



**Consumer
Credit
Counseling
Service®
of Northeastern
Indiana, Inc.**

A Non-Profit Community Service Since 1965

START DATE _____ 1ST DISBURSEMENT _____



CCCS Mission Statement

Consumer Credit Counseling Service is dedicated to enhancing the financial well-being of the community and of individual consumers by promoting sound money management.

FINANCIAL PROFILE

Instructions

- 1) Please read this entire page before starting.
- 2) Complete sections **1, 2, & 3** in pencil.
- 3) Sign the **Statement of Counseling Services** and the **Privacy Policy** in ink.
- 4) Please contact us if you have any questions regarding the forms.
- 5) After completing the forms, please call us to schedule an appointment if you have not already scheduled one.
- 6) Please bring the following to your appointment:
 - a) **Your entire completed Financial Profile including all signed disclosures.**
 - b) **Two most recent paystubs or other proof of income.**
 - c) **Your most recent creditor statements or bills.**

(If you have a **phone appointment**, we require all the paperwork to be sent to us by mail, fax, or email **prior to the scheduled appointment time**. Make sure that you keep copies.)

Appointment Date and Time is _____

If you are unable to make your appointment, please call us to let us know so that another client may utilize your time slot.

All information on this form is kept confidential and will not be released without your written consent.

Fort Wayne: Century Office Park 4105 West Jefferson Blvd. 46804
Auburn: Willennar Genealogy Center 700 South Jackson St. 46706
Warsaw: Bowen Center 850 North Harrison 46580
Huntington: Indiana Tech 2809 Commercial Rd. 46750
Mailing Address: P.O. Box 11403, Fort Wayne, IN 46858

CONTACT INFORMATION:
 (260) 432-8200
 1-800-432-0420
 Fax (260) 432-7415
www.financialhope.org



Date: _____

******SECTION # 1 ******

STATEMENT OF APPLICANT

Have you ever been counseled by CCCS? _____ when ? _____		Email: _____	
Home Phone _____	Work Phone _____	Cell Phone _____	

APPLICANT INFORMATION:		Marital Status: (circle one): Single Married Divorced Separated Widowed			
Last Name, First, Middle, Maiden/Former _____		Date of Birth _____		Social Security Number _____	
Home Address _____	City _____	State _____	Zip _____	Best Contact Number _____	
Employer _____	Occupation _____		Net Pay / Month \$ _____		Exemptions _____
List all other sources of income (net amount per month): such as Part Time, SSI, Pension, Child Support, Disability, Rental Incomeetc.					
How much per month is being deducted from your pay for 401K savings, loans, or other purposes? \$ _____					
Have you ever filed for bankruptcy? ___ Yes ___ No		What year? _____		What Chapter? 7 11 13	

CO-APPLICANT INFORMATION:		Marital Status: (circle one): Single Married Divorced Separated Widowed			
Last Name, First, Middle, Maiden/Former _____		Date of Birth _____		Social Security Number _____	
Home Address _____	City _____	State _____	Zip _____	Best Contact Number _____	
Employer _____	Occupation _____		Net Pay / Month \$ _____		Exemptions _____
List all other sources of income (net amount per month): such as Part Time, SSI, Pension, Child Support, Disability, Rental Incomeetc.					
How much per month is being deducted from your pay for 401K savings, loans, or other purposes? \$ _____					
Have you ever filed for bankruptcy? ___ Yes ___ No		What year? _____		What Chapter? 7 11 13	

HOUSING INFORMATION: Primary Residence					
(circle one)		Mortgage Company / Landlord _____		Balance 1st Mortgage: \$ _____	
Rent	Own	Buying	Other	Equity Loan / Line Company _____	
Are your property taxes current? ___ Yes ___ No		Appraised Value of home: _____		\$ _____	
If not, how much is owed? \$ _____		If not current, how many months delinquent?		1	2
Is your rent / mortgage current? ___ Yes ___ No				3	4
				5	

Do you own any rental properties or other real estate? _____ Yes _____ No

PERSONAL PROPERTY INFORMATION: List all Autos, Boats, RV's, Motorcycles, by Year and Make			
Year and Make _____	Year and Make _____	Year and Make _____	Year and Make _____
Balance _____	Balance _____	Balance _____	Balance _____
Value _____	Value _____	Value _____	Value _____

DEPENDENT INFORMATION:	Dependents Ages _____	Number in household _____
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INCOME TAX INFORMATION:	Have last years taxes been filed? ___ Yes ___ No	Refund \$ _____
Do you owe the IRS for prior years? ___ Yes ___ No	Amount Owed: \$ _____	Pmt arrangements? ___ Yes ___ No

SECTION 2 * MONTHLY LIVING EXPENSES (BUDGET)**

Do not list any items that are payroll deductions! Examples: Medical Insurance, Retirement Savings...etc.

Convert all periodic expenses into a monthly average! Examples: Auto Insurance, License Plates, Gifts...etc.

		Month Total	CCCS Advice			Month Total	CCCS Advice
Housing				Miscellaneous			
Rent / House Payment				Laundry/Dry Cleaning			
2nd Mortg. / Lot Rent				Barber/Beauty/Nails			
Taxes & Ins. - House				Tobacco/Alcohol			
Assoc Dues/ Rent Ins.				Gambling/Lottery			
House Maintenance				Pet Exp./Veterinarian			
Lawn Care				Newspapers/Magazine			
Electric (average)				Holiday/Gift Giving			
Gas Heat (average)				Postage/ P. O. Box			
Cable / Internet				Toiletries/Hshld Suppl			
Phone / Pager / Cell				Clothing			
Water / Garbage				Club Dues/Membershp			
Rent To Own / Storage							
Food				Giving			
Groceries				Church/Charity			
Lunches (work/school)				Education			
Restaurant/Fast Food				Student Loans			
Vending Machines				Tuition / Book Fees			
Transportation				Savings			
Vehicle Payments				Emergency Savings			
Auto Insurance				Other			
Auto Repair/ Maint.							
Gasoline							
License Plates (avg.)							
Bus / Ride / Parking							
Medical				Totals			
Medical Insurance				Total Housing			
Med Deductible				Total Food			
Dental/Eye care				Total Transportation			
Prescriptions				Total Medical			
Recreation				Total Recreation			
Activities/Hobbies				Total Child Care			
Sports				Total Insurance/Taxes			
Movies/Videos/Music				Total Miscellaneous			
Vacation / Entertain.				Total Giving			
Child Care				Total Education			
Diapers / Formula				Total Savings			
Daycare				Total Other			
Allowances				TOTALS			
Child Support				Total Monthly Living Expenses:			
Insurance/Taxes				Funds to set aside for periodic exp:*			
Life Insurance							
Self Emp. Taxes							

SECTION 3 * OUTSTANDING DEBT**

List all unsecured debts including all credit cards, unsecured loans, unsecured lines of credit, medical bills, collection agency bills, attorney bills, charged off bank accounts, and utility debts in which the accounts have been closed.

DO NOT LIST MORTGAGES OR AUTO LOANS.						Office Use Only			
Creditor and Account Number	Payment Mailing Address	Balance	Rate	Payment	Months Late	Notes	DMP Rate	DMP Payment	DMP CTA Code
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
OFFICE USE ONLY		TOTALS	\$_____	\$_____					
There is a one time \$50.00 set up fee payable in one separate payment.						CREDITOR PAYMENTS	\$_____		
For total creditor payments of \$100 or below there is a 15% monthly fee, thereafter graded to a maximum monthly fee of \$50.						CCCS MONTHLY FEE	\$_____		
ALL CO-SIGNERS AND AUTHORIZED USERS MUST BE INCLUDED IN THE DMP. WE REQUIRE ALL STATEMENTS.						TOTAL DMP PYMT	\$_____		



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STATEMENT OF COUNSELING SERVICES

Please read the following statements carefully so that you will understand the procedures for the counseling session.

I understand that CCCS will provide a confidential comprehensive personal money management interview. The interview will be conducted or reviewed by a certified consumer credit counselor.

I hold CCCS, its employees, agents and volunteers free of liability from any claim, suit, action, or demand of my creditors, myself, or any other person resulting from advice or counseling. **Nothing herein shall apply to actions or claims under the provisions of the United States Bankruptcy Code, 11 U.S.C. Section 101et seq.**

I will be given a written assessment outlining a suggested money action plan which may include the following:

- a) I may be advised to handle my finances on my own.
- b) I may choose to enroll into a **Debt Management Program**, which serves a dual role of helping clients repay their debts and helping creditors collect money owed them. In the event a counselor suggests a DMP, I will receive complete details of the operations, requirements, and responsibilities. CCCS has no responsibility or obligation for any past, present or future credit rating I receive. My participation in a DMP may change information that is already on my credit report. If my credit report reflects that I have paid creditors as agreed in the past, a DMP may have a negative impact on a creditworthiness decision by a potential creditor, landlord, or employer in the future. In addition, my creditors may report that I am on a DMP and I am not paying as originally agreed although they have accepted the DMP proposals.
- c) I may be referred for legal advice. I should be aware that my debts may be able to be discharged through bankruptcy. A counselor may answer questions about bankruptcy, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.
- d) I may be referred to other services that CCCS offers, or to another agency or agencies as appropriate that may be able to assist with the particular problems that have been identified.

