

CONSUMER CREDIT COUNSELING SERVICE WORKSHEET

Corporate Office: 2650 S. Jones Blvd. • Las Vegas, NV 89146
 Phone: (702) 364-0344 • Fax: (702) 364-5836 • Toll Free: 1-800-451-4505 • e-mail: cccs@cccsnevada.org • website: www.cccsnevada.org

Reno: 3100 Mill #111 Street Reno, NV 89502 Phone: 775-337-6363
St. George: 163 West 1600 South #2 St. George, UT 84770 Phone: 435-936-9223

Complete as much information as possible. **PLEASE PRINT**
 Phone 702-364-0344 or 1-800-451-4505 for an appointment at any of our locations.

PERSONAL INFORMATION

Last Name	First	Middle/Maiden	Age	Date of Birth	Social Security No.
Spouse Last Name	First	Middle/Maiden	Age	Date of Birth	Social Security No.
Address No./Street	Apt. #	City	State	Zip Code	How Long At Residence? Residence Telephone
Previous Address	Apt. #	City	State	Zip Code	How Long At Residence? <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed

NPS _____ PS _____ INCOME PER MONTH

Gross Pay (Monthly)	Take Home Pay (Monthly)	Total take home each pay period <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semimonthly <input type="checkbox"/> Monthly	Employer: _____ Position/Rank: _____ Telephone: _____ Ext.: _____ How long on job: _____ Employer Address: _____
Deduction (other than normal taxes) each pay period \$ _____ (insurance, loans, savings)			

NPS _____ PS _____ SPOUSE INCOME PER MONTH

Gross Pay (Monthly)	Take Home Pay (Monthly)	Total take home each pay period <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semimonthly <input type="checkbox"/> Monthly	Employer: _____ Position/Rank: _____ Telephone: _____ Ext.: _____ How long on job: _____ Employer Address: _____
Deduction (other than normal taxes) each pay period \$ _____ (insurance, loans, savings)			

Other Income: \$ _____ Source: _____ Previous No Yes Chapter 7 _____
 Other Income: \$ _____ Source: _____ Bankruptcy: _____ Chapter 13 _____ Date: _____

Dependents (living with you) No Yes Ages: _____

BANK WITH _____ CHECKING \$ _____ SAVINGS \$ _____ OVERDRAFT BAL. \$ _____

BRIEFLY EXPLAIN CONDITIONS YOU CONSIDER TO BE PRIMARY CAUSE OF YOUR INABILITY TO MEET CREDIT PAYMENTS. _____

DO NOT WRITE BELOW THIS LINE

NOTES: _____ _____ _____ _____	OUTCOME: _____ CAUSE: _____ DATE: _____ REFERRED BY: _____ TOTAL MO. INCOME: \$ _____ MINIMUM MO. LIVING EXP: \$ _____ BAL. AVAIL. CR: \$ _____ TOTAL UNSECURED DEBT: \$ _____ TOTAL SECURED DEBT: \$ _____
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NAME & COMPLETE ADDRESS OF CREDITOR	ACCOUNT NUMBER	CURRENT BALANCE	5 AMOUNT DELINQUENT	MONTHLY PAYMENT	DEBT PAYMENT MADE	INTEREST RATE	DMP PAYMENT	DMP REVISED	CARD STATUS
1:									
2:									
3:									
4:									
5:									
6:									
7:									
8:									
9:									
10:									
11:									
12:									
13:									
14:									
15:									
16:									
17:									
TOTAL DEBT		TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL

The information in this statement is true and correct to the best of my/our knowledge. To obtain cooperation of creditors in arranging a Debt Management plan, Consumer Credit Counseling Service may disclose the number of creditors and total amount owed. Our DMPs serve the dual role of helping you repay your debts and helping creditors receive the money owed them.

Date: _____ Signed _____

Date: _____ Signed _____

D=Destroyed

Statement of Counseling Services

Please read the following statements carefully so that you will understand the procedures for the counseling session. Initial the line next to each statement to indicate understanding of that provision. For simplification the singular is used even when the plural may apply.

_____ I understand the agency will provide a confidential comprehensive personal money management interview.

_____ I understand that the interview will be conducted by a certified consumer credit counselor or qualified professional counselor. All action plans not conducted by a certified consumer credit counselor will be reviewed by a certified consumer credit counselor.

_____ I understand that in the event I am dissatisfied, I can utilize the Complaint Resolution Process.

_____ Most of our funding comes from voluntary contributions from creditors who participate in Debt Management Plans (DMP). Since creditors have a financial interest in getting paid, most are willing to make a contribution to help fund our agency. These contributions are usually calculated as a percentage of payments you make through your DMP - up to fifteen (15%) of each payment received. However, your accounts with your creditors should always be credited with one hundred percent (100%) of the amount you pay through us and we will work with your creditors regardless of whether they contribute to our agency. Our agency charges a maximum of \$20.00 monthly for the Debt Management Plan with an initial set-up fee of \$25.

_____ I hold the agency, its employees, agents, and volunteers harmless 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. 101 et seq.

_____ **I will be given a written assessment outlining a suggested client action plan which will be based on the following options:**

- a) I will handle my financial concerns on my own. (Including but not limited to those seeking credit report review, mortgage counseling, budget counseling).
- b) I may choose to enroll in the agency's debt management plan. Under the debt management plan the agency serves as a neutral third party in negotiating with creditors to liquidate financial obligations.

Your participation in a debt repayment program will not change anything 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.

In the event that the counselor suggests a debt management plan, I will receive complete details of the operations, requirements, and responsibilities.

- c) 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. If I want legal advice, I will be referred for appropriate assistance. While an attorney can make a recommendation to file bankruptcy, it is a personal choice based on individual circumstances.
- d) I will be referred to the other services of the organization or another agency or agencies, as appropriate, that may be able to assist with particular problems that have been identified.

_____ At sometime in the future, my information may be used for confidential research and/or a neutral third party may contact me to request an evaluation of the agency's services.

_____ Applicant

_____ Counselor

_____ Applicant

_____ Date

