

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