I understand that not all creditors participate in a DMP which may require me to set up a payment plan directly with them. Government loans, taxes, fines, buy-here-pay-here loans, payday loans, previously agreed deducted loans and secured loans are usually not included in a DMP. The Debt Management Program is primarily suited for credit card companies. Medical bills, collection agencies, attorney bills, unsecured loans or lines of credit, and some others may work with a DMP, but there are **no guarantees** that they will do so.

I understand that most CCCS funding comes from voluntary contributions from creditors who participate in DMPs. Since creditors have a financial interest in getting paid, most are willing to make a contribution to help fund CCCS. These contributions are usually calculated as a percentage of payments made through a DMP – up to 15% of each payment received. Creditors, however, will credit 100% of my payment to my account. CCCS works with creditors regardless of whether or not they contribute. Other sources of funding are from clients, community, government, grants, and businesses.

I understand that in the event I am dissatisfied I can utilize the Complaint Resolution Process on the Client Bill of Rights.

Applicant

Counselor

Applicant

Date





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Privacy Policy

Our agency is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “Personal Financial Information” such as total debt information, income, living expenses and personal information concerning your financial circumstances will be provided only to creditors and others with your specific written authorization.

We also use aggregated case file information for the purpose of evaluating services, gathering valuable research information used in designing future programs, but your anonymity will be maintained through the use of your client number for totaling data in all circumstances.

In all other situations, your information may be released to appropriate individuals or agencies **ONLY UPON YOUR WRITTEN REQUEST or when our staff has been served by a valid subpoena.**

The following privacy practices detail circumstances under which we will release your information to third parties:

1. We do not disclose any nonpublic personal information about our clients or former clients, except as permitted by law.
2. We may compile data and aggregate information that you give to us, but this information may not be disclosed in a manner that would personally identify you in any way.
3. We may disclose some or all of the information that we collect, as described below, to creditors, or third parties **that you have authorized** who need this information in order for us to assist you after a counseling session and the establishment of a Debt Management Program if applicable.
4. We may disclose all of the information we collect, as described below, to creditors and related financial institutions that need this information to put you on a Debt Management Program.
5. We restrict access to nonpublic information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with Federal regulations to guard your nonpublic personal information.
6. We collect nonpublic personal information about you from the following sources:
 - Information we received from our applications or other forms you provide.
 - Information about your transactions with your creditors or others, such as your account balance, payment history, parties to transactions, and credit card usage.
7. We may disclose the following kinds of nonpublic personal information about you.
 - Information we receive from you on applications and other forms, such as your name, address, social security number, assets and income.
 - Information about transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions, and credit card usage; and
 - Information we receive from a credit reporting agency, such as your credit history.

“Nonpublic personal information” means personally identifiable financial information that is not publicly available.

RELEASE: I hereby authorize Consumer Credit Counseling Service of NE IN to release all nonpublic information it obtains about me to (1) my creditors and (2) any third parties necessary to resolve the matter(s) discussed during my counseling session. I further RELEASE and authorize all of my creditors to provide nonpublic information about me to Consumer Credit Counseling Services of NE IN.

Name _____

Date _____

Name _____

Date _____



Client Bill of Rights

We pledge that our clients have the right:

- To prompt counseling services managing money based on their financial situation;
- To treatment with dignity and respect;
- To be actively involved in a comprehensive assessment of their financial situation including an approximate action plan;
- To express dissatisfaction through a Complaint Resolution Process;
- To discontinue their relationship with our agency at any time;
- To ask questions and to have concerns addressed.

Complaint Resolution Process

We are committed to providing you with high quality professional services. If you are not satisfied with the services provided, or if you want to make a complaint, we ask that you follow these guidelines:

- Step one:** Request a meeting with the staff person who was or is providing you services to discuss your concerns. Please do this within ten (10) business days of the incident. The staff person will respond in writing at the conclusion of the interview.
- Step two:** If you are not satisfied with the results of the discussion, you may document your concerns in a written statement. This statement should provide the date or dates of the incident of concern, the individuals involved, a description of the event, the location where it occurred, your opinion about how the matter should have been handled and what action might be taken to satisfactorily address your concerns. Please submit your written statement within ten (10) business days of your discussion with the staff person to the President.
- Step three:** Our preference is for you to talk to the staff person first; but if necessary you may schedule an interview with the President by calling our office at 260-432-8200 or 1-800-432-0420. The President will provide you with a written response at the conclusion of the interview.

The Executive Committee of the Board of Directors reviews the resolution of all appeals. Information regarding your appeal will be presented in a non-identifying manner. Confidentiality will be maintained in all circumstances regarding your appeal and the results of the appeal. A copy of the final determination will be maintained on file with the Agency and shall apply to all clients served by Consumer Credit Counseling Service of Northeastern Indiana.

Non-Discrimination Policy

We serve all members of the community without regard to social/economic status, sex, racial or religious affiliation.