



July 12, 2011

We have many tools at our disposal:

- **FREE Credit Analysis** – We can help you obtain your credit report online in our office, and one of our counselors can review it with you. This is helpful if you are not sure of what debts you may have outstanding or are concerned about inaccurate information that might be negatively affecting your credit.
- **Real Solutions Seminars** – A series of 4 seminars covering money management, effective spending habits, using credit wisely and debt elimination strategies. We recommend that every client complete this series. Armed with this knowledge some clients are able to make arrangements with their creditors directly. Knowledge is power.
- **One-on-One Budget Counseling** – Our seminars are great, but sometimes a little personal attention goes along way. We are pleased to offer free one-on-one budget counseling to help you create a budget to achieve your goals. We will review all of your possible options with you and discuss the pros and cons of each.
- **Rapid Repayment Program** –By working with your creditors we may be able to reduce your interest rates, stop most late and over limit fees and consolidate your monthly payment into one easier to manage payment.
- **Bankruptcy Related Services** – Sometimes we find that a client's needs might best be served through legal means. If this is the case, we help you with some of that process by providing the pre-counseling and educational services that are now required by the bankruptcy laws. (BAPCPA) You must see your Attorney for answers related to your bankruptcy questions.

Whatever your needs may be, we are here to help. We are honored that you have chosen us to be a part in this next chapter of your life. We look forward to helping you to create a brighter tomorrow.



Personal Information Sheet

Please take a moment to complete the following information before your initial consultation.

Person 1 Date _____ - ___ - _____

Name _____ MI _____ Last Name _____

Address _____

City _____ State _____ ZIP _____ - _____

Home Phone _____ Work Phone _____ EXT _____

Cell Phone _____ When is the best time to reach you? _____

E-Mail Address _____ Date of Birth _____

S/S # _____ - _____ - _____ Can we contact you at work if necessary? yes no

Employer _____ Title _____

Monthly Net Income (after taxes) \$ _____

Person 2

Name _____ MI _____ Last Name _____

Address _____

City _____ State _____ ZIP _____ - _____

Home Phone _____ Work Phone _____ EXT _____

Cell Phone _____ When is the best time to reach you? _____

E-Mail Address _____ Date of Birth _____

S/S # _____ - _____ - _____ Can we contact you at work if necessary? yes no

Employer _____ Title _____

Monthly Net Income (after taxes) \$ _____



Additional Information

What is the primary cause for your current financial situation?

- Job Loss
- Job Change
- Reduced Income
- Medical -- Are these expenses ongoing? Yes ___ or No ___
- Poor Money Management
- Divorce/Separation
- Death of a Family Member
- Other (please explain): _____

Other Names on Accounts _____

Number of People in the Household _____

Have you ever filed bankruptcy in the past? _____ If yes, what year _____ what chapter _____

Have you ever been enrolled in a debt management or credit counseling program before? _____

Assets and Liabilities

	Value	Amount owed
Savings / Liquid Assets	\$	
401k / Retirement Accounts	\$	
Stocks	\$	
CD's	\$	
Home	\$	\$
Vehicle 1	\$	\$
Vehicle 2	\$	\$
Recreational Vehicles / Boats	\$	\$
Other Real Estate / Assets	\$	\$



Please complete the following budget so we can better assist you.

HOUSING EXPENSES		CLOTHING	
Mortgage:	\$	Clothing/adult	\$
Flood Insurance:	\$	Clothing/child	\$
Home owners Insurance:	\$	Dry cleaning/laundry mat:	\$
Real estate taxes:	\$		
Rent:	\$	MEDICAL	
Repairs / Maintenance:	\$	Dentist:	\$
Second Mortgage	\$	Disability insurance:	\$
Homeowner association fees:	\$	Doctor bills:	\$
Other:	\$	Health Insurance:	\$
		Medication:	\$
UTILITIES		Other:	\$
Cable / Satellite:	\$		
Cellular:	\$	PERSONAL	
Electricity:	\$	Alimony:	\$
Natural gas:	\$	Baby Sitter:	\$
Internet:	\$	Charitable donations:	\$
Phone:	\$	Child care:	\$
Trash:	\$	Child support:	\$
Water:	\$	Cosmetics:	\$
Other:	\$	Education/adult	\$
		Gifts:	\$
FOOD		Hair care:	\$
Dining out:	\$	Life insurance:	\$
Groceries / Toiletries:	\$	Organizational dues:	\$
Lunches:	\$	Pet expenses:	\$
School lunches:	\$	School fees:	\$
Other:	\$	School supplies:	\$
		Subscriptions:	\$
TRANSPORTATION		Tithe:	\$
Car Insurance:	\$		
Car payment one:	\$	RECREATION	
Car payment two:	\$	Entertainment:	\$
Car Replacement:	\$	Vacations:	\$
Gas / Oil:	\$		
Vehicle License (avg. monthly):	\$	OTHER DEBTS	
Public Transportation:	\$	Business accounts:	\$
Repairs:	\$	Student loan 1:	\$
Other:	\$	Student Loan 2:	\$
		Other:	\$

