

Fill in this information to identify your case:

Debtor 1 Murad Shuqom
First Name Middle Name Last Name

Debtor 2 (Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: Central District of California

Case number (if known) 8:14-bk-14461

Check if this is:

- An amended filing
- A supplement showing post-petition chapter 13 expenses as of the following date:
MM / DD / YYYY
- A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.
- Yes. Does Debtor 2 live in a separate household?
- No
- Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- No
- Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Spouse	30	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Son	2	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- No
- Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form B 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses	
4.	\$ 1,645.00

If not included in line 4:

4a. Real estate taxes	\$ 0.00
4b. Property, homeowner's, or renter's insurance	\$ 0.00
4c. Home maintenance, repair, and upkeep expenses	\$ 0.00
4d. Homeowner's association or condominium dues	\$ 0.00

Debtor 1

First Name _____ Middle Name _____ Last Name _____

Case number (if known) _____

		<u>Your expenses</u>
5. Additional mortgage payments for your residence , such as home equity loans	5.	\$ _____ 0.00
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	\$ _____ 90.00
6b. Water, sewer, garbage collection	6b.	\$ _____ 80.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$ _____ 200.00
6d. Other. Specify: _____	6d.	\$ _____
7. Food and housekeeping supplies	7.	\$ _____ 300.00
8. Childcare and children's education costs	8.	\$ _____ 0.00
9. Clothing, laundry, and dry cleaning	9.	\$ _____ 250.00
10. Personal care products and services	10.	\$ _____ 50.00
11. Medical and dental expenses	11.	\$ _____ 0.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$ _____ 300.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$ _____ 0.00
14. Charitable contributions and religious donations	14.	\$ _____ 0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	\$ _____ 0.00
15b. Health insurance	15b.	\$ _____ 1,026.34
15c. Vehicle insurance	15c.	\$ _____ 156.00
15d. Other insurance. Specify: _____	15d.	\$ _____
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	\$ _____ 0.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a.	\$ _____ 0.00
17b. Car payments for Vehicle 2	17b.	\$ _____ 0.00
17c. Other. Specify: _____	17c.	\$ _____
17d. Other. Specify: _____	17d.	\$ _____
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).	18.	\$ _____ 0.00
19. Other payments you make to support others who do not live with you. Specify: _____	19.	\$ _____ 0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a.	\$ _____ 0.00
20b. Real estate taxes	20b.	\$ _____ 0.00
20c. Property, homeowner's, or renter's insurance	20c.	\$ _____ 0.00
20d. Maintenance, repair, and upkeep expenses	20d.	\$ _____ 0.00
20e. Homeowner's association or condominium dues	20e.	\$ _____ 0.00

Debtor 1 _____
First Name Middle Name Last Name

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21. Other. Specify: _____ 21. +\$ _____ 0.00
22. Your monthly expenses. Add lines 4 through 21.
The result is your monthly expenses. 22. \$ _____ 4,097.34
23. Calculate your monthly net income.
- 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ _____ 4,125.30
- 23b. Copy your monthly expenses from line 22 above. 23b. -\$ _____ 4,097.34
- 23c. Subtract your monthly expenses from your monthly income.
The result is your monthly net income. 23c. \$ _____ 27.96

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

- No.
 Yes.

Explain here: