

Client Information Sheet

APPLICANT 1 _____ MAIDEN NAME: _____
 LAST FIRST MIDDLE INITIAL

SOCIAL SECURITY NUMBER: _____ GENDER: Male Female

DATE OF BIRTH: ____/____/____ EDUCATION :Elementary High School/GED College Graduate School

MARITAL STATUS: Divorced Married Separated Single Widowed

ETHNIC ORIGIN: African-American American-Indian Asian Caucasian/White Hispanic Other _____

NUMBER IN HOUSEHOLD: _____

EMPLOYMENT STATUS: Retired Unemployed Working Full-Time Working Part-Time

Monthly Net Pay (Take Home):\$ _____

Additional **Monthly** Income(s): Amount: \$ _____ Source: _____
 Amount: \$ _____ Source: _____

APPLICANT 2 _____ MAIDEN NAME: _____
 LAST FIRST MIDDLE INITIAL

SOCIAL SECURITY NUMBER: _____ GENDER: Male Female

DATE OF BIRTH: ____/____/____ EDUCATION: Elementary High School/GED College Graduate School

ETHNIC ORIGIN: African-American American-Indian Asian Caucasian/White Hispanic Other _____

EMPLOYMENT STATUS: Retired Unemployed Working Full-Time Working Part-Time

Monthly Net Pay (Take Home):\$ _____

Additional **Monthly** Income(s): Amount: \$ _____ Source: _____
 Amount: \$ _____ Source: _____

E-MAIL _____

Contact by email ok: Yes / No

Addressing Your Financial Concerns:

Your appointment will be a professional overview of your budget and bankruptcy. It is true that choosing an appropriate debt option is important in creating your financial plan; but understanding your GOALS and CONCERNS are as important, if not more important when it comes to putting together a game plan for your financial future.

Your Counselor needs to know:

| Factors that caused such financial concerns: | Future Financial Goals: |
|---|--------------------------------|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |

If you need assistance filling out your paperwork, please call us at 716-712-2060

Schedule J

Schedule J- As a part of filing Bankruptcy you have or will be filling out a Schedule J form that lists your expenses. For your appointment with CCCS of Buffalo, you can bring in a copy of your previously filled out (for the attorney) Schedule J or input the monthly amounts on the form below.

Instructions- Under “monthly” column list monthly totals if not already payroll deducted. If the expenses vary, please note the average monthly total. Please round to the nearest dollar.

_____ Check if a Joint petition will be filed and debtor’s spouse maintains a separate household budget.
Complete a separate schedule J.

| Schedule J | Monthly |
|---|---------|
| 1. Rent or home mortgage payment (include lot rent for mobile home) | |
| a. Are real estate taxes included? Yes _____ No _____ | |
| b. Is property insurance included? Yes _____ No _____ | |
| 2. Utilities | ∅ |
| a. Electricity and heating fuel | |
| b. Water and Sewer | |
| c. Telephone | |
| d. Other: _____ | |
| 3. Home maintenance (repairs and upkeep) | |
| 4. Food (home, restaurant, work, school, pets) | |
| 5. Clothing | |
| 6. Laundry and dry cleaning | |
| 7. Medical and dental expenses (drugs, glasses, braces, vet fees) | |
| 8. Transportation (gas, repairs, parking, etc. DON'T include monthly car payment) | |
| 9. Recreation, clubs and entertainment, newspapers and magazines | |
| 10. Charitable contributions | |
| 11. Insurance (if not already deducted from wages or included in home mortgage payment) | ∅ |
| a. Homeowner’s or renters | |
| b. Life | |
| c. Health | |
| d. Auto | |
| e. Other | |
| 12. Taxes (if not already deducted from wages or included in home mortgage payment) | |
| Specify: _____ | |
| 13. Installment payments Do not include debts filed under bankruptcy | ∅ |
| a. Auto | |
| b. Other: _____ | |
| c. Other: _____ | |
| 14. Alimony, maintenance, and support paid to others | |
| 15. Payments for support of additional dependents not living with you | |
| 16. Regular expenses from operation of business, profession or farm | |
| 17. Other | ∅ |
| a. Daycare | |
| b. Tuition | |
| c. Personal Care (hair care, drug store) | |
| d. Gifts (birthday, Christmas, ect.) | |
| e. Tobacco | |
| f. Child Allowances | |
| g. Misc: _____ | |

Estimate of total amount of debt included in Bankruptcy: \$ _____

Statement of Bankruptcy Services
Pre-File Counseling and Pre-Discharge/Debtor Education ("Bankruptcy Counseling")

What Can Be expected from Consumer Credit Counseling Services of Buffalo, Inc (CCCS).

The agency will provide a confidential comprehensive session on counseling/debtor education that will review how bankruptcy will affect my personal life and effective strategies to manage my finances in the future.

Participation in a Bankruptcy Counseling through CCCS of Buffalo has no impact on my credit report. At some point in the future, my information may be used for confidential research and/or a neutral third party (including the US Trustee) may contact me to request an evaluation of the Agency's services.

The fee for Bankruptcy Counseling is \$50.00 per filer, there is no additional fee for the issuance of the counseling certificate. The fee must be paid by money order (payable to CCCS) credit or debit.

Most of the agency funding comes from voluntary contributions from creditors who participate in the Creditor Repayment Plan (CRP). Since creditors have a financial interest in getting paid, most are willing to make a contribution to help fund our Agency.

The Agency does not pay or receive fees or other considerations for referrals. The Agency will provide the client a certificate in a format approved by the Executive Office for the U.S. Trustees (Department of Justice) promptly only upon the completion of the course.

Client Responsibilities and Bill of Rights

We pledge that our clients have the right:

- To provide the Agency with accurate information to the best of their knowledge regarding all of their creditors and budget information necessary to assess their financial situation
To receive and read the Agency brochure and the Client Handbook
To prompt counseling services for managing money based on individual financial situation
To treatment with dignity and respect
To be actively involved in a comprehensive assessment of your financial situation including an appropriate action plan
To express dissatisfaction through a Complaint Resolution Process
A complete description of our grievance policy is available for review at any time
To discontinue your relationship with our agency at any time, upon proper notice
To ask questions and to have concerns addressed

Any contact with CCCS may be monitored and recorded for training, quality assurance and security purposes. I have read and understand all of the above information about CCCS services, funding and my rights and responsibilities. I agree to hold CCCS, its employees, agents and volunteers harmless from any claim, suit, action or demand of my/our creditors, my/ourselves or any other person resulting from advice or counseling.



Applicant: _____ Date: _____

Co-Applicant: _____ Date: _____

RELEASE OF INFORMATION

I (we), (write your name(s)) _____ give my (our) permission for Consumer Credit Counseling Service of Buffalo, Inc to release or obtain information regarding my (our) account(s) and financial status to or from the following:

Attorney Name: _____

**Consumer Credit Counseling Service of Buffalo, Inc will not be held responsible nor will this be considered a breach of confidentiality.



Applicant: _____ Date: _____

Co-Applicant: _____ Date: _____