

CREDIT COUNSELING FINANCIAL INFORMATION WORKSHEET

SHADED AREAS ARE FOR OFFICE USE ONLY

The worksheet is 7 pages long. Click on the tabs at the bottom of the window for the additional pages. This IS NOT the worksheet you will need to complete for filing

INCOME INSTRUCTIONS

This area has several Drop Down Choice Boxes. Please complete all areas of this form.
Your Gross Monthly Pay: Please list your gross monthly or total pay from your primary job. If you are paid twice each month, simply add your two gross or total amounts together. If you are paid weekly, simply multiply your weekly gross or total pay amount by four. If your income varies each month, please give a six month average of total pay.
Total Monthly Deductions: Please list all payroll deductions such as taxes, credit union loan payments, employer savings or investment plan contributions, health insurance, retirement plan contributions, stock purchase plans and so on.
Take Home Pay: Please subtract all deductions from your gross or total pay to get take home pay. This should match the amount of your paycheck.
Your Other Income: Please list all your other monthly income from monthly bonus checks, tips, alimony, child support, dividends, interest, second or part-time job income, regular gifts from family, disability payments, business or government pensions and so on. If this income varies each month, please give a six month average. If you receive an annual bonus, divide that bonus by twelve and include the average amount.
Co-Client's Gross Monthly Pay, Deductions and Take Home Pay: Please complete if you are legally married, have a co-signer on a loan, or have an additional name on a credit card. Include spouse's income even if they will not be on the program.

YOUR LIVING EXPENSES INSTRUCTIONS

Please include all household expenses, even if they are paid by someone else.

Housing: Please list your monthly housing expense such as rent or total mortgage payment including insurance, home owners association dues, common area maintenance fees and property taxes.
Food: Please list all food expenses including groceries, lunches at work, school lunches, dining out, etc.
Utilities: Please list your monthly total of electric, gas, telephone, long distance, water, garbage pick-up and similar bills. When these bills vary widely like electric or gas, please use a 12 month average.
Transportation: Please list your monthly cost of gas, tolls, car insurance and so on. Please add the total car maintenance bills from the last six months and divide this total by six, so that these charges will be included.
Personal: Please include estimated monthly spending for clothing, laundry, dry cleaning, hair care, prescription drugs, health and beauty products, etc.
Family: Please list all medical expenses, child care expenses, school tuition and children's allowances. Also, list your child support and alimony payments, if any.
Entertainment: Please include estimated monthly spending for hobbies, newspaper or magazine subscriptions, lessons, movies, cable TV, recreational activities, lottery tickets,
Other: Please list all non-recurring expenditures for holiday expenses, charitable contributions, vacations, one-time purchases for appliances or home repair and so on. Please divide this total by 12 to get a monthly average.
Savings: Please list the amount for non-payroll deducted savings or personal investments each month.
Student Loans/Taxes: Please list the monthly payments for any student loans and taxes in your household expenses. Unfortunately we can not assist with these types of

YOUR CREDITORS INSTRUCTIONS

Please list all your current debt obligations. Please include credit card accounts; medical payments due to hospitals, doctors or dentists; personal loans from relatives or friends, etc. IMPORTANT: You must carefully list every debt obligation, even small debts. By not disclosing all debts, we may have a creditor deny cooperation with your plan. Please carefully include the creditor's name, and account number for identification purposes. For each account, also provide the total balance due, the minimum monthly payment listed on the statement, the percentage rate, and the date of the last payment you made. These figures will help us to calculate your debt management payment.

CREDIT COUNSELING CLIENT INFORMATION

Personal Information

Please complete ALL parts of the form, INCLUDING THE DROP DOWN BOXES

Client Last Name	First	Middle/Maiden	Date of Birth	Social Security Number
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Co-Client Last Name	First	Middle/Maiden	Date of Birth	Social Security Number
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Address No./Street	City	County	State	Zip Code
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Home Phone (Area Code First)			Marital Status (Click Box, then Arrow)	
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Cell Phone (Area Code First)			Client Ethnicity/Race (Click Box, then Arrow)	
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Total # in Household			Co-Client Ethnicity/Race (Click Box, then Arrow)	
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E-Mail Address	Education Level	
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Client		Client
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Co-Client		Co-Client
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Housing

Are you:	Type of Loan:
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Is your mortgage current?	Have you made arrangements with the mortgage company?
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How many months behind are you?	How many years have you lived there?
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Vehicle

Are you current with all vehicle payments?	
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Income

<u>Client</u>	<u>Co-Client</u>
Client Employer _____	Co-Client Employer _____
Occupation _____	Occupation _____
Full Time/Part Time _____	Full Time/Part Time _____
Pay Frequency: _____	Pay Frequency: _____
Date Started _____	Date Started _____
MONTHLY Gross Income _____	MONTHLY Gross Income _____
MONTHLY Take Home Income _____	MONTHLY Take Home income _____
MONTHLY Child Support _____	MONTHLY Child Support _____
MONTHLY Additional Income _____	MONTHLY Additional Income _____
Total Monthly Income \$0.00	Total Monthly Income 0.00

Counselor Notes

		Result
Counselor Name	Location	Date
A-3(rev.04/05)		

Cause and Goals

Where am I now? Where do I want to go?

