

(Exhibit 1)

**LOAN INFORMATION**

(Type or Print Clearly)

(This form must be completed in its entirety)

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Case Number: \_\_\_\_\_

Name(s) of Debtor(s): \_\_\_\_\_

Address of Debtor(s): \_\_\_\_\_

Daytime telephone including area code:

Husband \_\_\_\_\_

Wife \_\_\_\_\_

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Name of Lender: \_\_\_\_\_

Amount of Loan: \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_

Amount due credit Grantor: \_\_\_\_\_

Number of montly payments: \_\_\_\_\_

Reason for Loan:

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**If this request is for a vehicle loan, provide:**

Make of vehicle: \_\_\_\_\_

Model of vehicle: \_\_\_\_\_

Year of vehicle: \_\_\_\_\_

Extras: \_\_\_\_\_

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If this vehicle will replace another vehicle, provide the following information for it being replaced:

Reason: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_

Is it paid through Trustee \_\_\_\_\_ or direct \_\_\_\_\_

**Prior Requests:** Have you made any prior requests for loan approval while in Chapter 13? If so, give the dates, amounts, tell us whether the loan requests were granted or denied and give us the status of the loan payments (i.e. paid, current, delinquent, etc.).

Date	Amount	Granted/Denied	Status
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Down Payment:** What is the amount of the down payment on this transaction, if there is one, and what is the source of the down payment:

Amount of down payment: \$ \_\_\_\_\_  
Source of down payment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Payment Source:** Will the monthly payment on this new loan be made in addition to or in replacement of some payment you are already responsible for in your Chapter 13 plan or budget? Explain. (Consult with your Attorney as to whether a "Request for Modification" of your plan will be necessary.)

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

**Where would you prefer we send the Trustee's Response?**

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Or Fax:** \_\_\_\_\_  
Attn: \_\_\_\_\_