

# Bankruptcy Questionnaire

Please:

(1) Fill out *every* question on all of the pages. Wherever you are given a choice of YES or NO on these forms, check either YES or NO, whichever is correct. If the question asks for further information, be as complete as possible. We will help with any questions you don't understand.

(2) If any of the information on this form changes between the time you return the form to your attorney and the time you actually file your bankruptcy, it is your responsibility to alert your attorney of the change. Please alert your attorney to closed or opened bank accounts not reflected on this Questionnaire.

(3) Write clearly or enter your answers on a computer. We *must* be able to read them.

(4) If you need more room for any question, please email your attorney with all of the information requested for that question. If you don't use email, please call.

(5) **Spouses**: If you are married and together with your spouse - meaning if you are not legally separated or living separately - you must complete the entire Bankruptcy Questionnaire on behalf of you and your spouse - unless a question asks you to break information down between you and your spouse, each Question must be responded to on behalf of you and your spouse.

(6) Be as complete as you can with your assets. If you do not list an asset, you may lose that asset in the future and you may be subject to criminal prosecution. If you own any property or have any interests in any property, or have claims against persons for injury or wages or for any other reason, or expect to receive a gift or inheritance in the near future (even if the person giving you property is still alive), be sure to alert your attorney either by giving the appropriate information in the questionnaire or by emailing the information to your attorney. If you have any questions about property or any kind of asset, call or send an email to your attorney.

(7) If somebody dies within six months after you file for bankruptcy, and you are entitled to an inheritance, that inheritance will become part of the bankruptcy and it may be available to help pay your creditors. It is your responsibility to alert your attorney if somebody dies and you may inherit property even if it won't be received for months or years.

Bankruptcy Questionnaire begins on the following page

**1. Name and Residence Information**

A. Are you legally married? . . . . . YES \_\_\_ NO \_\_\_

B. Your full name: \_\_\_\_\_

Your spouse's full name: \_\_\_\_\_

C. Your Social Security Number: \_\_\_\_\_

Your spouse's Social Security Number: \_\_\_\_\_

D. Your date of birth and age: \_\_\_\_\_

Your spouse's date of birth and age: \_\_\_\_\_

E. List any other names used by you or your spouse (including maiden name), or other ways you have signed your names to papers and checks during the last eight years:

\_\_\_\_\_

F. Current Address: \_\_\_\_\_

(Street) (City) (Zip Code) (County)

Current Mailing Address (if different): \_\_\_\_\_

(Street) (City) (Zip Code) (County)

G. Telephone Number: \_\_\_\_\_

H. Email Address: \_\_\_\_\_

I. Lease Information: Are you in a residential (or commercial) lease? Please indicate if a term lease (for example 1-year lease) or month-to-month and if a term lease give the name and address of your landlord.

Residential: \_\_\_ Commercial: \_\_\_ No Lease: \_\_\_ Term Lease: \_\_\_ Month-to-Month: \_\_\_

Name and address of landlord: \_\_\_\_\_

**2. Prior Bankruptcy:** Have you or your spouse ever been involved before in a bankruptcy (chapter 7, 11, 12, or 13)? . . . . . YES \_\_\_ NO \_\_\_

If YES, please give year of each bankruptcy, chapter of bankruptcy, and state whether a discharge was received:

\_\_\_\_\_

**3. Asset Listing:**

(If you are married and living with your spouse, designate any items listed below that are not jointly owned.)

**A. REAL PROPERTY (Primary Home):**

(1) Do you have an ownership interest in real estate or a mobile home that you use as your home? YES \_\_\_ NO \_\_\_

If YES: Describe and give the address of this property (house, mobile home, condominium, cooperative, land, etc.) in which you hold an interest:

\_\_\_\_\_

How much of the property do you own? 100% \_\_\_ Some other amount (enter here): \_\_\_\_\_

Outstanding mortgage balance: \_\_\_\_\_ Present value of property: \_\_\_\_\_

Mortgage company: \_\_\_\_\_ Purchase price: \_\_\_\_\_ Year purchased: \_\_\_\_\_

