



## PERSONAL INFORMATION

All information is for use by our counselors and staff to provide you with complete service.  
It is strictly confidential and not released to any other person or agency without your authorization.

(H) LAST NAME	FIRST NAME	M.I.	BIRTHDATE	SOCIAL SECURITY NO.	
(W) LAST NAME	FIRST NAME	M.I.	BIRTHDATE	SOCIAL SECURITY NO.	
HOME ADDRESS	CITY	STATE	ZIP	COUNTY	
HOME TELEPHONE NUMBER ( ) _____				<input type="checkbox"/> RENTING <input type="checkbox"/> BUYING <input type="checkbox"/> OTHER	
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED			NUMBER OF DEPENDENTS _____		
(H) EMPLOYER _____			WORK TELEPHONE NUMBER ( ) _____		
(W) EMPLOYER _____			WORK TELEPHONE NUMBER ( ) _____		

May we add your name to our mailing list to receive information about our agency?  Yes  No

**IN ORDER TO HELP DMS GIVE YOU THE BEST SERVICE POSSIBLE,  
PLEASE LIST YOUR MOST PRESSING CONCERNS AND/OR PROBLEMS:**

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**DMS COUNSELORS CAN ANSWER QUESTIONS ON A VARIETY OF SUBJECTS:  
PLEASE CHECK ANY AREAS OF INTEREST:**

<input type="checkbox"/> Spending Plan	<input type="checkbox"/> Credit Effects of Bankruptcy	<input type="checkbox"/> First-Time Home Purchase
<input type="checkbox"/> Saving Money	<input type="checkbox"/> Fair Debt Collection	<input type="checkbox"/> Student Loans
<input type="checkbox"/> Credit Report	<input type="checkbox"/> Establishing Credit	<input type="checkbox"/> Back Taxes
<input type="checkbox"/> Getting out of Debt	<input type="checkbox"/> Credit Problems	<input type="checkbox"/> Mortgage Issues

I certify that the information provided is accurate to the best of my knowledge. I authorize *Commonwealth Catholic Charities, Debt Management Services program*, to release and obtain verification of information (including current balance and due date) to/from my creditors and agencies involved in these transactions, in consideration for possible assistance with my current financial condition. I further authorize *Commonwealth Catholic Charities, Debt Management Services program*, to negotiate settlements and payoffs on my behalf understanding the final settlement and terms will be subject to my approval.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Income Source & Type (Wages, SSI, Child Support, etc.)	Monthly Gross	Monthly Net
<b>Total Income</b>		<b>\$</b>

Essential Living Expenses	Current	Proposed
<b>1. HOUSING</b>		
Rent/Mortgage		
2 <sup>nd</sup> Mortgage/Equity Line		
HOA (Association Dues)		
Property Taxes		
Renter's/Homeowner's Ins.		
Gas/Electric (average)		
Water, Sewage, Garbage		
Telephone		
<b>2. FOOD</b>		
Groceries/Household Items		
At Work/School		
<b>3. MEDICAL</b>		
Health Ins. (Dental/Vision)		
Prescriptions/Doctor's Visits		
<b>4. TRANSPORTATION</b>		
Car Payment #1		
Car Payment #2		
Gasoline/Repairs (average)		
Auto Insurance		
Taxes/Registration		
Tolls/Parking/Bus		
<b>5. CHILDCARE</b>		
Daycare/Sitting		
Alimony/Child Support		
<b>6. EDUCATION</b>		
Tuition/Lessons		
Student Loans		
<b>7. MISC. / SAVINGS</b>		
Taxes (quarterly or repayment)		
Life Insurance		
Savings		
Union Dues		
Other		
<b>TOTAL ESSENTIAL</b>		

