

OFFICE OF THE STANDING CHAPTER 13 TRUSTEE

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PO Box 933
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APPLICATION FOR VEHICLE FINANCING DURING CHAPTER 13 PLAN

1. **Print & complete OR complete this form in your browser, then click the button to print it**
2. **BOTH DEBTORS in a joint case must sign, even if only one is financing**
3. **PROVIDE A COPY OF THE FINANCE AGREEMENT**
4. **Fax completed, signed form and finance agreement to: 609-587-9676**
5. **The Trustee's letter will be mailed to the debtor and counsel. If you request a copy by fax, please provide the fax number here:**

Chapter 13 Case Number:

Debtor Name:

Co-Debtor Name:

1. Vehicle Type (*make & model*):

Year:

Mileage:

2. Warranty? If Yes - Type of Warranty:

3. Purchase Price:

4. Monthly Payment:

5. Terms of Financing: Months

6. Interest Rate:

7. Total Amount to be Borrowed:

8. Total Finance Charges:

9. Trade-In? If Yes - Year, Make & Model:

10. Down Payment? If Yes: Amount:

Source of down payment funds:

11. Credit, Life or Disability Insurance?

If Yes - Type of Insurance:

12. Is a vehicle presently being paid OUTSIDE of the Chapter 13 Plan?

If Yes - List the type of vehicle and the monthly payment:

13. Is a vehicle currently being paid INSIDE the Chapter 13 Plan?

If Yes - List the type of vehicle and total amount to be paid through the plan:

The undersigned hereby requests that the Trustee review the details of the Application for Vehicle Financing and provide a letter indicating that the terms herein are within the Trustee's guidelines. I/We certify that the information provided is true and accurate. I/We understand that I/we am/are under no obligation to purchase a vehicle on credit. Further, I/we understand that the Standing Chapter 13 Trustee does not recommend or endorse the specific vehicle being purchased and the credit terms presented and I/we assume all risks involved.

I/We authorize the Standing Chapter 13 Trustee to provide written information in regards to this application and my Chapter 13 Case to the dealer/lender.

Dated:

Debtor Signature: _____

Co-Debtor Signature: _____

****All fields must be completed before the Trustee's office will process this application.****

This application will be reviewed and a determination letter will be issued within five (5) business days.