Are there any other mortgages? YES \_\_\_ NO \_\_\_ Coowners: \_\_\_\_\_

**B. REAL PROPERTY (Other Real Estate):**

(1) Do you have an ownership interest in other real estate? . . . . . YES \_\_\_ NO \_\_\_

If yes: Describe and give the location (address if applicable) of all real property (lot, house, condominium, cooperative, land, burial plot, timeshare etc.) in which you hold an interest:

\_\_\_\_\_

How much of the property do you own? 100% \_\_\_ Some other amount (enter here): \_\_\_\_\_

Outstanding mortgage balance: \_\_\_\_\_ Present value of property: \_\_\_\_\_

Mortgage company: \_\_\_\_\_ Purchase price: \_\_\_\_\_ Year purchased: \_\_\_\_\_

Are there any other mortgages? YES \_\_\_ NO \_\_\_ Coowners: \_\_\_\_\_

**C. PERSONAL PROPERTY:**

(1) Cash on hand (paper money and coins): \$ \_\_\_\_\_

(2) **Bank Accounts: Do you have any:**

- Checking Accounts? . . . . . YES NO

For each Checking account your name is on, provide all of the following:

<u>Institution Name</u>	<u>Account number Last 4*</u>	<u>HIGH balance next 2 weeks</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*Please enter account number last 4 digits, and not the debit card last 4 digits

- Savings Accounts? . . . . . YES NO

For each Savings account your name is on, provide all of the following:

<u>Institution Name</u>	<u>Account number Last 4</u>	<u>HIGH balance next 2 weeks</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Online Accounts? . . . . . YES NO

For each Online account your name is on (such as PayPal, Venmo), provide all of the following:

<u>Institution Name</u>	<u>Account number Last 4</u>	<u>HIGH balance next 2 weeks</u>
_____	_____	_____
_____	_____	_____

- Prepaid or Gift Cards? . . . . . YES NO

For each Prepaid / Gift Card account your name is on, provide all of the following:

<u>Institution Name</u> (check back of card)	<u>Account number Last 4**</u>	<u>HIGH balance next 2 weeks</u>
_____	_____	_____
_____	_____	_____

\*\*If there is an account number associated with the card with a different number than card number, please enter account number last 4

Do you have any checking, savings, online, prepaid, gift, or cryptocurrency accounts not listed above?  
YES NO

If YES, please email all of the above-requested information to your attorney for any other accounts.

- (3) Have you given a security deposit to any landlord, utility, or anyone else? . . . . . YES \_\_\_ NO \_\_\_  
 If yes, list name of person or company and amount: \_\_\_\_\_
- (4) List your household items, electronics, sports/hobby equipment, or jewelry pieces that could be resold for over\$500 right now (if any), and list the value of each item:  
 \_\_\_\_\_
- (5) Give an estimate of the value of the following based on what you could sell the property for – do not include the value of items listed in (4) above - Please estimate the value of all of your:  
 Household furniture, fixtures, appliances, linens and utensils: \$ \_\_\_\_\_  
 Electronics: \$ \_\_\_\_\_ Clothing: \$ \_\_\_\_\_ Jewelry: \$ \_\_\_\_\_  
 Sports and Hobby equipment: \$ \_\_\_\_\_
- (6) Do you have any property other than a vehicle that is leased, rent-to-own, or otherwise financed by a company that claims to have a security interest in the property? (ex. furniture/appliances, jewelry) YES \_\_\_ NO \_\_\_  
 If yes, please describe the property, the nature of the lease/rent-to-own/security interest, and the company.  
 \_\_\_\_\_

**D. CARS, OTHER VEHICLES, TRAILERS AND BOATS:**

Do you have any cars, trucks, boats, trailers, motorcycles or other recreational vehicle (financed, leased or owned)?  
 YES \_\_\_ NO \_\_\_

If YES, please provide the following for each:

