



Phone 1 800

This worksheet is the first step in completing Butterfly's credit counseling session. Please note after completing this worksheet e-mail the completed form to: [jswope@butterflyfe.com](mailto:jswope@butterflyfe.com). You will need to include an e-mail address or fax number to receive your counseling session results including a full budget analysis. It is then up to you if you have questions or want to go over the information with a certified credit counselor you may call the toll free number above to do so. If you are filing bankruptcy with a spouse, then both of you must be involved in the process of completing the requested information and reading the counseling session results that will be supplied.

This session is required only if the consumer is planning on seeking a certification pursuant to and in compliance with Section 109(h) of the US Bankruptcy code.

### **Timing**

A Credit Counseling session is needed within 180 days of filing for Bankruptcy. Your certificate will be time stamped for the time and date you have completed the credit counseling session by internet or phone. If you e-mail a submission form your session will be completed the time and date that the results are e-mailed to you.

### **Privacy policy**

Information collected by Butterfly Financial Education, Inc. is treated as confidential. No personally identifiable information will be released to any outside person or to any company unless required by law or expressly authorized by you or your attorney. Butterfly will never share information with any creditor, collection agent, or credit reporting agency. Butterfly reserves the right to collect non identifiable statistical information. Butterfly will not sell, rent, loan, lease or trade any information obtained from a consumer or their attorney. Butterfly may share information regarding your account with the Bankruptcy Administrators and your appointed attorney upon request.

### **Credit Reporting Agencies**

Butterfly does not report any activity to credit reporting agencies, therefore the participation in this credit counseling session will not impact your credit report.

### **Legal Advice**

This counseling session is meant to give you information and not meant to give you legal advice or advise you to take a specific course of action. Your specific financial situation is personal and the financial plan you follow should be one of your own choosing. Please also note that the analysis, the type of information presented and any conclusions drawn are totally dependent upon the accuracy and completeness of the information you provide. Information presented here is meant to be general and any conclusion presented is merely the opinions of Butterfly's staff.

### **Counselor Qualifications**

All counselors on staff are educated, caring professionals and are certified as Financial Health Counselors or equivalent.

### **Cost**

The cost of this credit counseling session is \$25 for individuals or couples living in the same household. Couples are each required to participate in the session to receive a certificate of completion.

### **Fee Waiver Policy**

If you feel that you do not have the ability to pay for the session please e-mail your request along with a copy of any official document that shows income for each adult in the household (pay stubs, social security statement, etc.), the number of people in your household, and your name and phone number to [jswope@butterflyfe.com](mailto:jswope@butterflyfe.com). Butterfly will waive families that are 150% of federal poverty guidelines or less.

## Client Information

First Name		Last Name		Date of Birth (MM-DD-YYYY)		-		-	
Last 4 Digits of SSN		Gender		Phone Number					
E-mail				Have you decided to file for bankruptcy?					
How many people are in you household?					How many children are in your household?				
County			State			What is your filing district?			

Spouse First Name		Spouse Last Name		Spouse Date of Birth		-		-	
Spouse Last 4 Digits of SSN		Spouse Gender		Are you filing for bankruptcy with your spouse?					

Have you decided what type of bankruptcy you are filing?		Who is assisting you with your bankruptcy?	
Are you and/or your spouse currently employed?		Do you pay a mortgage or rent?	
Are you behind on your mortgage?		Are you currently in foreclosure?	
Do you have a second home or property?		Are you planning to give up your property?	
Have you and/or your spouse recently experienced a job loss?		Are you behind in your credit card debt?	
Do you have a vehicle payment?		Are you behind on a car payment?	
Are any collection agencies calling you?		Have you taken any pay-day loans?	
Do you have any money in a savings account?		Has one of your vehicles been recently repossessed?	
Are you in default status on a federal student loan?		Do you currently have any legal judgements against you?	
Is the IRS or State tax collector taking action or threatening to take action against you?		Are you currently having your wages garnished for any reason other than child support?	

