

THE ORIGINAL



CONSUMER
REDIT
OUNSELING

ERVICE®, INC OF NORTHEASTERN INDIANA
A NON-PROFIT COMMUNITY SERVICE

www.financialhope.org

*Serving Northeast
Indiana Since 1965*



Auburn, Genealogy Center, 700 S. Jackson Street
Fort Wayne, 4105 W. Jefferson Blvd.
Huntington, 200 W. Market St.
Warsaw, Bowen Center, 850 N. Harrison
F.W. North, Realtors Assoc. Bldg., 3403 E. Dupont Rd.
Mailing Address:
P.O. Box 11403, Fort Wayne, IN 46858
(260) 432-8200 Or
1-800-432-0420
Fax (260) 432-7415

START DATE _____ FIRST DISBURSEMENT
TO CREDITORS _____

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

- Read entire form before starting....Please **PRINT** and **USE PENCIL ONLY**
- Please call us if you have any questions or are not sure how to fill out the form.
- **AFTER COMPLETING SECTIONS 1, 2, & 3** please call to schedule an appointment.
- Please bring the following to your appointment:
 - Your completed form**
 - Two most recent pay stubs or proof of income.**
 - Your most recent creditor statements or bills.**
 If in person counseling is inconvenient, please ask for a phone appointment.
- If for any reason you are dissatisfied with the results of your interview, you may contact the President or receptionist for a copy of our client review procedures, including a second opinion.

Appointment Date and Time is _____

**Please call to confirm your appointment within
24 hours of your scheduled date and time.**

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

●●●● SECTION #1 ●●●●
STATEMENT OF APPLICANT
(USE PENCIL ONLY)

Review Date _____

Date: _____

Initials _____

Have you ever been counseled by CCCS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?			Email address		
APPLICANT INFORMATION:			Marital Status: (circle one) M S D Separated Widowed		
Last Name, First, Middle, Maiden/Former:			Date of Birth:		SS#:
Home Address:		City	State	Zip	County
Home Phone:					
Employer:		Occupation:			Daytime Phone:
Employer Address:		City	State	Zip	Cell Phone:
Your Take Home Pay (Per Month): \$					Number of Exemptions claimed on W-4:
SPOUSE INFORMATION:					
Last Name, First, Middle, Maiden/Former:			Date of Birth:		SS#:
Home Address:		City	State	Zip:	Home Phone:
Home Phone:					
Employer:		Occupation:			Daytime Phone:
Employer Address:		City	State	Zip	Cell Phone:
Your Take Home Pay (Per Month): \$					Number of Exemptions claimed on W-4:
Is any money being deducted from your pay for credit union loans, 401k savings, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No				If so, how much per month?	
List deductions from checking account each month?					
Have you ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, what year?		What Chapter? <input type="checkbox"/> 7 <input type="checkbox"/> 11 <input type="checkbox"/> 13
OTHER SOURCES OF INCOME (Amount Per Month): Total \$					
Child Support: \$		Part-time Job: \$		Unemployment Comp: \$	
Disability Comp: \$					
Annuity/Dividends/Other: \$		Rentals/Boarders: \$		Pension/Social Security: \$	
National Guard: \$					
HOUSING INFORMATION: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Other			Name of Mortgage Co./Contract Holder/Landlord:		
Is your rent/mortgage current? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, how many months delinquent?		Balance 1st Mortgage: \$	
Are property taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, how much is owed?		Balance 2nd Mortgage: \$	
PERSONAL PROPERTY INFORMATION: List all Autos, Boats, RV's, Motorcycles by Year and Make					Appraised Value: \$
Model	Model	Model	Model		
Balance	Balance	Balance	Balance		
Value	Value	Value	Value		
DEPENDENT INFORMATION:					Number of people in household:
Age:	Last Name:	First Name:		MI:	
Age:	Last Name:	First Name:		MI:	
Age:	Last Name:	First Name:		MI:	
Age:	Last Name:	First Name:		MI:	
INCOME TAX INFORMATION: Have last year's taxes been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you owe the IRS for prior years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Amount Owed:		Amount of refund:		What arrangements have been made?	

PLEASE DO NOT WRITE IN THIS AREA - OFFICE USE ONLY

•••• SECTION #2 ••••

MONTHLY LIVING EXPENSES

Do not list any items that are payroll deductions. To figure those expenses that are not paid on a regular monthly basis, estimate the yearly cost and divide the amount by 12.

