

Law Offices of
WOODALL & WOODALL

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Orson Woodall
William Woodall

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Re: Motion to Purchase

Dear _____ :

In repose to your request to purchase property, please find enclosed a new budget verification for the Trustee. Please fill out your current information and provide my office with the following:

- Make and Model of Automobile or Type of Property
- Amount of Loan
- Interest Rate
- Monthly Payments
- How long loan is for
- The company loaning you money

It is your responsibility to find a company to finance your purchase. After you provide my office with all of the information requested, I will send to the Chapter 13 Trustee for permission.

If you have any questions, please call.

Sincerely,

Orson Woodall

OW:db

HUSBAND'S EMPLOYER _____

JOB TITLE _____

ADDRESS _____
STREET CITY STATE ZIP

PHONE # _____ LENGTH OF EMPLOYMENT _____

TIMES YOU ARE AT WORK: _____

IS IT OKAY TO CALL YOU AT WORK? ☐ YES ☐ NO

WIFE'S EMPLOYER _____

JOB TITLE _____

ADDRESS _____
STREET CITY STATE ZIP

PHONE # _____ LENGTH OF EMPLOYMENT _____

TIMES YOU ARE AT WORK: _____

IS IT OKAY TO CALL YOU AT WORK? ☐ YES ☐ NO

ATTACH RECENT CHECK STUB(S) HERE

BUDGET INFORMATION

INCOME

HUSBAND

WIFE

- 1) INCOME BEFORE DEDUCTIONS
(Both incomes must be shown unless separated or divorced)

a) List payment schedule
(Do you get paid weekly, every two weeks, twice a month, or once a month?)

b) How much do you get paid before any deductions?

c) Describe any other income:
(Part-time job, Social Security, Food Stamps, AFDC, worker's comp., unemployment benefits, etc.)

- 2) WHAT ARE YOUR PAYROLL DEDUCTIONS PER PAY PERIOD?

a) Payroll taxes *(incl. Social Security)*

b) Insurance

c) Other *(Please describe)* _____

- 3) WHAT IS YOUR TAKE HOME PAY PER PAY PERIOD AFTER ALL DEDUCTIONS?

- 4) IS YOUR EMPLOYMENT SUBJECT TO SEASONAL OR OTHER CHANGES?
(Answer yes or no for each)

ALIMONY OR CHILD SUPPORT PAID OR RECEIVED:

HUSBAND: Pay \$ _____ per _____

Receive \$ _____ per _____

WIFE: Pay \$ _____ per _____

Receive \$ _____ per _____

NAMES AND AGES OF PERSONS SUPPORT IS INTENDED FOR:

LIST FULL NAME, AGE & RELATIONSHIP OF ALL DEPENDENTS WHO LIVE WITH YOU:

FULL NAME	AGE	RELATIONSHIP
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FULL NAME	AGE	RELATIONSHIP
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FULL NAME	AGE	RELATIONSHIP
-----------	-----	--------------

FULL NAME	AGE	RELATIONSHIP
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FULL NAME	AGE	RELATIONSHIP
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LIVING EXPENSES

Provide estimated average future **monthly** expenses of your family. **Do not** include debts to be paid under bankruptcy plan.

RENT OR HOME MORTGAGE PAYMENT

(Include lot rent)

a) *Are real estate taxes included?* () Yes () No

b) *Is insurance included?* () Yes () No

HOME MAINTENANCE

ELECTRICITY & HEAT

WATER

TELEPHONE

CABLE / INTERNET

FOOD

CLOTHING

LAUNDRY AND DRY CLEANING

MEDICAL AND DRUG EXPENSES

TRANSPORTATION *(Gas, oil, taxis repairs, etc.)*

INSURANCE *(Not payroll deducted):*

List each as monthly payment

HOMEOWNER'S OR RENTER'S

LIFE

HEALTH

AUTO

OTHER

TAXES:

List each as monthly payment

REAL ESTATE

AUTOMOBILE

OTHER

DUES NOT DEDUCTED FROM WAGES

(Union, Professional, Social, or Otherwise)

ALIMONY, MAINTENANCE, OR
SUPPORT PAYMENTS

PAYMENTS FOR SUPPORT OF DEPENDENTS

NOT LIVING AT HOME *(Do not include
child support payments. Specify each):*

SCHOOL TUITION (Specify who it is for):

REGULAR EXPENSES FOR OPERATION
OF BUSINESS OR PROFESSION:

OTHER (Care leases, child care,
lunches, etc. Please specify each):
