



Iowa's Largest Credit Counseling Agency
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 Fax: 515-287-0430
 800-955-5765
www.consumercredit-dm.com

For Office Use Only

Date:	_____
Counselor:	_____
Referral:	_____
Phone:	_____ Office: _____

PLEASE INDICATE ONE MAIN REASON FOR REQUESTING AN APPOINTMENT:

<input type="checkbox"/> Over-obligation (excessive spending)	<input type="checkbox"/> Unexpected Medical Costs	<input type="checkbox"/> Divorce/Separation
<input type="checkbox"/> Unemployment – Loss of Income	<input type="checkbox"/> Accident/Disability	<input type="checkbox"/> BK Certificate
<input type="checkbox"/> Reduced Income	<input type="checkbox"/> Gambling	<input type="checkbox"/> Other (please specify)

IMPORTANT INSTRUCTIONS: *It is vital that this form be completed in full before your first appointment.*

Full Name		Birth Date	Spouse's Name		Birth Date
Present Address		City		State	Zip
Home Phone		Number of Persons in Home		Ages of Children	
Email Address			Spouse's Email Address		
Social Security Number			Spouse's Social Security Number		
Employer			Spouse's Employer		
Position	Length of Employment		Spouse's Position	Length of Employment	
Timing of Paydays	Take Home Pay \$		Timing of Paydays	Take Home Pay \$	

PAYROLL DEDUCTIONS OTHER THAN TAXES AND SOC. SEC. PAYROLL DEDUCTIONS OTHER THAN TAXES AND SOC. SEC.

\$ _____ for _____		\$ _____ for _____			
\$ _____ for _____		\$ _____ for _____			
Work Phone	Receive Calls <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone	Receive Calls <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Income Sources <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$ _____		Other Income Sources <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$ _____	
Have You Ever Filed Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year _____		Have You Ever Filed Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year _____	
Vehicle Make	Year	Payment \$ _____	Vehicle Make	Year	Payment \$ _____
Amount of Last Year's Tax Refund			Credit Union Member		

FOR OFFICE USE ONLY

Total Net Income \$	_____
Living Expenses \$	_____
Cash Flow \$	_____
Less DMP \$	_____
Shortfall/Excess \$	_____

NOTE: PRINT ONLY

FILL IN AS COMPLETELY AS POSSIBLE

	Creditors	Address, City, State Zip	Account Number	Present Int.	Balance Owed	Late/Over Limit	Normal Monthly Payment	CC Pmt	Int Conc
1						Yes/No			
2						Yes/No			
3						Yes/No			
4						Yes/No			
5						Yes/No			
6						Yes/No			
7						Yes/No			
8						Yes/No			
9						Yes/No			
10						Yes/No			
11						Yes/No			
12						Yes/No			
13						Yes/No			
14						Yes/No			
15						Yes/No			
16						Yes/No			
17						Yes/No			
18						Yes/No			
19						Yes/No			
20						Yes/No			
21						Yes/No			
22						Yes/No			
23						Yes/No			
24						Yes/No			
25						Yes/No			
26						Yes/No			
27						Yes/No			
28						Yes/No			

MONTHLY LIVING EXPENSE BUDGET

Please Fill Out Completely

		ESTIMATED	OFFICE USE ONLY
Housing	Rent or Mortgage (specify)		
	2 nd Mortgage or Lot Rent		
	Energy (gas, oil, electricity)		
	Water, Trash		
	Phone / Cell		
	Cable / TV / Internet		
	Home Maintenance and Repair		
	Property Taxes (if not in payment)		
Groceries	Food and Non-Food Items		
Auto Expenses	Auto Loan 1		
	Auto Loan 2		
	Gas		
	Oil Changes and Repair		
	License Renewal		
Insurance	Car		
	Household		
	Life (Term or Whole Life)		
Medical Expense	Insurance (unless deducted)		
	Doctor / Dentist / Eye Care		
	Pharmacy		
Clothing	Family		
	Coin Laundry and Dry Cleaning		
Education/Work	Lunch Expense		
	Tuition / Books / Lessons		
Miscellaneous	Day Care		
	Gifts (including Christmas)		
	Entertainment and Meals Out		
	Personal (church, subscriptions, health clubs, allowances, pets, barber, etc.)		
	Alcohol / Tobacco / Gambling		
	Other		
	Other		
Special	Child Support		
	Student Loan		
	Savings		
TOTAL			