**LOCAL BANKRUPTCY FORM 1007-1(c)  
IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE EASTERN DISTRICT OF  
PENNSYLVANIA**

**IN RE:**

**: CHAPTER 13**

**Debtor(s) :  
: CASE NO.**

**:**

**:**

**:**

**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.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Debtor