<p style="text-align: center;"><b>Does this situation pertain to you? I have no income other than social security, disability or public assistance and own no property such as house or money in a bank account. My situation will not change or improve in the future.</b></p>	<input style="width: 100%; height: 40px;" type="checkbox"/>
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**Please list one to three reasons which you feel best describes the root causes of your financial situation. For example: Medical, divorce, overextended in credit card debt, and job losses are a few reasons that may put someone in financial distress.**

1.
2.
3.

### Payroll Income

Fill in income for each job you and your spouse work. Include your spouse's income even if they are not seeking a certificate.

Please note:

1. List each job separately. Do not list jobs more than once.
2. **Job description** is only requested so that you can identify the job.
3. **Frequency of paycheck** refers to how often you get paid (weekly, biweekly, monthly or twice per month.)
4. **Net Income Per Check** is amount of money you receive after taxes and other deductions for each pay period. (Per check not per month)

Job Description	Frequency of Paycheck	Net Income Per Check	Monthly Income

### Other Income

Please list any other income sources for either you or your spouse here.

Some examples of other income sources would be Social Security income, disability, bonuses, tips, Veterans Administration benefits, unemployment benefits, rental income, food stamps, and business net income. This can include any monies received on a regular basis. Please list Net Income (money received after taxes and deductions).

Job Description	Frequency of Paycheck	Net Income Per Check	Monthly Income

### Mortgage For Your Home

Please list any mortgages or home equity loans for your primary residence here.

Are You Keeping This Property?	Total Owed	Terms	Monthly Payment

### Mortgage For Another Property

Please list any mortgages for rental properties, vacation or second homes.

Are You Keeping This Property?	Total Owed	Terms	Monthly Payment

### Vehicle Loans or Leasing

Please list all payments for vehicle loans and leases.

Vehicle Description	Total Owed	Are You Keeping This item?	Monthly Amount

### Repossessed Vehicle Loans or Leasing

Please list any vehicle loans and leases that have been repossessed.

Vehicle Description	Total Owed	Monthly Amount

### Secured Loans

Secured loans used to finance the purchase of such items as campers, boats, and furniture. Only list secured loans here.

Secured Loan Description	Are You Keeping This Item?	Total Owed	Monthly Payment

### Student Loans

Student Loan Description	Total Owed	Monthly Payment

## Living Expenses

Please list living expenses below choosing weekly, monthly, quarterly or yearly. If you are submitting by fax the monthly amounts will be calculated by the counselor.

### Housing Expenses

Description	Frequency	Amount	Total Monthly
Home Owner's Assoc. Dues	<input type="text"/>		
Lot Fees	<input type="text"/>		
Home Improvements and Maintenance	<input type="text"/>		
Real Estate Taxes (If not included in Mortgage)	<input type="text"/>		
Home Owners Insurance (not included in mortgage)	<input type="text"/>		
Rent	<input type="text"/>		
Renters Insurance	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

### Savings

Description	Frequency	Amount	Total Monthly
Money Set Aside For Savings	<input type="text"/>		
Investments (Not payroll deducted)	<input type="text"/>		
Emergency Fund	<input type="text"/>		
Life Insurance (not payroll deducted)	<input type="text"/>		
	<input type="text"/>		

### Medical and Health Expenses

Description	Frequency	Amount	Total Monthly
Health Insurance Not Payroll Deducted	<input type="text"/>		
Other Insurance Not Payroll Deducted	<input type="text"/>		
Out of Pocket Medical and Prescription	<input type="text"/>		
Health Club or Gym Payments	<input type="text"/>		
	<input type="text"/>		

### Food and Toiletries Expenses

Description	Frequency	Amount	Total Monthly
Food, Grocery, and Personal Items	<input type="text"/>		
Work and School Lunches	<input type="text"/>		
Dining Out, Take Out	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