- |    |   |             |                 |                             |
|----|---|-------------|-----------------|-----------------------------|
| 1. | Year, Make, and Model   | Mileage     | Value           |                             |
|    | _____   | _____       | _____           |                             |
|    | Lender Name   | Amount Owed | Monthly Payment | Keep Vehicle (if financed)? |
|    | _____   | _____       | _____           | YES NO                      |
| 2. | Year, Make, and Model   | Mileage     | Value           |                             |
|    | _____   | _____       | _____           |                             |
|    | Lender Name   | Amount Owed | Monthly Payment | Keep Vehicle (if financed)? |
|    | _____   | _____       | _____           | YES NO                      |
| 3. | Year, Make, and Model   | Mileage     | Value           |                             |
|    | _____   | _____       | _____           |                             |
|    | Lender Name   | Amount Owed | Monthly Payment | Keep Vehicle (if financed)? |
|    | _____   | _____       | _____           | YES NO                      |
| 4. | Year, Make, and Model   | Mileage     | Value           |                             |
|    | _____   | _____       | _____           |                             |
|    | Lender Name   | Amount Owed | Monthly Payment | Keep Vehicle (if financed)? |
|    | _____   | _____       | _____           | YES NO                      |
| 5. | Do you have any other vehicles, trailers or recreational vehicles not listed above? |             |                 |                             |
|    | YES ___ NO ___  |             |                 |                             |

If YES, please email all of the above information to your attorney.

**E. OTHER PROPERTY:**

(1) Do you own any life insurance policies? . . . . . YES \_\_\_ NO \_\_\_

Is it a term life policy or is there a cash value? TERM\_\_\_ CASH VALUE (enter cash value):\$\_\_\_\_\_

(2) Do you expect to receive any money from any insurance in the near future? . . . . .YES \_\_\_ NO \_\_\_

If YES, give details: \_\_\_\_\_

(3) Do you own any stocks or bonds (other than in retirement accounts)? . . . . . YES \_\_\_ NO \_\_\_

\*\*This includes all mutual fund accounts, investment accounts or brokerage accounts\*\*

If YES, give details including value: \_\_\_\_\_

(4) Do you have an ownership interest in a business (any type of business)? . . . . . YES \_\_\_ NO \_\_\_

If YES, give details including value: \_\_\_\_\_

(5) Do you have any retirement or pension accounts including 401(k) accounts through a current or past employer?

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

If YES, provide the following for each account:

Type of Account	Institution Name	Account Balance
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

(6) Have you paid or contributed any funds to a tax-exempt tuition program, or purchased any tuition credits or certificates? . . . . . YES \_\_\_ NO \_\_\_

If YES, give details including balance of program benefits or credits:

(7) Do you own any machinery, tools, or fixtures used in your business or work? . . . . . YES \_\_\_ NO \_\_\_

If YES, list and state what you can sell for (if no item valued over \$500, just state the total value and state "TOTAL"): \_\_\_\_\_

(8) Do you have any animals or pets? . . . . . YES \_\_\_ NO \_\_\_

Please enter animal type and number of each: \_\_\_\_\_

(9) Do you have a tax refund or potential tax refund owed to you from a prior tax year? . . . . . YES \_\_\_ NO \_\_\_

If YES please enter tax year \_\_\_\_\_ and anticipated refund amount: \_\_\_\_\_

Do you expect a tax refund when you file taxes for the current tax year? . . . . . YES \_\_\_ NO \_\_\_

If YES please enter anticipated refund amount: \_\_\_\_\_

(10) Do you have any claims against anybody for physical injury, wages, money, or any other claims that may have monetary value (even if you have not seen an attorney or filed a lawsuit)? . . . . . YES \_\_\_ NO \_\_\_

If YES, describe or speak to your attorney if any questions:

(11) Are you the beneficiary of a trust or future interest? . . . . . YES \_\_\_ NO \_\_\_

If YES, give details:

(12) Do you expect to receive more than a small amount of money or property at any time in the near future by way of gift or life insurance proceeds? . . . . . YES \_\_\_ NO \_\_\_

(13) Do you expect to inherit any money or property in the near future, or is there a good probability of a death in the next six months after filing that could lead to an inheritance for you\*\*? . . . . . YES \_\_\_ NO \_\_\_

\*\* Inheritances after bankruptcy could be brought back into bankruptcy and you could lose all or part of the property. Speak with your attorney if this question may apply to you or you have any questions, and update your attorney if this information changes at any time after you complete this questionnaire.

