



**CLIENT PROFILE - 714-547-2227**

**PERSONAL INFORMATION**

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Other Names Used \_\_\_\_\_ Birth Yr. \_\_\_\_\_ SS# \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Other Names Used \_\_\_\_\_ Birth Yr. \_\_\_\_\_ SS# \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_ Phone \_\_\_\_\_

Martial Status  Single  Married  Separated  Divorced  Widowed

Number of additional people living at home \_\_\_\_\_ Ages \_\_\_\_\_

**INCOME/ASSETS**

Employer:	Tel. No. Ext.	How Long	Pay Day On:	Gross Pay	Monthly Take Home Pay
City _____	Occupation _____	_____	_____	_____	_____

Employer:	Tel. No. Ext.	How Long	Pay Day On:	Gross Pay	Monthly Take Home Pay
City _____	Occupation _____	_____	_____	_____	_____

Additional Monthly Income:  
Spousal/Child Support \$ \_\_\_\_\_ S.S./Disability \$ \_\_\_\_\_ Retirement \$ \_\_\_\_\_

Unemployment \$ \_\_\_\_\_ Savings/Invest \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**Total Combined Monthly Net Incomes \$ \_\_\_\_\_**

Have you ever filed bankruptcy? Yes  No  When? \_\_\_\_\_ Why? \_\_\_\_\_

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 repayment plan, Consumer Credit Counseling Service may disclose this information.

I/We agree to hold Consumer Credit Counseling Service, its employees, officers and agents harmless from any claim, suit, action or demand of my/our creditors, ourselves or any other person, arising out of our worksheet herewith presented.

Date \_\_\_\_\_ Signed \_\_\_\_\_

Counselor \_\_\_\_\_ Signed \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	BR# _____	E _____	Referral	Cause
Client # _____	Date Counseled _____	Code _____	Code _____	Result _____

# ESSENTIAL MONTHLY EXPENSES

To Be Completed by Client

Minimum Monthly	Current	CCCS Proposed
<b>HOUSING</b>		
Rent/Mortgage		
2nd Mortgage		
Property Taxes		
Renter's/Home Owner's Ins.		
HOA/Space Rent		
Utilities		
Cable TV/Telephone		
<b>HOUSEHOLD</b>		
Groceries		
Laundry/Dry Cleaning		
Haircuts/Beauty Shop		
<b>TRANSPORTATION</b>		
Car Payment #1		
Car Payment #2		
DMV Registration/Smog		
Insurance		
Gasoline/Maintenance		
<b>CHILD CARE/SPOUSAL</b>		
Daycare/Sitting		
Spousal/Child Support		
<b>OTHER</b>		
Clothing		
Savings/Donations		
Life Insurance		
Medical/Dental		
Student Loan		
<b>TOTAL</b>		

# DELINQUENT INCOME TAXES

Federal \$ \_\_\_\_\_ Yrs. \_\_\_\_\_

State \$ \_\_\_\_\_ Yrs. \_\_\_\_\_

## HOMEOWNERS/RENTERS INFO.

Rent/Mortgage Paid To: \_\_\_\_\_

2nd Mortgage Paid To: \_\_\_\_\_

Is Rent or Mortgage Delinquent?  Yes  No

Months: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Type of Loan:  FHA  CONV  VA

## VEHICLE INFORMATION

_____	_____	\$ _____
MAKE	YEAR	BALANCE

_____	_____	\$ _____
MAKE	YEAR	BALANCE

Is Car Payment Delinquent?  Yes  No

Months: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

NSF CHECKS?  Yes  No

NOTE: Please leave area below blank -  
to be completed at your interview

### BOTTOM LINE

Total Monthly Net Income \$ \_\_\_\_\_

Total Essential Monthly Expenses - \$ \_\_\_\_\_

=====  
Total Funds Available for Debt = \$ \_\_\_\_\_

Proposed DMP Payment - \$ \_\_\_\_\_

Amount Needed to Meet Goal \$ \_\_\_\_\_

**DEBT WORKSHEET**

Please Bring Entire Statements

List all debts, whether or not you are up to date on payments

	CO-SIGN Y/N	Creditor Name	Balance Owing	Pmt Due	Interest Rate	Months		Payment Goal
						Past Due	Have Stmt.	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
				CCCS DMP Fee				
	%	<b>TOTALS</b>						