

**SUPPLEMENT TO OFFICIAL FORM B 3B**

**SUPPLEMENTAL INFORMATION FOR IFP REQUEST**

(Must Be **Completed Entirely** By All Applicants: Note N/A on Inapplicable Lines)

1. Provide the following information about all sources of **monthly** income/money received:

Wages/Contract for labor/services	\$ _____	
Any pension or annuity payments	\$ _____	
Social security or disability	\$ _____	
Food stamps	\$ _____	
Medicaid/Medicare	\$ _____	
Temporary Aid for Needy Families	\$ _____	
Public or other housing subsidy	\$ _____	
Workers compensation payments	\$ _____	
Unemployment insurance payments	\$ _____	
Other government aid or non-wage payments	\$ _____	Source: _____
Family/friend assistance	\$ _____	
Child/spousal support/maintenance	\$ _____	
<b>Total of all sources:</b>	\$ _____	

2. If you are self-employed please identify the average amount received **each month** from your business/services; if payments for your work are deposited; and, where or how those payments are tracked for taxes (W-2 and 1099):

<b>Average Monthly Revenue/Income</b>	<b>Average Monthly Business Expenses</b>	<b>How/Where Deposited?</b>	<b>W-2 or F1099 received for income tax purposes</b>

3. For **each** garnishment that you have been subject to in the **30** days prior to the filing of your bankruptcy case, please provide the following information:

Name of Garnishing Creditor	Garnishment Amount (per pay stub or bank account)	Source of Funds (e.g. wages or bank account)

*Attach additional pages if needed*

4. For each applicable source of funds **used to make the payments** to an attorney, bankruptcy petition preparer/typing service/paralegal in connection with the filing of this bankruptcy, provide the following information:

Source of Funds to Pay for Bankruptcy Services	Amount Paid for Services
Wages/Other Income	\$
Savings	\$
Gift or Loan from others	\$
Sale of Property: Identify Property Sold (type/location)	\$
Other sources	\$
Other sources	\$
<b>Total Amount Paid for Services from All Sources</b>	\$

*Attach additional pages if needed.*

By signing here under the penalty of perjury, I declare that the information provided in this supplement is true, complete and accurate:

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Signature of Debtor

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Signature of Debtor

**Instructions**

**All required pay advices must be attached to and submitted with this form, or, if applicable, Local Bankruptcy Form 1007-6.1 Statement Under Penalty of Perjury Concerning Payment Advices.**

**GPO 2014-4(b) requires submission of completed Schedules I and J and the Official Fee Waiver form.**