

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/benefits 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 \$ _____
- Total of all sources:** \$ _____

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):

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

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	\$
Total Amount Paid for Services from All Sources	\$

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.