### Clothing Expenses

Description	Frequency	Amount	Total Monthly
Clothing Expenses (Shoes, Clothing, etc.)	<input type="text"/>		
Laundry and Dry Cleaning (out of home)	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

### Utilities

Description	Frequency	Amount	Total Monthly
Electricity	<input type="text"/>		
Heating Fuel	<input type="text"/>		
Water and/or Sewer	<input type="text"/>		
Telephone	<input type="text"/>		
Cellular Telephone	<input type="text"/>		
Internet Provider	<input type="text"/>		
Cable/Satellite	<input type="text"/>		
Garbage Pickup	<input type="text"/>		
	<input type="text"/>		

**Transportation Expenses**

Description	Frequency	Amount	Total Monthly
Automobile Insurance Payments	<input type="text"/>		
Gasoline/Vehicle Fuel	<input type="text"/>		
Vehicle Maintenance (Oil changes/repairs)	<input type="text"/>		
Vehicle Licensing, Registration and Other	<input type="text"/>		
Public Transportation, Tolls and Parking	<input type="text"/>		
	<input type="text"/>		

**Miscellaneous Expenses**

Description	Frequency	Amount	Total Monthly
Children's Activities and/or School Tuition	<input type="text"/>		
Child/Day Care Expense	<input type="text"/>		
Charitable Contributions	<input type="text"/>		
Child or Spousal Support (Not payroll deducted)	<input type="text"/>		
Support For Dependants Living Outside The Home	<input type="text"/>		
Pet Expenses and Vet Bills	<input type="text"/>		
Personal Grooming (Haircuts and Salon)	<input type="text"/>		
Newspaper and Magazine Subscription	<input type="text"/>		
Savings for Yearly Taxes (Self employed)	<input type="text"/>		
Alcohol/Tobacco	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

**Entertainment**

Description	Frequency	Amount	Total Monthly
Netflix, Hulu, Amazon Prime etc.	<input type="text"/>		
Gifts (Holiday and other)	<input type="text"/>		
Vacation Expenses	<input type="text"/>		
Movies (Theater or Rental)	<input type="text"/>		
Events (Concerts, sports etc.)	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

**Judgements**

Please list any judgements against you.  
(Formal decisions made by a court following a lawsuit)

Description	Frequency	Payment	Monthly Payment
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

**Personal Loans and Miscellaneous Debt**

Examples are bank loans not tied to any property, finance company loans, payday loans, and loans from friends or family. You can also list any miscellaneous debt here.

Description	Total Owed	Monthly Payment

**Back Federal and State Taxes**

Not taxes due for this coming tax season

Description	Frequency	Payment	Monthly Payment
	<input type="text"/>		
	<input type="text"/>		



**Office Use Only**

**Total Monthly Living Expenses**

<b>Mortgage and Housing</b>		<b>Medical and Health</b>	
<b>Vehicle and Transportation</b>		<b>Food and Toiletries</b>	
<b>Savings</b>		<b>Utilities</b>	
<b>Entertainment</b>		<b>Miscellaneous</b>	
<b>Clothing</b>			

**Total Monthly Unsecured Debt**

<b>Personal Loans and Misc Debt</b>		<b>Vehicle Repossession</b>	
<b>Credit Cards</b>		<b>Judgements</b>	
<b>Medical Bills</b>		<b>Back Taxes</b>	

<b>Total Monthly Living Expenses</b>	
<b>Total Monthly Unsecured Debt</b>	
<b>Total Monthly Living Expenses and Debt</b>	

<b>Total Monthly Income</b>	
<b>Total Other Income</b>	
<b>Income Minus Living Expenses</b>	
<b>Income Minus Living Expenses and Unsecured Debt</b>	

1.		5.		9.		13.		17.	
2.		6.		10.		14.		18.	
3.		7.		11.		15.		19.	
4.		8.		12.		16.		20.	
A.		B.		C.				21.	