

Consumer Credit Counseling Service GENERAL INFORMATION WORKSHEET

**This information will be held confidential
until you authorize to disclose.**

OFFICE USE ONLY

Date: _____

Counselor: _____

Client ID #: _____

Referred By: _____

FULL NAME			Date of Birth			SPOUSE'S NAME			Date of Birth		
SOCIAL SECURITY NUMBER						SOCIAL SECURITY NUMBER					
PRESENT ADDRESS						Marital Status		# of Dependents		# of Federal Tax Exemptions Claimed	
CITY		STATE		ZIP							
HOME PHONE		WORK PHONE		CELL PHONE		WORK PHONE		CELL PHONE			
EMPLOYED BY:						EMPLOYED BY:					
POSITION						POSITION					

INCOME PER MONTH											
Gross Pay (Monthly)		Take Home Pay (Monthly)		Weekly __ Semimonthly __ Biweekly __ Monthly __		Gross Pay (Monthly)		Take Home Pay (Monthly)		Weekly __ Semimonthly __ Biweekly __ Monthly __	
				Total each payday \$ _____						Total each payday \$ _____	
List All Payroll Deductions and Amounts						List All Additional Income:					
						Alimony/Child Support:					
						Retirement/Pension:					
						Food Stamps:					
						Social Security:					
						Part-Time Job:					
						Unemployment:					
						All other income:					

Housing

<input type="checkbox"/> Renting	Landlord _____	Monthly Pmt _____
<input type="checkbox"/> Buying	Mortgage Co. _____	Mortgage Bal _____

Do you currently have any judgment/garnishment? _____ If yes, please provide brief descriptions and amounts.

Have you ever filed Bankruptcy? _____ If yes, Which Chapter? _____ Date filed _____

Are you currently on a DMP? _____ If yes, please list current creditors on DMP.

Client Name: _____ Client Number: _____ Start Date _____

Instructions: List current balances and account numbers for all debts. If you need additional space, please use another sheet.

FOR COUNSELOR USE ONLY

Creditor	Account #	Cosigned? Yes or No	Current Balance	Monthly Payment	Current Interest Rate	Amount Past Due	DMP Payment	DMP (Revised)	Revised Interest Rate	Card Status*
1			\$	\$	%	\$	\$	\$	%	
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										

TOTALS

Estimated time to
complete DMP
_____ months.

* D - Destroyed
L - Lost
N - No Card

