**LOCAL BANKRUPTCY FORM 1007-1(c)**

**IN THE UNITED STATES BANKRUPTCY COURT**

**FOR THE MIDDLE DISTRICT OF PENNSYLVANIA**

|  |  |  |  |
| --- | --- | --- | --- |
| **IN RE:** |  |  |  |
| **Enter text** |  | **CHAPTER:**  | **Enter text** |
|  | **Debtor(s)** | **CASE NO.** |  **- -bk-**  |

**CERTIFICATION OF NO PAYMENT ADVICES**

**PURSUANT TO 11 U.S.C. § 521(a)(1)(B)(iv)**

 I, **Enter text**, hereby certify that within sixty (60) days before the date of filing the above-captioned bankruptcy petition, I did not receive payment advices (e.g. “pay stubs”), as contemplated by 11 U.S.C. § 521(a)(1)(B)(iv), **from** **any source of employment**. I further certify that I received no payment advices during that period because:

|  |  |
| --- | --- |
| [ ]   | I have been unable to work due to a disability throughout the sixty (60) days immediately preceding the date of the above-captioned petition. |
|[ ]  I have received no regular income other than Social Security payments throughout the sixty (60) days immediately preceding the date of the above-captioned petition. |
|[ ]  My sole source of regular employment income throughout the sixty (60) days immediately preceding the date of the above-captioned petition has been through self-employment from which I do not receive evidence of wages or a salary at fixed intervals. |
|[ ]  I have been unemployed throughout the sixty (60) days immediately preceding the date of the above-captioned petition. |
|[ ]  I did not receive payment advices due to factors other than those listed above. (Please explain) |

I certify under penalty of perjury that the information provided in this certification is true and correct to the best of my knowledge and belief.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dated: | **Select** **date** |  | **Enter text** |  |
|  |  |  | Debtor |  |
|  |  |  | **Enter text** |  |
|  |  |  | Joint Debtor |  |