If YES, give details:

\_\_\_\_\_

(14) Has anyone died and left you anything (including insurance benefits) that you have not collected yet? YES \_\_\_ NO \_\_\_

(15) Do you own anything else (including collections or any other type of property that could be considered an asset) not mentioned above? . . . . . YES \_\_\_ NO \_\_\_

If YES, list and state what you can sell for:

\_\_\_\_\_

(16) Does any of the property that you own or possess pose a threat of harm to public health or safety? YES \_\_\_ NO \_\_\_

If YES, please call or send an email to your attorney explaining the circumstances.

**4. Occupation and Income:**

- A. Your Employment Status:                      Employed      Self-employed      Unemployed      Retired
- Spouse Employment Status:                      Employed      Self-employed      Unemployed      Retired
- Occupation or Job Title: You: \_\_\_\_\_ Spouse: \_\_\_\_\_
- Employer Name:                      You: \_\_\_\_\_ Spouse: \_\_\_\_\_
- Employer Address:                      You: \_\_\_\_\_ Spouse: \_\_\_\_\_
- How Long Employed here?: You: \_\_\_\_\_ Spouse: \_\_\_\_\_

Do you or your spouse currently have multiple employers? YES      NO

(for multiple employers, please email all of the above information to your attorney for each employer)

- B. For the past six months, list all sources of income and monthly amounts received that are not reflected on your paystubs or profit and loss statement that you provided to your attorney (for example: child support or alimony, public assistance, unemployment compensation, social security, SSI, pension, retirement, annuity etc.):

NONE \_\_\_

- 1 month ago /(input mo/yr): \_\_\_\_\_ : Source(s)/income: \_\_\_\_\_
- 2 months ago (input mo/yr): \_\_\_\_\_ : Source(s)/income: \_\_\_\_\_
- 3 months ago (input mo/yr): \_\_\_\_\_ : Source(s)/income: \_\_\_\_\_
- 4 months ago (input mo/yr): \_\_\_\_\_ : Source(s)/income: \_\_\_\_\_
- 5 months ago (input mo/yr): \_\_\_\_\_ : Source(s)/income: \_\_\_\_\_
- 6 months ago (input mo/yr): \_\_\_\_\_ : Source(s)/income: \_\_\_\_\_

- C. Do you, your spouse, or your dependents receive any income or regular contributions to your household expenses from any source not listed above? . . . . . YES \_\_\_ NO \_\_\_

If YES, give source and monthly amount: \_\_\_\_\_

**5. Monthly Expenses**

**A.** List all dependents of you and your spouse as reported on tax returns – include name, relationship to you or spouse, and age.

\_\_\_\_\_  
\_\_\_\_\_

**B.** List all members of your household – those who live with you (name, age and relationship) – if your dependents listed above live with you, please put their name only here again:

\_\_\_\_\_  
\_\_\_\_\_

**C.** Give the amounts you actually expend for the following monthly expenses. If you do not know the exact amount, estimate on the high side:

1. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot: . . . . . \$ \_\_\_\_\_

2. If not included above:  
Real estate taxes: . . . . . \$ \_\_\_\_\_  
Property, homeowner’s, or renter’s insurance: . . . . . \$ \_\_\_\_\_  
Home maintenance, repair, and upkeep expenses: . . . . . \$ \_\_\_\_\_  
Homeowner’s association or condominium dues: . . . . . \$ \_\_\_\_\_

3. Additional mortgage payments for your residence, such as home equity loans . . . . . \$ \_\_\_\_\_

4. Utilities:  
Electricity, heat, natural gas: . . . . . \$ \_\_\_\_\_  
Water, sewer, garbage collection: . . . . . \$ \_\_\_\_\_  
Telephone, cell phone, Internet, satellite, and cable services: . . . . . \$ \_\_\_\_\_  
Other. Specify: \_\_\_\_\_: . . . . . \$ \_\_\_\_\_

