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LOCAL BANKRUPTCY FORM 1007-1(c)

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

IN RE:

	:	**CHAPTER ____**
	:	
	:	**CASE NO. __-____-bk-_____**
	:	
	:	
Debtor(s)	:	

CERTIFICATION OF NO PAYMENT ADVICES
pursuant to 11 U.S.C. § 521(a)(1)(B)(iv)

I, _____, 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.

DATE: _____

_____
Debtor

_____
Joint Debtor