


CONSUMER CREDIT COUNSELING SERVICE of Southwest Georgia, Inc.

409 N. Jackson St. / Albany, Georgia 31701
229-883-0909 In Albany / 1-800-309-3358 Outside Albany

Please print • Use pencil  • Provide complete information • Bring to appointment with creditor statements and pay stubs

Client No. _____

Appointment Date _____

DMP Due Date _____

FCO DMP

Counselor _____

DMP Deposit Amt. \$ _____

LAST NAME	FIRST	MIDDLE	BIRTH NAME	BIRTHYEAR	SOCIAL SECURITY NUMBER
SPOUSE'S LAST NAME	FIRST	MIDDLE	BIRTH NAME	BIRTHYEAR	SOCIAL SECURITY NUMBER
ADDRESS NO./STREET	CITY	STATE	ZIP	HOW LONG?	HOME TELEPHONE ()
RENT <input type="checkbox"/> OWN <input type="checkbox"/> BUYING <input type="checkbox"/> OTHER <input type="checkbox"/> ARE YOU CURRENT? YES <input type="checkbox"/> NO <input type="checkbox"/> (# OF MONTHS BEHIND _____)					
MARITAL STATUS SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/>			NUMBER IN FAMILY	AGES OF CHILDREN	

EMPLOYER	HOW LONG?	PAY PERIODS: WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/>
ADDRESS	NO. OF EXEMPTIONS ON W4 _____	
CITY	STATE	ZIP
TELEPHONE ()	OTHER INCOME: (please specify source)	
OCCUPATION		

SPOUSE'S EMPLOYER	HOW LONG?	PAY PERIODS: WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/>
ADDRESS	NO. OF EXEMPTIONS ON W4 _____	
CITY	STATE	ZIP
TELEPHONE ()	OTHER INCOME: (please specify source)	
OCCUPATION		

TYPE OF MORTGAGE: VA <input type="checkbox"/> FHA / HUD <input type="checkbox"/> CONVENTIONAL <input type="checkbox"/> OWNER FINANCED <input type="checkbox"/> FARMERS HOME <input type="checkbox"/>			
MORTGAGE COMPANY		SECOND MORTGAGE CO. / EQUITY LOAN	
TELEPHONE ()	BALANCE OWED \$	TELEPHONE ()	BALANCE OWED \$
LOAN NUMBER	YEARS REMAINING	LOAN NUMBER	YEARS REMAINING
ARE TAXES / INSURANCE INCLUDED?		MARKET VALUE OF HOME	
STATUS CURRENT <input type="checkbox"/> DELINQUENT <input type="checkbox"/>	NUMBER OF MONTHS DELINQUENT	STATUS CURRENT <input type="checkbox"/> DELINQUENT <input type="checkbox"/>	NUMBER OF MONTHS DELINQUENT

PLEASE LIST VEHICLES EVEN IF PAID OFF

AUTO #	YEAR	MAKE/MODEL	PURCHASE/LEASE DATE	FINANCED BY	BALANCE \$
AUTO #1					
AUTO #2					
AUTO #3					

SAVINGS \$ _____ IRA \$ _____ 401K \$ _____ THRIFT PLAN \$ _____

STOCKS / BONDS \$ _____ CASH VALUE OF LIFE INSURANCE \$ _____

DO YOU OWE FEDERAL OR STATE TAXES? NO <input type="checkbox"/> YES <input type="checkbox"/>	IF YES, YEARS OWED _____	STATE \$ _____	FEDERAL \$ _____
IS THERE A CURRENT INSTALLMENT AGREEMENT WITH THE IRS? NO <input type="checkbox"/> YES <input type="checkbox"/>	DATE LAST PAID _____	AMOUNT \$ _____	
HAVE YOU BEEN COUNSELED BY CCCS PREVIOUSLY? NO <input type="checkbox"/> YES <input type="checkbox"/>	WHEN _____	WHERE _____	
HAVE YOU EVER FILED FOR BANKRUPTCY? NO <input type="checkbox"/> YES <input type="checkbox"/>	YEAR FILED _____	TYPE _____	

