

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF NEW YORK

In re _____,)
[Set forth here all names including married, maiden, and trade)
names used by debtor within last 8 years.])
Debtor) Case No. _____
Chapter _____
Employer's Tax Identification No(s). [if any] _____
Last four digits of Social Security No(s): _____

For Debtor:

____ Payment advices are attached

____ Payment advices **are not** attached because debtor had no income from any employer during the 60 days prior to filing the bankruptcy petition.

____ Payment advices **are not** attached because debtor:

- ___ receives disability payments
- ___ is unemployed and does not receive unemployment compensation
- ___ receives Social Security payments
- ___ receives a pension
- ___ does not work outside the home
- ___ is self employed
- ___ other, please explain _____

Schedule I, Part 2, Number 2 Income _____

Occupation as listed on Schedule I _____

For Joint Debtor, if applicable:

____ Payment advices are attached

____ Payment advices **are not** attached because debtor had no income from any employer during the 60 days prior to filing the bankruptcy petition.

____ Payment advices **are not** attached because debtor:

- ___ receives disability payments
- ___ is unemployed and does not receive unemployment compensation
- ___ receives Social Security payments
- ___ receives a pension
- ___ does not work outside the home
- ___ is self employed
- ___ other, please explain _____

Schedule I, Part 2, Number 2 Income _____

Occupation as listed on Schedule I _____

I declare under penalty of perjury that I have read this Payment Advices Cover Sheet and the attached payment advices, consisting of ____ sheets, and that they are true and correct to the best of my knowledge, information and belief.

Signature of Debtor: _____ Date: _____

Signature of Joint Debtor: _____ Date: _____