

CCCS of Buffalo- 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 Other _____

Monthly Gross Pay (Before Taxes/Deductions): \$ _____ **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

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 Other _____

Monthly Gross Pay (Before Taxes/Deductions): \$ _____ **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 review of your debt solution options. 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:

Future Financial Goals:	Financial Concerns:
1.	1.
2.	2.
3.	3.

Spending Plan Worksheet

Periodic Expenses:

Instructions- Under "Annual" column list **annual (yearly) totals** if not already payroll deducted. In the "Monthly" column, divide (÷) the annual amount by 12. Please round to the nearest dollar.

Annual Expenses	Annual	Monthly	Annual Expenses	Annual	Monthly
Taxes -City/County/Local/Home Owners Insurance (if not in escrow)			Gifts (birthdays/holidays/weddings)		
Home Maintenance/Upkeep/ Lot Rent/HOA/Condo Fees (snow removal, lawn care)			Vacation/Travel		
Clothing/Dry Cleaning/Laundry			Lessons/Sports Lessons		
IRS/NY State Tax (out of pocket tax payments)			Other: _____		

Monthly Expenses:

Instructions- Under Amount 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.

	Monthly Expenses	Amount		Monthly Expenses	Amount
Housing	Rent (including Renters Insurance)		Food	Groceries/Household Supplies/Baby Items	
	Mortgage			Eating Out/Coffee/Snacks/School Lunches	
	Second Mortgage/Home Equity Loan/HELOC		Medical	Medical Insurance (if not payroll deducted)	
	Investment Property (including taxes and insurance)			Life Insurance (if not payroll deducted)	
Utilities	Heat			Prescriptions/Eye Care Costs	
	Electric		Appointment Co-Pays (Doctors, Dentists, etc.)		
	Cell Phone		Other	Day Care/Babysitting	
	Water/Sewer/ Garbage Collection			Child/ Spousal Support	
	Cable/Satellite/Internet/Home Phone (including Netflix/Hulu)			Contributions (religious, charities)	
Auto	Vehicle #1 Loan			Tuition/School Supplies	
	Vehicle #2 Loan			Student Loans	
	Recreational Vehicle (motorcycle, RV, boat, snow mobile)			Personal Care (hair, nails, etc.)	
	Auto Insurance			Entertainment/alcohol/tobacco/memberships/newspaper subscriptions	
	Gasoline		Pet- food/ Supplies/Grooming/Vet		
	Tolls/Parking/Auto Maintenance (tires, oil changes)		Savings		
	Other Transportation (bus, subway, etc.)		Other: _____		

Instructions:

- List **all** your outstanding **unsecured** debts
 - This includes all credit cards (such as Discover and American Express), retail store cards, finance company loans, collection agencies, judgments and medical bills
 - Do **not** include mortgages, auto loans, student loans and utilities
- **If the account is with Collection Agency or Attorney list the name of the collection or attorney's office the account is currently handled by**
- Please round to the nearest dollar
- **Bring your most recent creditor statements and full account numbers**

	Creditor/Collection/Attorney	Current Balance	APR/ Interest rate	Minimum Monthly Payment
1				
2				
3				
4				
5				
6				
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Consumer Credit Counseling Service of Buffalo, Inc.

Statement of Counseling Services

PLEASE READ THE FOLLOWING IMPORTANT INFORMATION CAREFULLY BEFORE YOUR APPOINTMENT, SO THAT YOU UNDERSTAND THE PROCEDURES FOR THE COUNSELING SESSION. FOR SIMPLIFICATION THE SINGULAR IS USED EVEN WHEN THE PLURAL MAY APPLY.

What Can Be Expected From CCCS of Buffalo, Inc

The Agency will provide a confidential comprehensive personal money management interview that will be conducted by a certified consumer credit counselor or counselor in training to be certified. A certified consumer credit counselor will review all action plans for all counselors training to be certified.

A **credit report** may be retrieved from a national credit reporting agency. By signing this form you authorize CCCS of Buffalo, Inc. to obtain a credit report for the basis of reviewing your financial situation. By signing below, you also authorize CCCS of Buffalo to pull your credit report during a 1 year period from the date of your counseling appointment in order to track outcomes and improve our services (no impact to your credit score). Check this box if you would like to opt out. Services may include a brief review of your housing situation. The review may result in an overview of government sponsored housing programs. If appropriate, services may be included under HUD/Government grants.

Your privacy is one of our highest concerns. To review our privacy policy, please visit us online at <http://www.consumercreditbuffalo.org/resources/privacy.php>

Services are offered without regard to ability to pay and services will not be withheld because of inability to pay. A fee waiver may be obtained in cases of specific hardship based upon income and must be verified by presentment of pay stubs and/or other proof of income.

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. These contributions are usually calculated by each creditor as a percentage of the payment (up to 15%) of each payment received. However, your accounts with your creditors will always be credited with one hundred percent (100%) of the amount you pay through us, and we will work with all of your creditors regardless of whether they contribute to our agency.

You will be provided a written assessment outlining a suggested client action plan which will be based on the following options:

- a) You will handle any financial concerns on your own.
- b) Enrollment in a Creditor Repayment Plan (CRP), is an option but may not suitable for everyone. Our CRP's are a voluntary program which serve a dual role of helping you repay your debts and helping the creditors to receive the money owed to them. Your participation in a debt repayment program may change information which is already on your credit report. If your credit report reflects that you have paid creditors as agreed in the past, a CRP could have a negative impact on a creditworthiness decision by a potential creditor, landlord, or employer in the future. In addition, creditors may report that you are on a CRP and are not paying as originally agreed although they have accepted the reduced payment.
- c) Seek legal advice regarding your financial situation. Counselors may answer general questions regarding bankruptcy but cannot provide legal advice. You should be aware that debts to creditors you repay through the plan may be able to be discharged through bankruptcy. Bankruptcy is a personal choice based on individual circumstances.
- d) You may be referred to the other services of the organization services (Bankruptcy Counseling, Financial Counseling, Credit Report Review Session, Budgeting Session, Financial Education Workshops) or other agencies as appropriate that may be able to assist with particular problems that have been identified. You have the right to use or reject referrals offered, if any.

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 their 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. The information I have provided to CCCS is accurate to the best of my knowledge. I understand a neutral third party may contact me to request an evaluation of the agency's services. I understand that that receipt of financial counseling services does not automatically guarantee that I will participate in a Creditor Repayment Plan program.

Sign Here

Applicant: _____ Date: _____

Co-Applicant: _____ Date: _____