

Consumer Credit Counseling Service

Of West Georgia / East Alabama

SECTION A APPLICANT PERSONAL INFORMATION

Applicant Last Name	First Name	Social Security Number	Date of Birth
Address:		City	State Zip
How long at this address:	Phone: Home: ()		
	Work: ()		Cell: ()
Email address:			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried Couple		Race: <input type="checkbox"/> White <input type="checkbox"/> Black/AA <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Number of children living in the home:	
		Number of adults living in the home:	
Education - Check highest level of education: <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> Vo-Tech Certification <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Other: (list)			

SECTION B CO-APPLICANT PERSONAL INFORMATION

CO-Applicant Last Name	First Name	Social Security Number	Date of Birth
Phone:	Gender:	Race: <input type="checkbox"/> White <input type="checkbox"/> Black/AA <input type="checkbox"/> Hispanic	
Work: ()	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other	
Cell: ()			
Education - Check highest level of education: <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> Vo-Tech Certification <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Other: (list)			

SECTION C**GENERAL INFORMATION**

What brings you to Consumer Credit Counseling Service? Indicate all needs and/or concerns:

- Budgeting Review of Credit Report Credit & Debt Problems Considering Bankruptcy
- Purchasing a Home Mortgage Concerns Notice of Foreclosure on Home Auto Repossession
- Garnishments

What do you hope to accomplish with Consumer Credit Counseling Service? Please describe your primary goal.

Are you considering filing bankruptcy? Y N

Have you already contacted an attorney? Y N

List Name:

Telephone #:

Have you previously filed bankruptcy? Y N

If yes, what year? _____ **Type?** _____

Have the debts been discharged? Y N

SECTION D

INCOME PER MONTH

APPLICANT INCOME - MONTHLY			CO-APPLICANT INCOME - MONTHLY		
Pay period:	GROSS PAY	TAKE HOME PAY	Pay period:	GROSS PAY	TAKE HOME PAY
<input type="checkbox"/> Weekly			<input type="checkbox"/> Weekly		
<input type="checkbox"/> Semi Monthly			<input type="checkbox"/> Semi Monthly		
<input type="checkbox"/> Bi-weekly			<input type="checkbox"/> Bi-weekly		
<input type="checkbox"/> Monthly			<input type="checkbox"/> Monthly		
Status:			Status:		
<input type="checkbox"/> Full-time			<input type="checkbox"/> Full-time		
<input type="checkbox"/> Part-time			<input type="checkbox"/> Part-time		
Employer:		<i>How</i>	Employer:		<i>How</i>
		<i>Long?</i>			<i>Long?</i>
Occupation:			Occupation:		
Other Income: (list amounts)			Other Income: (list amounts)		
Alimony/Child Support	\$		Alimony/Child Support	\$	
Social Security / Disability	\$		Social Security / Disability	\$	
Retirement / Pension	\$		Retirement / Pension	\$	
Public Assistance (TANF)	\$		Public Assistance (TANF)	\$	
Unemployment	\$		Unemployment	\$	
Second part-time job	\$		Second part-time job	\$	
Other (list)	\$		Other (list)	\$	

If you are currently experiencing financial problems, briefly describe what caused your current situation.

(Examples, loss of job, illness, divorce, excess credit use, etc.) Please be honest.

Are there any other special needs or circumstances that you would like to make your counselor aware of?

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Counselor's Signature: _____