CREDITORS

List all your outstanding debts, excluding mortgages, auto loans and utilities (include credit card accounts, credit union and bank loans, delinquent taxes, student loans, doctor and hospital balances, and finance accounts). It is important to list all debts, whether you are up to date with the payments or not. If you need additional space please use a separate sheet. **PLEASE BRING YOUR MOST RECENT CREDITOR STATEMENTS.** Place the statements in the same order as the debts listed below. Be sure to identify any debts secured with your property.

IF THE ACCOUNT IS WITH A COLLECTION AGENCY OR LAWYER, PLEASE LIST THE NAME AND ADDRESS OF THE AGENCY OR LAWYER IN THE SPACE PROVIDED.

Please print • Use pencil

1. NAME			STREET OR P.O. BOX			TOTAL BALANCE OWING	MO. PAYMENT	SECURED? <input type="checkbox"/> Y <input type="checkbox"/> N
ACCT. NO.			CITY	STATE	ZIP CODE	PHONE NUMBER ()	DATE LAST PAID	
CREDITOR #	PLAN PYMT.	PROPOSAL MESSAGE	COUNSELOR NOTES:					
2. NAME			STREET OR P.O. BOX			TOTAL BALANCE OWING	MO. PAYMENT	SECURED? <input type="checkbox"/> Y <input type="checkbox"/> N
ACCT. NO.			CITY	STATE	ZIP CODE	PHONE NUMBER ()	DATE LAST PAID	
CREDITOR #	PLAN PYMT.	PROPOSAL MESSAGE	COUNSELOR NOTES:					
3. NAME			STREET OR P.O. BOX			TOTAL BALANCE OWING	MO. PAYMENT	SECURED? <input type="checkbox"/> Y <input type="checkbox"/> N
ACCT. NO.			CITY	STATE	ZIP CODE	PHONE NUMBER ()	DATE LAST PAID	
CREDITOR #	PLAN PYMT.	PROPOSAL MESSAGE	COUNSELOR NOTES:					
4. NAME			STREET OR P.O. BOX			TOTAL BALANCE OWING	MO. PAYMENT	SECURED? <input type="checkbox"/> Y <input type="checkbox"/> N
ACCT. NO.			CITY	STATE	ZIP CODE	PHONE NUMBER ()	DATE LAST PAID	
CREDITOR #	PLAN PYMT.	PROPOSAL MESSAGE	COUNSELOR NOTES:					
5. NAME			STREET OR P.O. BOX			TOTAL BALANCE OWING	MO. PAYMENT	SECURED? <input type="checkbox"/> Y <input type="checkbox"/> N
ACCT. NO.			CITY	STATE	ZIP CODE	PHONE NUMBER ()	DATE LAST PAID	
CREDITOR #	PLAN PYMT.	PROPOSAL MESSAGE	COUNSELOR NOTES:					
6. NAME			STREET OR P.O. BOX			TOTAL BALANCE OWING	MO. PAYMENT	SECURED? <input type="checkbox"/> Y <input type="checkbox"/> N
ACCT. NO.			CITY	STATE	ZIP CODE	PHONE NUMBER ()	DATE LAST PAID	
CREDITOR #	PLAN PYMT.	PROPOSAL MESSAGE	COUNSELOR NOTES:					
7. NAME			STREET OR P.O. BOX			TOTAL BALANCE OWING	MO. PAYMENT	SECURED? <input type="checkbox"/> Y <input type="checkbox"/> N
ACCT. NO.			CITY	STATE	ZIP CODE	PHONE NUMBER ()	DATE LAST PAID	
CREDITOR #	PLAN PYMT.	PROPOSAL MESSAGE	COUNSELOR NOTES:					