Please help us help you by filling out the following.
Use additional paper as needed.

1. Tell what has happened to bring you to us. For example: divorce, loss of income, death in family, medical issues, gambling”

2. What do you hope to gain from using CCCS services?

3. What are your goals?

Short Term (0 months- 1 year)

Mid Term (1-3 years)

Long Term (3-5 years)

Setting goals and reaching them is fun!

Liabilities and Assets

Please provide the following information to better assess your current financial situation
Please do not use N/A for any of the values. If you do not know the present value please estimate.
Please do not enter commas or decimal points. The form will do this automatically.

Assets/Liabilities	Present Value	Amount Owed	Monthly Payment	Equity
EXAMPLE	\$100,000.00	\$90,000.00	\$1,500.00	\$10,000.00
Home First Mortgage				\$0.00
Home Second Mortgage				\$0.00
Home Equity Loan				\$0.00
Automobile #1				\$0.00
Automobile #2				\$0.00
Boats				\$0.00
Motorcycles				\$0.00
Recreation Vechicles				\$0.00
Rental Property				\$0.00
Time Shares				\$0.00
(other) Please List Below				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
Totals	\$0.00	\$0.00	\$0.00	\$0.00

LIVING EXPENSES

EXPENSES		MONTHLY AMOUNT	COMPLETE THIS AREA ONLY USE THIS AREA TO EXPLAIN SPECIAL CIRCUMSTANCES SUCH AS LIVING WITH FAMILY OR PAID BY EMPLOYER
FIXED			
Fixed expenses are payments that are the same each month, such as housing, insurance and installment payments.			
Rent/Mortgage			
Second Mortgage			
Insurance (Car, Health, Life)			
Car Payments			
Paying Child Support/Alimony			
Savings			
TOTAL FIXED		0.00	
VARIABLES			
Variable expenses are expenses that may vary from one month to the next. These are usually averaged.			
Electricity			
Gas/Heating			
Water/Sewer/Garbage			
Telephone/Mobile/Beeper			
Cable/Internet			
Gasoline/Oil			
Food at Home			
Eating Out (School, Work, Dinner)			
Family Clothing			
Laundry/Cleaning Supplies			
Transportation Costs (Pikepass, cab fare)			
Personal Toiletries			
Medications			
Day Care/Baby Needs			
Barber/Beauty Shop			
Contributions/Tithe			
Hobbies/Books/News/Magazine			
Tobacco/Alcohol			
Entertainment/Movies/Sports			
Allowance			
Pet Expenses			
House Alarm			
Storage Unit			
Spouses Total Credit Card Debts (If not doing the DMP)			
Student Loans			
State and Federal Tax Payments			
TOTAL VARIABLE		0.00	
YEARLY TOTALS		PLEASE ENTER YEARLY AMOUNTS	
Periodic expenses are expenses which do not occur on a regular basis. These expenses will be divided by 12.			
PERIODIC			
Home Repairs			
Car (Repairs, Tires, Tags)			
Veterinary			
Medical-Vision,Dental,etc.			
Gifts			
Vacation/Out of Town Trips			
School Supplies/Tuition			
Home Owner Dues			
TOTAL MONTHLY PERIODIC		0.00	

CREDITOR INFORMATION

List all unsecured debt that you owe (including medical, loans, credit cards). If needed, attach another sheet.
DO NOT include mortgages, lines of credit, car loans, taxes or student loans.

FOR PROPER CALCULATION, THE CURRENT BALANCE WILL NEED TO BE CORRECT

	Creditor's Name & Address	Account #	Current Balance	Monthly Pmt.	% Int	Date Last Paid	Date of Statement	Notes
	Creditor's Name 1234 First St Anytown, OK 12345	1234 5678 9101 2345	\$1,208.50	\$89.00	19.78%	mm/dd/yy 01/21/69	mm/dd/yy 01/21/69	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							

FOR COUNSELOR USE ONLY

CREDITOR INFORMATION

List all unsecured debt that you owe (including medical, loans, credit cards). If needed, attach another sheet.
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FOR PROPER CALCULATION, THE CURRENT BALANCE WILL NEED TO BE CORRECT

FOR COUNSELOR USE ONLY								
	Notes	Date of Statement	Date Last Paid	% Int	Monthly Pmt.	Current Balance	Account #	Creditor's Name & Address
23								
24								
25								
26								
27								
28								
29								
30								
31								
32								
33								

Office Use Only