



APPLICANT 1 _____
FIRST MIDDLE LAST

APPLICANT 2 _____
FIRST MIDDLE LAST

APPLICANT 1 AGE _____ DOB _____ APPLICANT 2 AGE _____ DOB _____

MAILING ADDRESS _____ SPACE / APT # _____

CITY _____ STATE _____ ZIP _____

HOME PHONE () _____ CELL PHONE () _____ WORK PHONE () _____

E-MAIL ADDRESS _____

(Only list if you check your e-mail on a regular basis.)

DEPENDENTS: (List all people living in your household)

NAME	AGE	NAME	AGE

EMPLOYMENT:

APPLICANT EMPLOYER 1: _____
OCCUPATION: _____ YEARS: _____
GROSS PAY: \$ _____ NET PAY: \$ _____ PAY DAYS _____

TOTAL ADDITIONAL INCOME: \$ _____

CHECK SOURCE: RETIREMENT/PENSION _____ SOCIAL SECURITY/DISABILITY _____
CHILD SUPPORT _____ Other: _____

APPLICANT EMPLOYER 2: _____
OCCUPATION: _____ YEARS: _____
GROSS PAY: \$ _____ NET PAY: \$ _____ PAY DAYS _____

TOTAL ADDITIONAL INCOME: \$ _____

CHECK SOURCE: RETIREMENT/PENSION _____ SOCIAL SECURITY/DISABILITY _____
CHILD SUPPORT _____ Other: _____

For Counselor Use:

Date:	Total Income: \$	Estimated Living Exp: \$	Referred By:
Counselor:	Available for Debt:\$	DMP Level: \$	



HOUSING:

RENTING _____ BUYING _____ HOME VALUE (if buying) \$ _____

MORTGAGE HOLDER _____ AMOUNT OWED \$ _____

2ND MORTGAGE HOLDER _____ AMOUNT OWED \$ _____

HAVE YOU EVER FILED BANKRUPTCY? YES _____ NO _____ YEAR: _____

ASSETS: (STOCKS, BONDS, ANNUITIES: \$ _____

AUTOMOBILES/RV/BOAT/TRAILER:

MAKE & YEAR _____	LOAN WITH _____	VALUE \$ _____	BALANCE \$ _____
MAKE & YEAR _____	LOAN WITH _____	VALUE \$ _____	BALANCE \$ _____
MAKE & YEAR _____	LOAN WITH _____	VALUE \$ _____	BALANCE \$ _____
MAKE & YEAR _____	LOAN WITH _____	VALUE \$ _____	BALANCE \$ _____
MAKE & YEAR _____	LOAN WITH _____	VALUE \$ _____	BALANCE \$ _____

UTILITIES:

NATURAL GAS	\$	ELECTRIC	\$	WATER	\$
SEWER	\$	TRASH	\$	PHONE	\$
CELL PHONES	\$	CABLE	\$	INTERNET	\$
OTHER	\$				
				TOTAL UTILITIES (A)	\$

MISC:

CHURCH	\$	NEWS/MAGS	\$	LAUNDRY/HYGIENE	\$
DIAPERS	\$	CLUB FEES	\$	MEALS OUT/FAST FOOD	\$
TOBACCO	\$	GIFTS	\$	ENTERTAINMENT/VIDEOS	\$
HOBBIES	\$	HAIR/NAILS	\$	SCHOOL LUNCH	\$
PETS	\$	OTHER	\$	TOTAL MISC: (B)	\$



Please estimate your monthly minimum living expenses		Counselor's use
Rent or Mortgage Payment		
2 nd Mortgage Payment		
Space Rent		
Property Tax (If not included in mortgage)		
Utilities Total of (A) from previous page		
Food		
Clothing		
Car Payment(s)		
Car Expense (gas / oil / repairs)		
Medical Expense (prescriptions / co-pays)		
Insurance: Auto		
Home* /Renters		
Life Insurance**		
Health Insurance**		
Babysitting		
Child Support **		
School Loans		
Misc. Total of (B) from previous page		
Total		

* If not included in mortgage

** If not deducted from your paycheck

DEBT INFORMATION:

Check all
that apply

CREDITOR:	Current		Balance:	\$
ACCOUNT NUMBER:	Over Limit		Due Date:	
ADDRESS:	Business Acct		APR	%
CITY, STATE, ZIP:	Joint Acct		Minimum Pay	\$
FOR CCCS USE:	New Acct		DMP	\$
				\$
CREDITOR:	Current		Balance:	\$
ACCOUNT NUMBER:	Over Limit		Due Date:	
ADDRESS:	Business Acct		APR	%
CITY, STATE, ZIP:	Joint Acct		Minimum Pay	\$
FOR CCCS USE:	New Acct		DMP	\$
				\$
CREDITOR:	Current		Balance:	\$
ACCOUNT NUMBER:	Over Limit		Due Date:	
ADDRESS:	Business Acct		APR	%
CITY, STATE, ZIP:	Joint Acct		Minimum Pay	\$
FOR CCCS USE:	New Acct		DMP	\$
				\$
CREDITOR:	Current		Balance:	\$
ACCOUNT NUMBER:	Over Limit		Due Date:	
ADDRESS:	Business Acct		APR	%
CITY, STATE, ZIP:	Joint Acct		Minimum Pay	\$
FOR CCCS USE:	New Acct		DMP	\$
				\$
CREDITOR:	Current		Balance:	\$
ACCOUNT NUMBER:	Over Limit		Due Date:	
ADDRESS:	Business Acct		APR	%
CITY, STATE, ZIP:	Joint Acct		Minimum Pay	\$
FOR CCCS USE:	New Acct		DMP	\$
				\$