

Request for Program Worksheet

Fill out and fax back to 214-224-0511 or email to mark@mjlfinancialllc.com

(if you type info in cells, please make sure you save before emailing)

List All Unsecured Creditors

(needed for ALL ADSI programs)

| | Creditor Name | Current Balance |
|----|-----------------------------|-----------------|
| 1 | | \$ |
| 2 | | \$ |
| 3 | | \$ |
| 4 | | \$ |
| 5 | | \$ |
| 6 | | \$ |
| 7 | | \$ |
| 8 | | \$ |
| 9 | | \$ |
| 10 | | \$ |
| 11 | | \$ |
| 12 | | \$ |
| 13 | | \$ |
| 14 | | \$ |
| 15 | | \$ |
| 16 | | \$ |
| 17 | | \$ |
| 18 | | \$ |
| 19 | | \$ |
| 20 | | \$ |
| | Total Unsecured Debt | \$ - |

Name:

Email:

Best Time to Contact

(from 9am to 5pm CST)

Best Contact Phone#

| Monthly - Income/Expense Overview | |
|---|------|
| Monthly Income (less taxes): | |
| Applicant | \$ |
| Spouse | \$ |
| Other (business, family etc.) | \$ |
| Total Monthly Income | \$ - |
| Necessary Monthly Expenses: (do not include credit card pymts) | |
| Housing (rent/mortgage, dues, gas, electric, water etc.) | \$ |
| Living (food, phone, cell phone, cable etc.) | \$ |
| Transportation (car pymt, gas, insurance etc.) | \$ |
| Medical (copays, deductibles, prescriptions etc.) | \$ |
| Other Expenses (childcare, alimony, school etc.) | \$ |
| Other Secured Debt (total monthly payments) | \$ |
| Total Monthly Expenses | \$ - |
| (Total Income - Total Expenses) = Disposable Income | \$ - |

Briefly Describe---

Reason for Financial Hardship: Example: unexpected and/or major medical expenses, loss of job/income, loss of spouse job/income or other unexpected expenses