Discretionary Expenses	Current	Proposed
<b>8. PERSONAL</b>		
Beauty/Barber		
Other		
<b>9. ENTERTAINMENT</b>		
Cable		
Movie/Video		
Dining Out		
Sports/Hobbies/Clubs/Gym		
Vacations/Travel		
Newspapers/Books/Magazines		
Music		
<b>10. CLOTHING</b>		
Purchases		
Laundry/Dry Cleaning		
<b>11. MISCELLANEOUS</b>		
Gifts (Holidays/Birthdays)		
Home Maintenance		
Pet Care		
Pager/Cell Phone		
Banking Fees/Postage		
Cigarettes/Alcohol		
Religious Org./Charities		
Other		
<b>TOTAL DISCRETIONARY</b>		

<b>TOTAL INCOME</b>		
<b>TOTAL EXPENSES</b>		
<b>AVAILABLE FOR DEBT REPAYMENT \$</b>		

**WHAT IS YOUR MONTHLY DEBT-TO-INCOME RATIO?**

Total Mo. Payment (excluding Rent/Mtg)

Divided by: Monthly Net Pay (Take Home)

Is Equal to: Monthly Debt to Income Ratio

Results: 15% -20%=caution; Over 20%=dangerous

## CREDITOR INFORMATION

List all and only **UNSECURED** debt with balances over \$100. Do not include mortgages and vehicle loans or loans secured by vehicles. Please bring your most recent creditor statements and any other correspondence you have received from your creditors with you to your credit counseling session. Please let your counselor know if an original creditor has already sold or turned your account(s) over to a collection agency. Your proposed payment amount is subject to change if you bring in old creditor statements, continue to use your accounts, or begin the DMP longer than one month after your credit counseling session.

Name of Creditor	Int. Rate	Account Number	Balance	Monthly Payment	DMP Rate	Proposed Payment	Stmnt
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
<b>Payments are due monthly on or before the 10<sup>th</sup>.</b>						<b>\$20 Fee</b>	
			<b>Payment Amount:</b>				

**FOR INTAKE AND COUNSELOR USE**

Referred By: \_\_\_\_\_

Client Number: \_\_\_\_\_ Set-Up Date: \_\_\_/\_\_\_/\_\_\_

Date Counseled: \_\_\_\_\_

Set-Up By: \_\_\_\_\_

Results:    FCO    DMP    POSSIBLE DMP

Counselor Name: \_\_\_\_\_

Proposed DMS Deposit: \$ \_\_\_\_\_

Expected Date of Deposit: \_\_\_\_\_

Do not complete this section. Your counselor will help you complete it during your counseling session.

**Client Action Plan:**

<b><u>CLIENT TYPE</u></b> <i>(Circle one)</i>	<b><u>RACE/ETHNICITY</u></b> <i>(Circle One)</i>	<b><u>RESULTS OF COUNSELING</u></b> <i>(Circle One)</i>
<ul style="list-style-type: none"><li>a. Homeowner (mortgage paid off)</li><li>b. Renter (occupies rental property)</li><li>c. Mortgagor (mortgage on property)</li><li>d. Potential Renter (wants to rent)</li><li>e. Potential Mortgagor (wants to buy)</li><li>f. Homeless</li></ul> <ul style="list-style-type: none"><li>● Renting alternative housing</li><li>● Occupying “transitional housing” (Half-way house, etc.)</li><li>● Occupying “emergency shelter”</li><li>● Entered public or private sector traditional housing</li> <li>● OTHER: _____</li></ul>	<ul style="list-style-type: none"><li>a. American Indian/ Alaska Native</li><li>b. Asian/Pacific Islander</li><li>c. Black/Non-Hispanic</li><li>d. Hispanic</li><li>e. White/Non-Hispanic</li></ul>	<ul style="list-style-type: none"><li>● Obtained a HECM</li><li>● Mortgage assigned to HUD</li><li>● Mortgage foreclosed</li><li>● Decided not to purchase</li><li>● Occupied permanent housing for handicapped</li><li>● Brought mortgage current</li><li>● Executed deed-in-lieu</li><li>● Rented alternative housing</li><li>● Occupied “transitional housing”</li><li>● Forbearance agreement</li><li>● Sold their property</li><li>● Purchased housing</li><li>● Occupied “emergency shelter”</li><li>● Entered public or private sector traditional housing</li> <li>● OTHER: _____</li></ul>