

**VEHICLE LOAN PROCEDURES & GUIDELINE FOR THE OFFICE OF  
MARTHA G. BRONITSKY, CHAPTER 13 TRUSTEE**

**IN ORDER TO OBTAIN TRUSTEE APPROVAL YOU MUST:**

**Complete the chapter 13 budget review and consent for credit forms attached, provide all proof of income including spouses.**

**LOAN AMOUNTS:**

**The total amount of the loan (including finance charges, taxes and license) must not exceed \$25,000.00 total of payments. The monthly payments must not exceed \$600 per month.**

**You must find the necessary financing, find the vehicle within the guidelines, and have the dealer fax a copy of the deal review along with complete consent for credit forms and proof of all income to the Trustee's office for review.**

**REVIEWING CONSENT FORMS:**

**The review of your budget is to make certain that you can afford a new loan payment outside of the chapter 13 payment.**

**Your chapter 13 plan payments must be current in order to be approved.**

**If you have any questions please call Client Services at (510) 266-5580. You may also fax the information to (510) 266-5589 Attn: Client Services.**

**PLEASE BE ADVISED THAT THIS IS NOT AN ACTUAL  
APPROVAL LETTER.**

**YOU MAY NOT TAKE THE CAR UNTIL YOU RECEIVE AN  
APPROVAL LETTER!**

**THE REVIEW PROCESS OF YOUR CASE AND NEW LOAN DOCUMENTS.  
GENERALLY TAKES 3 TO 5 BUSINESS DAYS.**

## CONSENT FOR CREDIT

DATE \_\_\_\_\_ CASE NUMBER \_\_\_\_\_

NAME (BOTH NAMES IF JOINT CASE) \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER (HOME) ( \_\_\_\_\_ ) - \_\_\_\_\_ (CELL) ( \_\_\_\_\_ ) - \_\_\_\_\_

FOR WHAT PURPOSE ARE YOU ATTAINING THIS LOAN? \_\_\_\_\_

WHAT IS THE LOAN AMOUNT? \_\_\_\_\_

WHAT ARE THE MONTHLY PAYMENTS? \_\_\_\_\_

WHAT IS THE INTEREST RATE? \_\_\_\_\_

HAVE YOU HAD AN INCREASE IN YOUR MONTHLY INCOME SINCE THE FILING OF YOUR CHAPTER 13? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, HOW MUCH? \_\_\_\_\_

WHY HAS YOUR INCOME INCREASED? \_\_\_\_\_

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

ARE YOU MAKING YOUR CHAPTER 13 PLAN PAYMENTS THROUGH A PAYROLL DEDUCTION?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YOUR INCOME HAS INCREASED, DO YOU WANT TO INCREASE YOUR MONTHLY CHAPTER 13 PAYMENTS? YES \_\_\_\_\_ NO \_\_\_\_\_

OTHER PERTINENT INFORMATION \_\_\_\_\_

NAME OF LOAN COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

LOAN OFFICER \_\_\_\_\_

TELEPHONE NUMBER ( \_\_\_\_\_ ) - \_\_\_\_\_

**RETURN TO:** MARTHA G. BRONITSKY, STANDING CHAPTER 13 TRUSTEE  
P.O. BOX 5004, HAYWARD, CA 94540-5004

CHAPTER 13 BUDGET REVIEW

Case No. \_\_\_\_\_

Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Spouse: \_\_\_\_\_

Employer: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

<b>Expenses</b>	<b>Per Month</b>	<b>For Office Use Only</b>
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: \_\_\_\_\_