



Attach a COPY (if applicable) of the

- Satisfaction/Zero Balance Document(s)
- Current Status & Balance Document(s)
- Payment Arrangement (if ongoing)
- Payment History (if ongoing)

**SUPPLEMENTAL FORM 5
RECORD OF DEBTS**

Include any student loan default, charged off debt, debt placed in collections, or debt currently 120 days or more past due

For Use with Questions 4.20, 4.24, 4.25
Complete a separate FORM 5 for each matter.

This copy of **FORM 5** supplements the following questions:

- Question 4.20 Question 4.24 Question 4.25

Do NOT Include Debts Which Have Been Discharged in Bankruptcy (see FORM 6)

Applicant Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>First</i>	<i>Middle</i>	<i>Last</i>
Date Form Completed:	<input type="text"/>	<i>mm/dd/yyyy</i>	
Type of Debt:	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Student Loan	<input type="checkbox"/> Other

Name and Complete Address of Entity Extending Credit

Name of Creditor:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
Phone #:	<input type="text"/>	Zip:	<input type="text"/>
Account Number:	<input type="text"/>		
Original Amount Of Debt:	<input type="text"/>		
Current Balance:	<input type="text"/>		
Date of Last Payment:	<input type="text"/>		

If Different From Above, Current Name and Address of the CURRENT Creditor on This Debt

Name:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
Phone #:	<input type="text"/>	Zip:	<input type="text"/>
Account Number:	<input type="text"/>		
Current Status of This Debt:	<input type="text"/>		

Describe the History of this Debt

Include any Payment Arrangements, Actions Taken to Collect and Any Defenses.