EXAMPLE: Clothing yearly cost = \$600.00 ÷ 12 = \$50.00 per month

	MONTH TOTAL	CCCS ADVICE		MONTH TOTAL	CCCS ADVICE
HOUSING //			Life Insurance	*	
Rent/House Payment			Self Emp. Taxes	*	
2nd Mortg./Lot Rent			MISCELLANEOUS //		
Taxes & Ins.-House *			Laundry/Dry Clean *		
Assoc. Dues/Rent Ins. *			Barber/Beauty/Nails *		
House /Lawn Maint. *			Tobacco/Alcohol		
Electric (Avg.)			Gambling/Lottery		
Gas Heat (Avg.)			Pet Expenses		
Cable/Internet			Newspapers/Mag/Books		
Phone/Pager/Cell			Holiday/Gift Giving *		
Water/Softener/Garbage			Postage		
Rent to Own/Storage			Toiletries/Hshld Supplies *		
FOOD //			Clothing *		
Groceries			Club/Union Dues/Mbrshp		
Lunches (work/school)			GIVING //		
Restaurant/Fast Food			Church / Charity		
Vending			EDUCATION //		
TRANSPORTATION //			Student Loans		
Vehicle Pmt.			Tuition/Book Fees *		
Auto Ins. *			Nursery/Preschool		
Auto Repair *			SAVINGS //		
Gasoline			Emergency Savings		
License Plates *					
MEDICAL //					
Medical Ins. *			TOTALS		
Medical Deductible *			TOTAL HOUSING		
Dental/Eyecare *			TOTAL FOOD		
Prescriptions *			TOTAL TRANSPORTATION		
RECREATION //			TOTAL MEDICAL		
Activities/Hobbies			TOTAL RECREATION		
Sports			TOTAL CHILD CARE		
Movies/Videos/Music			TOTAL INS./TAXES		
Vacation/Entertainment			TOTAL MISCELLANEOUS		
CHILD CARE //			TOTAL GIVING		
Diapers/Formula			TOTAL EDUCATION		
Daycare			TOTAL SAVINGS		
Allowances					
Child Support					
			TOTAL MONTHLY LIVING EXPENSES:		
			TOTAL FUNDS TO SET ASIDE FOR PERIODIC (*) EXPENSES:		

IF NECESSARY, PLEASE PRINT THIS PAGE AGAIN

•••• SECTION #3 ••••

OUTSTANDING DEBT WORKSHEET MUST BE COMPLETED PRIOR TO YOUR APPOINTMENT

List **ALL** of your outstanding debt, including all bank/finance loans, retail balances, charge card balances, credit union loans, medical, etc. Do not list any debt that is listed in Section #2. (If account is with collection agency or attorney, please indicate, giving their name and address and original creditor.) You may attach an additional sheet if necessary. Please use the same format as below. **USE PENCIL ONLY**

Client # _____

NAME OF CREDITOR / COMPLETE MAILING ADDRESS	CURRENT INTEREST RATE	CURRENT BALANCE OWED	REGULAR MONTHLY PAYMENT	DUE DATE
	MONTHS DELINQ.	CREDITOR NO. <small>(FOR OFFICE USE ONLY)</small>	PRIORITY CODE <small>(FOR OFFICE USE ONLY)</small>	
ACCOUNT NUMBER / NAME ON ACCOUNT	COUNSELOR'S COMMENTS			CCCS BUDGET PAYMENT <small>(FOR OFFICE USE ONLY)</small>
NAME OF CREDITOR / COMPLETE MAILING ADDRESS	CURRENT INTEREST RATE	CURRENT BALANCE OWED	REGULAR MONTHLY PAYMENT	DUE DATE
	MONTHS DELINQ.	CREDITOR NO. <small>(FOR OFFICE USE ONLY)</small>	PRIORITY CODE <small>(FOR OFFICE USE ONLY)</small>	
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ACCOUNT NUMBER / NAME ON ACCOUNT	COUNSELOR'S COMMENTS			CCCS BUDGET PAYMENT <small>(FOR OFFICE USE ONLY)</small>
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	MONTHS DELINQ.	CREDITOR NO. <small>(FOR OFFICE USE ONLY)</small>	PRIORITY CODE <small>(FOR OFFICE USE ONLY)</small>	
ACCOUNT NUMBER / NAME ON ACCOUNT	COUNSELOR'S COMMENTS			CCCS BUDGET PAYMENT <small>(FOR OFFICE USE ONLY)</small>

TOTAL # OF CREDITORS

TOTAL \$ DEBTS

TOTAL BUDGET PAYMENT

CONSUMER CREDIT COUNSELING SERVICE

SUGGESTED CLIENT ACTION PLAN

Client Name: _____

Client # _____

Counselor: _____

Clients Financial Concern:

- Budgeting & Money Management
- Credit Use
- Mortgage/Rent Delinquency

- Overspending
- Debt Repayment
- Other _____

Budget Assessment Summary:

Income 1	\$	_____
Income 2	\$	_____
Other Income	\$	_____
Total Income	\$	_____
Monthly Living Expenses	\$	_____
Surplus/Deficit	\$	_____
Debt Repayment Amount	\$	_____
Surplus/Deficit	\$	_____

Potential Financial Resources:

- Full Time Employment
- Additional Employment
- Sell Automobile/Refinance
- Seek Tax Advise on W-4 Exemptions
- Other _____

- Spouse's Employment
- Housing Options
- Assets
- Savings & Investments

Goals & Objectives.

