

UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF NEW JERSEY  
(Camden)

IN RE:	<p style="text-align: center;">_____</p> <p style="text-align: right;">Debtor(s).</p>
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Proceedings in Chapter 13

Case Number: \_\_\_\_\_(ABA / JNP)

CERTIFICATION OF HOUSEHOLD INCOME  
DERIVING FROM  
AN INTEREST IN A BUSINESS

I, \_\_\_\_\_ being duly sworn, upon my oath state:

1. I have an ownership interest in the business known as \_\_\_\_\_.
2. I operate this business at \_\_\_\_\_.
3. I (own or lease) this property.
4. I operate this business as a (sole proprietorship, LLC, LLP, Partnership, Corp. or Franchise).
5. I started this business on mm/dd/yyyy.
6. I have an ownership interest of \_\_\_\_\_%.
7. I (do or do not) have insurance coverage for this business in place at this time.
8. As of the date of this certification, I have the following insurance coverage(s) in place:
 

<input type="checkbox"/> Business owner’s policy (BOP);	<input type="checkbox"/> Commercial auto insurance;
<input type="checkbox"/> General liability insurance;	<input type="checkbox"/> Professional liability insurance (E&O);
<input type="checkbox"/> Property insurance;	<input type="checkbox"/> Worker’s compensation insurance;
<input type="checkbox"/> Malpractice insurance;	<input type="checkbox"/> Other: _____;
<input type="checkbox"/> No insurance required.	
9. I (do / do not / am not required to) have an active license or permit to operate my business.
10. I have bank accounts in the following financial institutions which are utilized for my business operations:

Bank Name	Type of Account / Purpose	Account Number (Last 4 digits)

11. I (have or have not) filed business tax returns with the Internal Revenue Service for all the prior tax years, for which I/the business was required to file a return.

12. I (have or have not) filed applicable state tax returns with the State of New Jersey or any other state or commonwealth for all prior tax years, for which I/the business was required to file a return.
13. I (do or do not) incur trade credit or make payment arrangements defined under the Bankruptcy Code which require the exchange of credit by debtor to creditor or the extension of creditors' supplies to debtor.
14. I (have or have not) pledged any business receivables, rents, profits, or other cash collateral for any loans.
15. I (do or do not) have a line of credit with any financial institution for my business(es).
16. I (have or have not) provided financial statements to a third party for my business within the two (2) years preceding the filing of this bankruptcy.
17. As of the date of this certification, the value of my business assets, including tools, equipment, inventory, and accounts total \$\_\_\_\_\_.
18. As of the date of this certification, I have business obligations which total \$\_\_\_\_\_.
19. In support of this certification and as required by the Standing Trustee, I provide the following attached documents (attached):
  - o LLC Charter, Partnership Agreement, Certificate of Incorporation, or Franchise Agreement;
  - o Last two (2) filed Federal Tax Returns, with all supporting schedules and statements;
  - o Six (6) months of pre-petition Bank Statements (all pages);
  - o Six (6) months of pre-petition Profit and Loss statements;
  - o Current insurance declaration page;
  - o Current license and/or permit, plus municipal and county licenses, and certifications; and
  - o Six (6) months of pre-petition income from all other sources.

I declare under penalty of perjury that the foregoing statements are true and correct.

I have read and acknowledge my responsibilities as a business debtor.

I understand that by filing this certification with the Standing Trustee and attachments in its support, I am signing the document under Fed. R. Bankr. P. 9011.

I declare that (I or my attorney) will retain the original signature of this certification for a period of seven (7) years from the date of the closing of this case pursuant to Fed. R. Bankr. P. 8011.

Date: \_\_\_\_\_ /s/ \_\_\_\_\_  
Debtor

Date: \_\_\_\_\_ /s/ \_\_\_\_\_  
Co-Debtor

Date: \_\_\_\_\_ /s/ \_\_\_\_\_  
Household Member