

LOAN PROCEDURES FOR THE OFFICE OF MARTHA G BRONITSKY CHAPTER 13 TRUSTEE

In order to obtain Trustee loan approval you must:

Find the necessary financing for the transaction, then complete the consent for credit and budget review forms attached. You must then have the loan company fax over a break down of the loan and provided proof income for all parties involved in the repayment of the loan.

REVIEWING THE CONSENT FOR CREDIT FORMS:

This review of your budget is to make certain that you can afford a new loan payment outside of making your chapter 13 plan payments must be current in order to obtain the approval.

As a condition of the Trustee's loan approval you must register to attend the consumer education class. PLEASE CONTACT YOUR ATTORNEY FOR CLASS INFORMATION. Also your chapter 13 plan payments must be current in order to be approved.

If you have any questions please call **Operations Department @ 510-266-5580**. You may also faxed the information to **510-266-5589 Attn: Operations Dept.**

PLEASE BE ADVISED THAT THIS IS NOT AN ACTUAL APPROVAL LETTER!!

CONSENT FOR CREDIT

DATE _____ CASE NUMBER _____

NAME _____ (HUSBAND & WIFE) Email Address _____

ADDRESS _____

(A) _____

PHONE NUMBER(HOME) _____

(WORK) _____

(EMAIL) _____

1)FOR WHAT PURPOSE ARE YOU ATTAINING THIS LOAN? _____

2)WHAT IS THE LOAN AMOUT? _____

3)WHAT ARE THE MONTHLY PAYMENTS _____

4)WHAT IS THE INTEREST RATE _____

5)HAVE YOU HAD AN INCREASE IN YOU MONTHLY INCOME SINCE THE FILING OF YOUR CHAPTER 13?

___ YES ___ NO

IF YES HOW MUCH _____ WHY HAS YOUR INCOME INCREASE? _____

IF NO, HOW WILL YOU ABLE TO AFFORD AN INCREASE IN YOUR MONTHLY LIVING EXPENSES _____

6)ARE YOU MAKING YOU CHAPTER 13 PLAN PAYMENT THROUGH PAYROLL DEDUCTION? ___ YES ___ ON

7) IF YOUR INCOME HAS INCREASED, DO YOU WANT TO INCREASE YOU MONTHLY CHAPTER 13 PAYMENTS? ___ YES ___ NO

8)OTHER PERTINENT INFORMATION / SOURCE OF DOWN PAYMENT _____

NAME OF LOAN COMPANY _____

ADDRESS _____

LOAN OFFICER _____

TELEPHONE NUMBER (____) _____

**RETURN TO: MARTHA BRONITSKY, STANDING CHAPTER 13 TRUSTEE
PO BOX 5004, HAYWARD CA 94541**

CHAPTER 13 BUDGET REVIEW

Case No. _____

Name: _____

Employer: _____ Length of Employment: _____

Work Phone: _____

Spouse: _____

Employer: _____ Length of Employment: _____

Work Phone: _____

Expenses	Per Month	For Office Use Only
Rent/Mortgage	_____	_____
Real Estate Tax	_____	_____
Homeowners Insurance	_____	_____
Maintenance, Repair, Upkeep	_____	_____
HOA Dues	_____	_____
Additional Payments	_____	_____
Utilities		
Electricity, Gas	_____	_____
Water, Sewer, Trash	_____	_____
Phone, Internet, TV	_____	_____
Other: _____	_____	_____
Food, Housekeeping Supplies	_____	_____
Childcare and Education	_____	_____
Clothing, Laundry, Dry Cleaning	_____	_____
Personal Care	_____	_____
Medical and Dental	_____	_____
Transportation, Maintenance (Do not include car payments)	_____	_____
Entertainment, Recreation	_____	_____
Charitable, Religious	_____	_____
Insurance (Do not include insurance deducted from your pay)		
Life Insurance	_____	_____
Health Insurance	_____	_____
Vehicle Insurance	_____	_____
Other: _____	_____	_____
Taxes (Do not include taxes deducted from your pay or already stated)	_____	_____
Specify: _____	_____	_____

Installment or Lease
 Vehicle 1 Payments _____
 Vehicle 2 Payments _____
 Other: _____
 Other: _____
 Payments of Alimony or Support _____
 Other Support Payments _____
 Specify: _____
 Other Real Property Expenses
 (Not already stated above)
 Mortgage on Other Property _____
 Real Estate Taxes _____
 Property Insurance _____
 Maintenance, Repair, Upkeep _____
 HOA Dues _____
 Other: _____
 Other Expenses (ie. Union Dues) _____
 Specify: _____
 New Loan Monthly Payment _____

Income	Per Month	For Office Use Only
Net Pay		
Spouses Net Pay	_____	_____
Other Income	_____	_____
Specify: _____	_____	_____

Total Income	_____
Total Expenses	-
Payment to the Trustee	-
Excess Income	\$ _____

PLEASE INCLUDE A COPY OF THE MOST RECENT NORMAL (NOT INCLUDING OVERTIME) PAY STUB(S) WITH THE **COMPLETED** BUDGET REVIEW.

I Declare under penalty of perjury that the foregoing is true and correct.

DATE: _____ SIGNATURE: _____

DATE: _____ SIGNATURE: _____