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REQUEST TO FINANCE THE PURCHASE OF A VEHICLE

IMPORTANT: IT TAKES ABOUT 30 DAYS FOR COURT APPROVAL. A MOTION MUST BE FILED WITH THE COURT. ONCE FILED AN OBJECTION PERIOD MUST EXPIRE. THE MOTION MUST BE SENT TO THE TRUSTEE AND YOUR CREDITORS TO REVIEW. WE TAKE CARE OF THESE STEPS FOR YOU.

PLEASE NOTE THAT IF A RESPONSE OR OBJECTION IS FILED, A HEARING MUST BE SET AND WE WILL ATTEND ON YOUR BEHALF.

PLEASE PROVIDE THE OFFICE WITH THE FOLLOWING WRITTEN INFORMATION

1. Copies of income stubs for the last 60 days;
2. Copy of the vehicle purchase proposal (from the car dealer); and,
3. The completed updated Budget (current income and expenses) that will include the new car payment which is attached.

ADDITIONAL CONSIDERATIONS:

- ❖ The vehicle to be purchased should be fairly new (less than 3 or 4 years old) so that reliability will not be an issue. Your goal should also be one with low miles (24,000 to 35,000 miles). The Trustee may file an objection if it appears the car you seek to purchase is already older and likely in need of repairs or will be soon.
- ❖ You must be current with your payments to the Trustee. If in doubt, contact the Trustee at 314-781-8100 for confirmation of your payment status.
- ❖ You must have provided the Trustee with copies of all tax returns that are due as well as any refunds that may be due from those returns.
- ❖ The proposed payment CANNOT be more than \$450. This is the current maximum that you can seek to pay without having the Trustee file an Objection to your request.

CLIENT NAME(S): _____

DATE: _____

Part 5: Your Income & Expenses

① DEPENDENTS & SUPPORT List all of your dependents and any income you receive for their care. ☐ No Dependents.

DEPENDENTS:	Relationship	Age	Lives with you?	Monthly Support	Spouse's dependent?
			<input type="checkbox"/> Yes. <input type="checkbox"/> No.	\$ <input type="checkbox"/> Received. <input type="checkbox"/> Paid.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.
			<input type="checkbox"/> Yes. <input type="checkbox"/> No.	\$ <input type="checkbox"/> Received. <input type="checkbox"/> Paid.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.
			<input type="checkbox"/> Yes. <input type="checkbox"/> No.	\$ <input type="checkbox"/> Received. <input type="checkbox"/> Paid.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.
			<input type="checkbox"/> Yes. <input type="checkbox"/> No.	\$ <input type="checkbox"/> Received. <input type="checkbox"/> Paid.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.

② INCOME List the information regarding the source and amount of all of your income.

Your Employment information ↓		Your Spouse's Employment Information ↓	
Occupation:		Occupation:	
Primary Employer:		Primary Employer:	
Employer Address & Zip:		Employer Address & Zip:	
How Long at this job?	Last pay date:	How Long at this job?	Last pay date:
Paid: <input type="checkbox"/> Hourly: \$ _____/hr. <input type="checkbox"/> Salary: \$ _____/yr.		Paid: <input type="checkbox"/> Hourly: \$ _____/hr. <input type="checkbox"/> Salary: \$ _____/yr.	
Your Other Sources of Income (Monthly): ↓		Your Spouse's Other Sources of Income (Monthly): ↓	
Business (profit & loss)	\$ _____	Business (profit & loss)	\$ _____
Investments:	\$ _____	Investments:	\$ _____
Child Support/Alimony	\$ _____	Child Support/Alimony	\$ _____
Unemployment	\$ _____	Unemployment	\$ _____
Social Security	\$ _____	Social Security:	\$ _____
Food Stamps	\$ _____	Food Stamps	\$ _____
Pension/Retirement:	\$ _____	Pension/Retirement:	\$ _____
Other: (explain)	\$ _____	Other: (explain)	\$ _____

⚠ You must provide income statements & pay stubs for the full 6 months prior to the date we file you. ⚠

③ EXPENSES List your average monthly Expenses. Do not list deductions from pay here.

EXPENSES (per month)	Your Expenses ↓	Spouse's ↓ (only if separate expenses)
Rent, Mortgage, Lot Rental, or Pad Fee	\$ _____	\$ _____
Real Estate Taxes (if not paid in mortgage)	Monthly: (Annual/12) = \$ _____	Monthly: (Annual/12) = \$ _____
Property/Rental Insurance (if not included)	\$ _____	\$ _____
Home Maintenance (repairs & upkeep)	\$ _____	\$ _____
Homeowner Association or Condo dues	\$ _____	\$ _____
Second mortgage / equity loan payments	\$ _____	\$ _____
Electricity, heat, & gas (monthly average)	\$ _____	\$ _____
Water, sewer, garbage collection	\$ _____	\$ _____
Telephone, cell phone, internet, cable	\$ _____	\$ _____
Alarm System	\$ _____	\$ _____
Food & housekeeping supplies (for family)	\$ _____	\$ _____
Childcare & Child education costs	\$ _____	\$ _____
Clothing, Laundry, & Dry Cleaning	\$ _____	\$ _____
Personal Care. (Hair, supplies, barber etc.)	\$ _____	\$ _____
Medical & Dental Expenses	\$ _____	\$ _____
Transportation (gas, bus, train, taxi, etc)	\$ _____	\$ _____
Entertainment, clubs, recreation, books, etc.	\$ _____	\$ _____
Charitable / Religious donations	\$ _____	\$ _____
Life Insurance (if not deducted from pay)	\$ _____	\$ _____
Health Insurance (if not deducted from pay)	\$ _____	\$ _____
Vehicle Insurance	\$ _____	\$ _____
Personal Property Tax	Monthly: (Annual/12) = \$ _____	Monthly: (Annual/12) = \$ _____
Auto Payments	\$ _____	\$ _____
<input type="checkbox"/> Alimony or <input type="checkbox"/> Child Support Payments	\$ _____	\$ _____
Payments supporting others	\$ _____	\$ _____
Other Expenses:	\$ _____	\$ _____