5. Food and housekeeping supplies: . . . . . \$ \_\_\_\_\_

6. Childcare and children’s education costs . . . . . \$ \_\_\_\_\_

7. Clothing, laundry, and dry cleaning: . . . . . \$ \_\_\_\_\_

8. Personal care products and services: . . . . . \$ \_\_\_\_\_

9. Medical and dental expenses: . . . . . \$ \_\_\_\_\_

10. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments: \$ \_\_\_\_\_

11. Entertainment, clubs, recreation, newspapers, magazines, and books: . . . . . \$ \_\_\_\_\_

12. Charitable contributions and religious donations: . . . . . \$ \_\_\_\_\_

13. Insurance (Do not include insurance deducted from your pay)  
Life insurance: . . . . . \$ \_\_\_\_\_  
Health insurance: . . . . . \$ \_\_\_\_\_  
Vehicle insurance: . . . . . \$ \_\_\_\_\_  
Other insurance. Specify: \_\_\_\_\_: . . . . . \$ \_\_\_\_\_

14. Taxes. Do not include taxes deducted from your paycheck: . . . . . \$\_\_\_\_\_

15. Installment or lease payments:

Car payments for Vehicle 1: . . . . . \$\_\_\_\_\_

Car payments for Vehicle 2: . . . . . \$\_\_\_\_\_

Other. Specify: \_\_\_\_\_ . . . . . \$\_\_\_\_\_

Other. Specify: \_\_\_\_\_ . . . . . \$\_\_\_\_\_

16. Your payments of alimony, maintenance, and support that are not deducted from your pay \$\_\_\_\_\_

17. Other payments you make to support others who do not live with you.

Specify: \_\_\_\_\_ . . . . . \$\_\_\_\_\_

18. Mortgages and other expenses for other real estate:

Specify: \_\_\_\_\_ . . . . . \$\_\_\_\_\_

19. Other. Specify: \_\_\_\_\_ . . . . . \$\_\_\_\_\_

**6. Other Information**

A. Have you had any addresses in the last three years other than your current address? . . . . . YES \_\_\_ NO \_\_\_

If YES, please state the following:

Full Address

Dates of Residency (mo/year to mo/year)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

B. Have you had any current or prior spouses in the last 8 years in a community property state (Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin)?

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

If YES, give name and current address of spouse or ex-spouse (unless spouse is filing with you):

\_\_\_\_\_

C. State your gross income (before all taxes and deductions) from employment or operation of business for the following. Find this on your tax returns and/or paystubs:

- 1. Current Year: You: \$\_\_\_\_\_ Your Spouse: \$\_\_\_\_\_
- 2. Last Year: You: \$\_\_\_\_\_ Your Spouse: \$\_\_\_\_\_
- 3. 2 Years Ago You: \$\_\_\_\_\_ Your Spouse: \$\_\_\_\_\_

**D.** State your gross income from sources other than employment or operation of business (for example: child support or alimony, public assistance, unemployment compensation, social security, SSI, pension, retirement, annuity etc.). List each source separately, and call or email your attorney if you cannot fit all sources here:

- 1. Current Year: \$ \_\_\_\_\_; Source: \_\_\_\_\_ Received by: YOU: \_\_\_ SPOUSE \_\_\_  
\$ \_\_\_\_\_; Source: \_\_\_\_\_ Received by: YOU: \_\_\_ SPOUSE \_\_\_
- 2. Last Year: \$ \_\_\_\_\_; Source: \_\_\_\_\_ Received by: YOU: \_\_\_ SPOUSE \_\_\_  
\$ \_\_\_\_\_; Source: \_\_\_\_\_ Received by: YOU: \_\_\_ SPOUSE \_\_\_
- 3. 2 Years Ago \$ \_\_\_\_\_; Source: \_\_\_\_\_ Received by: YOU: \_\_\_ SPOUSE \_\_\_  
\$ \_\_\_\_\_; Source: \_\_\_\_\_ Received by: YOU: \_\_\_ SPOUSE \_\_\_

**E.** Have you made any payments totaling more than \$600 to any one creditor within the last 90 days? (include house and car payments, but not rent payments). . . . . YES \_\_\_ NO \_\_\_  
If YES, give the name(s) of any such creditor(s) and the dates and amount of the payments:

\_\_\_\_\_

**F.** Have you made any payments or given any property including money to a relative or business partner in the last year or paid money to a creditor for the benefit or on behalf of a relative or business partner?

