

## Financial Counseling Worksheet

**Name of Member(s):** \_\_\_\_\_

**Member Account Number(s):** \_\_\_\_\_

Debt problems are not easy to solve. You have indicated an acute awareness of the problem by turning to Financial Counseling for guidance.

We realize there may be many reasons for your present situation. The important thing now is to resolve the problem. You have taken the first step by seeking advice and counsel. Financial Counseling was designed to assist you.

You must be willing to recognize the following facts:

1. Only you can get yourself out of debt.
2. You must not create new debts or obligations. It may be necessary to reduce your spending or to attempt to increase your total income. There will be difficult decisions to make in determining priorities.
3. There is no charge for our services. If we can arrange an agreement between you and your creditor, you must keep faith with them. Only with this assurance can we ask creditors to make the concessions necessary to help you out of your difficulties.

The decision must be yours – honest, fair and determined decision – to see this matter through.

## Personal Data

Your

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN #: \_\_\_\_\_

Spouse's

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN #: \_\_\_\_\_

Do you: Rent \_\_\_\_\_ Own \_\_\_\_\_ Are you: Up to Date \_\_\_\_\_ Past Due \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_

Number of Dependent(s): \_\_\_\_\_ Ages of Dependent(s): \_\_\_\_\_

Your Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Time Employed: \_\_\_\_\_ Years/Mo.  
Active Duty: Y or N Rank \_\_\_\_\_

Monthly Net Pay (after taxes, allotments, deductions): \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Time Employed: \_\_\_\_\_ Years/Mo.  
Active Duty: Y or N Rank \_\_\_\_\_

Monthly Net Pay (after taxes, allotments, deductions): \_\_\_\_\_

Other Sources of Income: (Part-time, Child Support, Alimony, *anything other than previously listed income*): \_\_\_\_\_

List of Assets (car, home or rental property, etc.): \_\_\_\_\_

Total Monthly Net Income: \_\_\_\_\_

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# Monthly Living Expenses

(Please break down if quarterly, annually, etc)

**Savings:** Investments (Mutual Funds, Stocks): \_\_\_\_\_

Regular Savings: \_\_\_\_\_

Holiday Savings: \_\_\_\_\_

Vacation Savings: \_\_\_\_\_

**Housing:** Rent/Mortgage: \_\_\_\_\_

Equity: \_\_\_\_\_

Condo/Association Fees: \_\_\_\_\_

Taxes: \_\_\_\_\_

Repairs: \_\_\_\_\_

Pest Control: \_\_\_\_\_

Other: \_\_\_\_\_

**Food:** Groceries: \_\_\_\_\_

Lunches/School Lunches: \_\_\_\_\_

Snacks/Soda: \_\_\_\_\_

Dining Out: \_\_\_\_\_

Other: \_\_\_\_\_

**Utilities:** Electric: \_\_\_\_\_

Gas/Oil: \_\_\_\_\_

Water/Sewage/Storm Water: \_\_\_\_\_

Cable TV: \_\_\_\_\_

Telephone/Calling Card: \_\_\_\_\_

Cell Phone/Pager: \_\_\_\_\_

Other: \_\_\_\_\_

**Transportation:** Gas/Oil: \_\_\_\_\_

Bus/Car Pool: \_\_\_\_\_

Car Repairs: \_\_\_\_\_

Personal Property Taxes: \_\_\_\_\_

Car Payment: \_\_\_\_\_

Other: \_\_\_\_\_

**Personal:** Laundry/Dry Cleaning: \_\_\_\_\_

Clothing Purchases: \_\_\_\_\_

Beauty/Barber Shop: \_\_\_\_\_

Diapers/Baby Wipes: \_\_\_\_\_

Tobacco Products: \_\_\_\_\_

Liquor/Beer: \_\_\_\_\_

**Insurance:** Auto: \_\_\_\_\_

Life: \_\_\_\_\_

Health (only if not taken out of paycheck): \_\_\_\_\_

**Health:** Prescriptions: \_\_\_\_\_  
Doctor/Hospital Co-pays (if used on monthly basis): \_\_\_\_\_  
Dentist/Orthodontist (if used on monthly basis): \_\_\_\_\_

**Education:** Tuition/Fees: \_\_\_\_\_  
Books: \_\_\_\_\_  
Student Loans: \_\_\_\_\_ Deferred: Y or N  
If deferred until when? \_\_\_\_\_

**Contributions:** Church: \_\_\_\_\_  
Charity: \_\_\_\_\_

**Subscriptions:** Newspaper/Magazines/Books: \_\_\_\_\_  
Internet: \_\_\_\_\_  
CD's/Tapes/Videos: \_\_\_\_\_

**Entertainment:** Movies: \_\_\_\_\_  
Hobbies: \_\_\_\_\_  
Sports: \_\_\_\_\_

**Dependent Care:** Child Care: \_\_\_\_\_  
Child Support: \_\_\_\_\_  
Alimony: \_\_\_\_\_  
Allowances: \_\_\_\_\_  
After-school Activities (ballet, karate, sports dues): \_\_\_\_\_

**Misc.:** Pets: \_\_\_\_\_  
Lottery: \_\_\_\_\_  
Holidays/Birthdays: \_\_\_\_\_  
Vacations: \_\_\_\_\_  
Stamps/Postage: \_\_\_\_\_

**Loans/Line of Credit:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Expenses:** \_\_\_\_\_ **MISC \$100.00** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Use Only

INCOME:

Basic Living:

\_\_\_\_\_

## Creditor Information

(Include all debts (pay day loans, credit cards, amounts owed to friends and relatives, etc.)

**\*\*\*MUST HAVE ALL REQUESTED INFORMATION\*\*\***

Creditor Name Address & Phone # (If collections Original Creditor)	Full Acct. or Ref#:	Current Balance	Minimum Payment Amount	APR	Date Last Paid & Amount

<b>Creditor Name Address &amp; Phone # (If collections Original Creditor)</b>	<b>Full Acct. or Ref#:</b>	<b>Current Balance</b>	<b>Minimum Payment Amount</b>	<b>APR</b>	<b>Date Last Paid &amp; Amount</b>

<b>Creditor Name Address &amp; Phone # (If collections Original Creditor)</b>	<b>Full Acct. or Ref#:</b>	<b>Current Balance</b>	<b>Minimum Payment Amount</b>	<b>APR</b>	<b>Date Last Paid &amp; Amount</b>

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