**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:** $\_\_\_\_\_\_\_\_\_\_\_\_

1. 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** |
|  |  |  |  |
|  |  |  |  |

1. 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*

1. 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.**