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

If YES, please give the name of the relative(s) or business partner(s) and the dates and amount of the payments or transfer: \_\_\_\_\_

**G.** Have you been involved in a lawsuit or administrative proceeding in the last 12 months? . . . . YES \_\_\_ NO \_\_\_

If YES, please briefly describe the suit and the result, and be sure to provide your attorney with documents from the lawsuit/proceeding:

\_\_\_\_\_

**H.** Have you had property attached, garnished or seized in the last year? . . . . . YES \_\_\_ NO \_\_\_

If YES, please indicate the name and address of the creditor/person for whose benefit property was seized, the date(s) of seizure(s), and the description of the property and its value:

\_\_\_\_\_

**I.** Have you had any property repossessed, sold at a foreclosure sale, transferred by a deed in lieu or returned to a creditor in the last 12 months? . . . . . YES \_\_\_ NO \_\_\_

If Yes, indicate the name and address of the creditor, the date of the action, and give the description and value of the property. If a vehicle, please provide year, make and model.

\_\_\_\_\_

**J.** Has a creditor taken a setoff against a debt or deposit of yours in the last 90 days?\*. . . . . YES \_\_\_ NO \_\_\_

\*Setoff is a right of a creditor to lower the amount you owe by the amount the creditor owes to you arising out of a separate transaction. If you are unsure, the answer is likely no.

**K.** Are there any liens or judgments filed or recorded against you or your property?\*\*. . . . . YES \_\_\_ NO \_\_\_

\*\*Email your attorney if you have any of these or you are unsure, as they are generally not included in the bankruptcy discharge.

**L.** Have you made any gifts or charitable contributions in the past 2 years with a total value of more than \$600 to any one person or charity?. . . . . YES \_\_\_ NO \_\_\_

**M.** Have you had any losses from fire, theft, other casualty or gambling within the last 12 months?  
YES \_\_\_ NO \_\_\_

- N.** Have you sold, traded, gifted or otherwise transferred any property of value over \$1000.00 in the last 2 years?  
 Be sure to list all real estate transactions not listed elsewhere on this Questionnaire, all vehicle transfers,  
 and any transfer of any other kind of property with value over \$1000.00 .....YES \_\_\_ NO \_\_\_  
 If YES, please provide (1) name and address of the person or company who received the property, (2) your  
 relationship to person/company if any, (3) date of transfer, and (4) property description and value:  
 \_\_\_\_\_
- O.** Have you transferred any property to a self-settled trust in the last 10 years? .....YES \_\_\_ NO \_\_\_
- P.** Have you closed any bank accounts (checking, savings, incestment) in the 12 months? ..... YES \_\_\_ NO \_\_\_  
 If YES, please provide (1) financial institution, (2) types of account closed, (3) last 4 digits of closed account  
 numbers, (4) date of closing, and (5) amount in account when closed.  
 \_\_\_\_\_
- Q.** Have you had any safe deposit boxes in the last 12 months? ..... YES \_\_\_ NO \_\_\_
- R.** Have you stored property in a storage unit or place other than your home within in last year? YES \_\_\_ NO \_\_\_  
 If YES, please provide location and contents: \_\_\_\_\_
- S.** Do you hold or control any property owned by another person? .....YES \_\_\_ NO \_\_\_
- T.** Have you owned or had a connection with a business within the last 4 years? .....YES \_\_\_ NO \_\_\_  
 If YES, please provide the (1) Name and address of business; (2) Entity type (for example sole prop, LLC, corp);  
 (2) Entire federal EIN or last 4 digits of ITIN or SSN number; (3) Nature of business; (4) Beginning and ending  
 dates of business; and (5) Accountant or Bookkeeper name (if not you):  
 \_\_\_\_\_
- Have you given a financial statement to anybody about your business in the last 2 years? . . . .YES \_\_\_ NO \_\_\_

**7. Creditors** We will first pull your Credit Report, then you will have an opportunity to review the Credit Report to let us know if there are any additional creditors to add to your case before filing.

**Please do not submit an incomplete Questionnaire as this will only delay your filing.**

**Please be sure:**

- ✓ All appropriate checkboxes are checked
- ✓ All requested information is completed for checkboxes marked "yes"
- ✓ All bank account information is complete
- ✓ All vehicle information is complete