CONSUMER CREDIT COUNSELING SERVICES — CLIENT INFORMATION

HOME PHONE: published #? Y / N	APPOINTMENT DATE:
OTHER PHONE: cell / work / other	BEST TIME TO CALL:

CLIENT #1

Name:

Age: Date of birth: Gender:

Address:

County: # of years at adove address:

Previous address:

SS#:   Ethnicity:

Marital Status: Single   Married
            Separated   Divorced   Widowed

Military Status: Active   Vet   N/A

Branch of Military:

Email address:

CLIENT #2

Name:

Age: Date of birth: Gender:

Address:

County: # of years at adove address:

Previous address:

SS#:   Ethnicity:

Marital Status: Single   Married
            Separated   Divorced   Widowed

Military Status: Active   Vet   N/A

Branch of Military:

Email address:

Please list names & ages of all household members (other than those listed above):

HOUSING INFORMATION:

Mortgage Payment: $	Rent Payment: $	Lot Rent Payment: $
Mortgage Balance: $	Interest Rent (%):	Refinanced? Y / N
Home Value: $	Purchase Price: $	Date Purchased:
2nd Mortgage / Home Equity Loan Payment: $		Balance Owed: $

VEHICLE INFORMATION:

Automobile #1: Monthly Payment: $	Automobile #2: Monthly Payment: $
Make: Year:	Make: Year:
Balance: $ Vehicle Value: $	Balance: $ Vehicle Value: $
Purchase Price: $ Bank:	Purchase Price: $ Bank:

EMPLOYMENT & INCOME INFORMATION:

Employer:	Employer:
Position:	Position:
Address:	Address:
Date of hire: Phone number:	Date of hire: Phone number:

INCOME: Gross (per month): $	INCOME: Gross (per month): $
Net (per month): $	Net (per month): $
Full-time Part-time Unemployment	Full-time Part-time Unemployment
Pension SS SSD Child support	Pension SS SSD Child support
2nd INCOME: Gross (per month): $	2nd INCOME: Gross (per month): $
Net (per month): $	Net (per month): $