8. NAME			STREET OR P.O. BOX		TOTAL BALANCE OWING	MO. PAYMENT	SECURED? <input type="checkbox"/> Y <input type="checkbox"/> N
ACCT. NO.			CITY	STATE	ZIP CODE	PHONE NUMBER ()	DATE LAST PAID
CREDITOR #	PLAN PYMT.	PROPOSAL MESSAGE	COUNSELOR NOTES:				
9. NAME			STREET OR P.O. BOX		TOTAL BALANCE OWING	MO. PAYMENT	SECURED? <input type="checkbox"/> Y <input type="checkbox"/> N
ACCT. NO.			CITY	STATE	ZIP CODE	PHONE NUMBER ()	DATE LAST PAID
CREDITOR #	PLAN PYMT.	PROPOSAL MESSAGE	COUNSELOR NOTES:				
10. NAME			STREET OR P.O. BOX		TOTAL BALANCE OWING	MO. PAYMENT	SECURED? <input type="checkbox"/> Y <input type="checkbox"/> N
ACCT. NO.			CITY	STATE	ZIP CODE	PHONE NUMBER ()	DATE LAST PAID
CREDITOR #	PLAN PYMT.	PROPOSAL MESSAGE	COUNSELOR NOTES:				
11. NAME			STREET OR P.O. BOX		TOTAL BALANCE OWING	MO. PAYMENT	SECURED? <input type="checkbox"/> Y <input type="checkbox"/> N
ACCT. NO.			CITY	STATE	ZIP CODE	PHONE NUMBER ()	DATE LAST PAID
CREDITOR #	PLAN PYMT.	PROPOSAL MESSAGE	COUNSELOR NOTES:				
12. NAME			STREET OR P.O. BOX		TOTAL BALANCE OWING	MO. PAYMENT	SECURED? <input type="checkbox"/> Y <input type="checkbox"/> N
ACCT. NO.			CITY	STATE	ZIP CODE	PHONE NUMBER ()	DATE LAST PAID
CREDITOR #	PLAN PYMT.	PROPOSAL MESSAGE	COUNSELOR NOTES:				
13. NAME			STREET OR P.O. BOX		TOTAL BALANCE OWING	MO. PAYMENT	SECURED? <input type="checkbox"/> Y <input type="checkbox"/> N
ACCT. NO.			CITY	STATE	ZIP CODE	PHONE NUMBER ()	DATE LAST PAID
CREDITOR #	PLAN PYMT.	PROPOSAL MESSAGE	COUNSELOR NOTES:				
14. NAME			STREET OR P.O. BOX		TOTAL BALANCE OWING	MO. PAYMENT	SECURED? <input type="checkbox"/> Y <input type="checkbox"/> N
ACCT. NO.			CITY	STATE	ZIP CODE	PHONE NUMBER ()	DATE LAST PAID
CREDITOR #	PLAN PYMT.	PROPOSAL MESSAGE	COUNSELOR NOTES:				

of Creditors on DMP _____
 Creditor Payment \$ _____
 Monthly Fee \$ _____
 Total Monthly Deposit \$ _____

TOTALS \$ _____
UNSERVICED DEBTS \$ _____
TOTAL DEBT \$ _____

Total Mo. Payment	No. of Creditors
\$	

Your Creditor payment of \$ _____ will pay the current debt of \$ _____ in approximately _____ months.

Plus interest. (Some creditors waive or reduce interest, many continue the contractual rate.)

