Fill in this inf	formation to identify your case:	Check one box only as directed in t
Debtor 1	Robert William Brooks, III	22A-1Supp:
Debtor 2	Roberta Sue Brooks	■ 1. There is no presumption of abu
(Spouse, if fili United States	ng) Bankruptcy Court for the: District of Idaho	☐ 2. The calculation to determine if a applies will be made under Cha Calculation (Official Form 22A-
Case number (if known)	15-20060	3. The Means Test does not apply qualified military service but it o
		☐ Check if this is an amended fil

nis form and in Form

- presumption of abuse apter 7 Means Test
- now because of ould apply later.

Column B

ing

Official Form 22A - 1

Chapter 7 Statement of Your Current Monthly Income

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 22A-1Supp) with this form.

Part 1: **Calculate Your Current Monthly Income**

1	What is	vour	marital	and fil	ling sta	tus?	Check one	only
١.	Wilat is	y Oui	mantai	and m	iiig sta	itus:	CHECK OHE	Oilly.

- □ Not married. Fill out Column A, lines 2-11.
- Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- ☐ Married and your spouse is NOT filing with you. You and your spouse are:
 - ☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
 - Living separately or are legally separated. fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

Column A

			Debtor 1	Debtor 2 or non-filing spouse
2.	Your gross wages, salary, tips, bonuses, overtime payroll deductions).	\$	\$1,250.00	
3.	Alimony and maintenance payments. Do not inclu Column B is filled in.	\$	\$0.00	
4.	All amounts from any source which are regularly of you or your dependents, including child support from an unmarried partner, members of your househand roommates. Include regular contributions from a filled in. Do not include payments you listed on line 3	\$0.00		
5.	Net income from operating a business, profession	n, or farm		
	Gross receipts (before all deductions)	871.00		
	Ordinary and necessary operating expenses	0.00		
	Net monthly income from a business, profession, or farm	871.00 Copy	\$ 871.00	\$0.00
6.	Net income from rental and other real property			
	Gross receipts (before all deductions)	\$ <u>0.00</u>		
	Ordinary and necessary operating expenses	-\$ <u>0.00</u>		
	Net monthly income from rental or other real property	y \$ <u>0.00</u> Copy here ->	\$ 0.00	\$
7.	Interest, dividends, and royalties		\$	\$

Official Form 22A-1

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Robert William Brooks, III Debtor 1 15-20060 **Roberta Sue Brooks** Debtor 2 Case number (if known) Column A Column B Debtor 2 or Debtor 1 non-filing spouse 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: 0.00 For you For your spouse 0.00 9. Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c. 10a. VA Disability 133.17 0.00 10b. 0.00 0.00 10c. Total amounts from separate pages, if any. \$ 0.00 0.00 11. Calculate your total current monthly income. Add lines 2 through 10 for 1.004.17 1.250.00 2,254.17 \$ each column. Then add the total for Column A to the total for Column B. Total current monthly income Part 2: **Determine Whether the Means Test Applies to You** 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 12a. 2,254.17 Multiply by 12 (the number of months in a year) 12 27.050.04 12b. The result is your annual income for this part of the form 12b. 13. Calculate the median family income that applies to you. Follow these steps: ID Fill in the state in which you live. 2 Fill in the number of people in your household. 51.791.00 Fill in the median family income for your state and size of household. 13. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. 14a. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 22A-2. 14b. Go to Part 3 and fill out Form 22A-2.

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Robert William Brooks, III Debtor 1 15-20060 **Roberta Sue Brooks** Debtor 2 Case number (if known) Part 3: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Robert William Brooks, III X /s/ Roberta Sue Brooks Robert William Brooks, III **Roberta Sue Brooks** Signature of Debtor 1 Signature of Debtor 2 Date March 10, 2015 Date March 10, 2015 MM/DD/YYYY MM / DD / YYYY If you checked line 14a, do NOT fill out or file Form 22A-2. If you checked line 14b, fill out Form 22A-2 and file it with this form.