Recommendations:

- Advised to handle finances on own
- Debt Management Plan
- Referred for Legal Advise
- Other _____

- Education Classes
- Housing Assistance
- Community Assistance

Date: _____

For telephone counseling appointments:

Verbal Authorization to provide counseling ()Yes () No

Client Signature: _____

Client Signature: _____

Counselor Signature: _____

If for any reason you are dissatisfied with the services you have received, you may request a copy of the client review procedures.

THIS SECTION WOULD NEED TO BE COMPLETED AT YOUR APPOINTMENT ONLY IF ENTERING INTO A DEBT MANAGEMENT PROGRAM.

DISCLOSURE STATEMENT

If I choose to enter into a Debt Management Plan with CCCS, I understand:



ACCREDITED
COUNCIL ON ACCREDITATION
OF SERVICES FOR FAMILIES
AND CHILDREN, INC.

- _____ 1. That I should live within my budget and consult with my counselor if it needs to be changed.
- _____ 2. That I will not create any more debts without my counselor's approval.
- _____ 3. That all credit card usage will be suspended during my program.
- _____ 4. That I will deposit funds as I am paid. My plan is \$ _____ every week/bi-weekly. I will notify my counselor **immediately** if I cannot do so.
Please mail your deposits to:

Client # _____

**Consumer Credit Counseling
P.O. Box 11403
Fort Wayne, IN 46858**

(Use this client number on all deposits and correspondence.)

- _____ 5. That my deposits remain the same amount, unless my counselor approves a change, and I agree to have my case reviewed at least yearly for possible increases. There is a one time \$50.00 set up fee payable over 3 months which entitles you to free participation in all Consumer Credit Counseling Service educational programs.
- _____ 6. That deposits are made in the form of money orders, cashiers checks, electronic withdrawals or payroll deductions. **NO CASH OR PERSONAL CHECKS ACCEPTED.** Due date each month is on calendar provided.
- _____ 7. That I will provide CCCS with a complete list of all creditors, balances, account numbers and addresses for my file.
- _____ 8. That entrance into and exit from my CCCS program will be reported to my creditors.
- _____ 9. We expect a \$20.00 per month account maintenance contribution.
- _____ 10. I/We understand that most of CCCS funding comes from voluntary contributions from creditors participation in Debt Management Plans ("DMP"). 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 my/our DMP - up to fifteen percent (15%) of each payment received. However, my/our accounts with my/our creditors should always be credited with one hundred percent (100%) of the amount paid through CCCS and CCCS will work with all my/our creditors regardless of whether they contribute to CCCS. Other sources of funding are from clients, community, government, grants and other businesses.
- _____ 11. Your participation in a debt repayment program may change information which is already on your credit report. If your credit report reflects that you have paid creditors as agreed in the past, a Debt Management Plan could have a negative impact on a creditworthiness decision by a potential creditor, landlord, or employer in the future.
In addition, creditors may report that you are on a Debt Management Plan and are not paying as originally agreed although they have accepted the reduced payment.
- _____ 12. You should also be aware that debts to creditors you repay through the plan may be able to be discharged through bankruptcy. Counselors cannot provide legal advice. Debt Management Plans are not suitable for all clients and your counselor may discuss other options with you. **Not all creditors participate in Debt Management Programs and may require you to set up a payment plan directly with them.** Government loans, taxes, fees, fines, buy here-pay here loans, previously agreed deducted loans and secured loans are usually not included in a Debt Management Program
- _____ 13. I/We understand that my/our creditors voluntarily cooperate with CCCS in this debt repayment plan. I/We further understand that if I/we miss one or more deposits or make partial deposits, or for any other reason they deem appropriate, my/our creditors reserve the right to discontinue any concessions made to me/us under the DMP with respect to interest, penalties and fees. Further I/we understand that my/our DMP plan with CCCS may be terminated if we fail to meet deposits as agreed.
- _____ 14. **I/We understand that CCCS records contain estimated balances only which may not include all interest, finance charges and late fees. As the client it is my/our responsibility to provide CCCS with updates or changes in my/our balances.**
- _____ 15. That all payments to creditors go through CCCS, unless my counselor directs otherwise.
- _____ 16. That I will work with CCCS to reduce my debt for at least 12 months, although I can continue as long as necessary.
- _____ 17. That if I drop from the program, I must wait six months before I am eligible to return.

Date _____

Client _____

Counselor _____

Client _____