***Upon entering into a Debt Management Plan, I certify all credit cards have been returned to the creditor, lost or destroyed. No further charges will be made on said cards. Some creditors continue to assess finance charges, therefore, you may be responsible for finance charges accrued throughout the length of the plan.**

Client's Signature _____ Client's Signature _____

PLEASE USE PENCIL 

	CLIENT	SPOUSE	TOTAL
Monthly Gross Income (Income before Taxes & Deductions)	\$	\$	\$
Taxes, F.I.C.A. (SSI & Medicare), Insurance (Health & Life)			
Other Deductions: Retirement, Savings, Profit Sharing, Credit Union Loans, Credit Union Savings, etc.			
Total Deductions			
Monthly Take Home (Gross Income less Total Deductions)			
Other Income (Child Support, Military Retirement, Alimony, Part Time Job, etc.)			
Net Income (Monthly Take Home plus Other Income)			

Tax Refund Expected? Yes No Amt. \$ _____ **Total Monthly Net Income** \$ _____

P = Periodic Expense (Save \$ _____ monthly)
* = Possible Reduction

Monthly Living Expenses

FOR CLIENT USE OFFICE USE ONLY

1. RENT OR MORTGAGE PAYMENTS	\$	
2. EQUITY LOAN / SECOND MORTGAGE / LAND PAYMENT / LOT RENT	\$	
3. PROPERTY TAXES & INSURANCE, Assoc. Fees / Dues (if not incl. in mortgage), Renter's Insur.	\$	
4. HOME MAINTENANCE house repairs, lawn / garden, pool, security monitoring, pest / termite control	\$	
5. UTILITIES gas \$ electric \$ garbage \$ water/sewer \$ cable \$	\$	
6. PHONE Monthly \$ Long distance \$ Cellular phone/pager \$	\$	
7. GROCERIES food, beverages, pet food	\$	
8. HOUSEHOLD ITEMS cleaning supplies, paper prod., diapers, toiletries, cosmetics, detergent	\$	
9. FOOD AWAY from home, lunches \$ dining out \$ school lunches \$	\$	
10. INSURANCE Life \$ Medical \$	\$	
11. CAR payments (1st vehicle) \$ (2nd vehicle) \$	\$	
12. CAR insurance \$ Tag/Ad Valorem Taxes \$	\$	
13. CAR Gas \$ Oil & Lube \$ Other Maint. \$ Parking/Tolls \$	\$	
14. PUBLIC TRANSPORTATION Cab \$ Other \$	\$	
15. MO. MEDICAL & PRESCRIPTION BILLS/CoPay Medical \$ Dental \$ Optical \$	\$	
16. ALIMONY and/or CHILD SUPPORT	\$	
17. CHILD CARE/ELDER CARE	\$	
18. EDUCATION tuition, books, supplies, special lessons, pictures, yearbooks	\$	
19. LAUNDRY & DRY CLEANING	\$	
20. CLOTHING / NEW or REPLACEMENT shoes, hose, jewelry/accessories, undergarments	\$	
21. BEAUTY & BARBERSHOP Nails, haircuts, hair coloring	\$	
22. PERSONAL EXPENSES tobacco, liquor, beer, wine (if not included in groceries)	\$	
23. CLUB & UNION DUES, HEALTH OR SPORTS MEMBERSHIPS AAA, Licenses	\$	
24. CONTRIBUTIONS charities, church donations	\$	
25. RECREATION movies, video rental, entertainment, music/concerts/CD's, tickets, sports, vacations/ travel, family visits, hobbies, lottery	\$	
26. GIFTS / CARDS birthdays, Mom/Dad's day, weddings/anniv., holidays (Christmas, Hanukkah, other)	\$	
27. MISC. mag./paper subscr. \$ Internet/on-line fees \$ bank chgs. \$ pet care \$ postage \$ P.O. box \$ safe deposit boxes \$ allowances \$ storage \$	\$	
28. SAVINGS \$	\$	
29. OTHER	\$	
30. OTHER	\$	

ADDITIONAL INFORMATION (COUNSELOR USE ONLY)	TOTAL MONTHLY LIVING EXPENSE	\$
	AMOUNT AVAILABLE	\$
	AMOUNT REQUIRED FOR CREDITORS	\$
	ADDITIONAL AMOUNT NEEDED	\$