

Information Worksheet

PERSONAL INFORMATION

1.	Last Name	First	Middle / Maiden	Age	Social Security Number
	Last Name	First	Middle / Maiden	Age	Social Security Number
2.	Address No. / Street		City	Zip Code	Residence Telephone

INCOME PER MONTH

1.	Gross Pay (Monthly)	Take Home Pay (Monthly)	<input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly	Employer: _____
	Total each pay period _____			Position: _____
Deduction each pay period \$ _____ (insurance, loans, savings)			Telephone: _____ Ext. _____	
How long employed? _____				

2.	Gross Pay (Monthly)	Take Home Pay (Monthly)	<input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly	Employer: _____
	Total each pay period _____			Position: _____
Deduction each pay period \$ _____ (insurance, loans, savings)			Telephone: _____ Ext. _____	
How long employed? _____				

Other Income / Source _____

IMPORTANT NOTICE: READ BEFORE SIGNING

Consumer Credit Counseling Service (CCCS) offers a variety of programs to address the resolution of credit problems. COMPLETION OF THIS WORKSHEET DOES NOT AUTOMATICALLY GUARANTEE PARTICIPATION IN A DEBT MANAGEMENT PROGRAM. Another option or resource may better suit your needs.

CCCS does not report participation in a DEBT MANAGEMENT PROGRAM TO CREDIT REPORTING AGENCIES. CCCS has no control over the credit reporting practices of your creditors. Your involvement in a program may ADVERSELY affect your CREDIT REPORT.

Everything that has been stated in the worksheet is complete and correct to the best of my knowledge. We agree to hold Consumer Credit Counseling Service, its employees, officers and agents harmless from any claim, suit, action or demand of my creditors, myself, or any other persons resulting from advice or counseling.

Nothing herein shall apply to actions or claims under the provisions of the US Bankruptcy Code 11 U.S.C. § 101 et seq.

Signature _____

Signature _____

How did you hear about CCCS? _____

MONTHLY LIVING EXPENSES	ESTIMATE	COUNSELOR			COMMENTS
Fixed Expenses	\$	\$	\$	\$	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow
Rent or Mortgage Payment					
Second Mortgage					
Renter / Homeowner Insurance					<input type="checkbox"/> Renting <input type="checkbox"/> Buying <input type="checkbox"/> Own <input type="checkbox"/> Other _____
Car Payment #1					
Car Payment #2					
Child Care					
Tax Installments					
Child Support					Mortgage Paid To
Savings					
TOTAL FIXED EXPENSES					2 nd Mortgage Paid To
Flexible Expenses	\$	\$	\$	\$	Is Rent or Mortgage Delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No
Groceries					
Meals Out					Months: ___ Amount \$ _____
School Lunches					
Electricity					TYPE OF LOAN
Oil / Gas					<input type="checkbox"/> Conventional # _____
Water / Sewage / Garbage					<input type="checkbox"/> FHA # _____
Telephone/Mobile Phone/Beeper					<input type="checkbox"/> VA # _____
Family Clothing					VEHICLE INFORMATION
Occupational Expenses					
Dry Cleaning / Laundry					Make Year
Home Cleaning Supplies					
Gasoline					Model
Bus Fares/Ride Shares/Parking					Payment Due Date, Balance
Diapers/Formula/Baby Supplies					Condition: Good Fair Poor
School – Tuition / Supplies					
Allowances					Make Year
Barber / Beauty Shop					Model
Books / Newspaper / Magazines					Payment Due Date, Balance
Movies/Sporting Events/Entertainment					Condition: Good Fair Poor
Gifts/Parties/Holidays					
Cigarettes/Tobacco/Alcohol					DEPENDENTS:
Baby Sitter					<input type="checkbox"/> Yes <input type="checkbox"/> No
Hobbies / Club Dues					Ages:
Medical					_____
Dental / Optical					_____
Drugs / Medication					_____
Church / Charities					_____
Bank Service Charges					Payment Due Date, Balance
Postage					Condition: Good Fair Poor
Personal Care					
Pet Care					
Home Maintenance					
Lawn/Pool Maintenance/Home Security					
Cable TV					
Lottery					
Vacations / Travel					
TOTAL VARIABLE EXPENSES					
Periodic Expenses	\$	\$	\$	\$	
Property Taxes					
Life Insurance					
Health & Accident Insurance					TOTAL NET INCOME
Auto Insurance					
Auto Tags / Inspection					TOTAL EXPENSES
Car Maintenance/Oil Lube/Tires					
TOTAL PERIODIC EXPENSES					

Appointments are scheduled when completed worksheet is returned to CCCS

LIST OF DEBTS

GIVE COMPLETE MAILING ADDRESS AND ACCOUNT NUMBERS

				OFFICE USE ONLY
CREDITOR	ACCOUNT DESCRIPTION	BALANCE	MONTHLY PAYMENT	
ADDRESS		\$ _____	\$ _____	
CITY & STATE			DUE DATE	
ACCOUNT NO	PHONE NO			
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CITY & STATE			DUE DATE	
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