.71</p> <p>2. Creditor Name and Address: Lowe's</p> <p>3. Account Number, if any: order 7166862312</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> <p>6. Any additional information about the debt: we rec'd the goods but the payment rejected + didn't repay them</p>	<p>Who incurred the debt?</p> <p><input checked="" type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	
<p>Describe:</p>	<p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> <p>6. Any additional information about the debt:</p>	<p>Who incurred the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	

Describe:	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: Is there a codebtor or cosigner on this loan?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Describe:	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: Is there a codebtor or cosigner on this loan?	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Section 4 - Unexpired Leases and Contracts (Schedule G)

List below any leases or contracts that are still current and to which you are a party. Include residential, car and business leases, and service or business contracts.

Description of Lease or Contract	Name and Address of Other Party or Parties	Date Contract Expires	Office Use Only
Home Rental Lease	Main Street Renewed 2701 W Busch Blvd #118 Tampa FL 33618	Jan 2023	

Section 5 - Current Income (Schedule I)

Part A. Debtor's Employer Information

Name and Address of your employer:

Erie Staffing
4044 Florida Avenue S #5
Lakeland FL 33813

How long have you been employed at this job: 1 month

Occupation (please state job title or provide brief description): Accounts payable

Second employer (if applicable):

Name and Address of your Second employer:

How long have you been employed at this second job: _____

Occupation (please state job title or provide brief description): _____

Notes: _____

Part B. Joint Debtor's (Spouse's) Employer Information

Name and Address of your spouse's employer:

How long has spouse been employed at this job: _____

Occupation (please state job title or provide brief description): _____

Second employer (if applicable):

Name and Address of your spouse's Second employer:

How long has spouse been employed at this second job: _____

Occupation (please state job title or provide brief description): _____

Notes: _____