

Budget Information Worksheet

Appointment Date _____ Time _____

Name _____ Age _____ Phone Number _____
 Name _____ Age _____ Alternate Phone _____
 Address _____ City _____ State/Zip Code _____

Type of Session: (Circle One) Credit Counseling Bankruptcy Dlt. Mortgage/Rent E-Mail Address _____

| MONTHLY LIVING EXPENSES | | Monthly Expenses | For Counselor's Use Only |
|---------------------------------|----------------------|------------------|--------------------------|
| Housing | Rent/Mortgage | | |
| | Second Mortgage | | |
| | Association Dues | | |
| | Property Taxes | | |
| Automobile | Lot Rent | | |
| | Gasoline | | |
| | Maintenance | | |
| Food | Registration/Taxes | | |
| | Groceries | | |
| | Dining Out | | |
| | Food at Work | | |
| Utilities | School Lunches | | |
| | Electric/Gas | | |
| | Water/Sewer/Trash | | |
| | Telephone | | |
| | Pager/Cellular Phone | | |
| Clothing | Internet Service | | |
| | Cable TV/Satellite | | |
| | Personal/School | | |
| | Dry Cleaning/Laundry | | |
| Insurance | Automobile | | |
| | Medical | | |
| | Life | | |
| Healthcare | Home/Renters | | |
| | Prescriptions | | |
| | Doctor Visits | | |
| | Dentist Visits | | |
| Childcare | Optical/Eye Glasses | | |
| | Daycare/Babysitting | | |
| | Allowances | | |
| | Activities | | |
| | Diapers | | |
| | Child Support | | |
| TOTAL MONTHLY EXPENSES (page 1) | | | |

Employment/Income Information:

Occupation _____

Employer/
Address/
Phone _____

What day are you paid? _____

Gross Income/Paycheck: _____

Net Income/Paycheck: _____

Spouse:

Occupation _____

Employer/
Address/
Phone _____

What day are you paid? _____

Gross Income/Paycheck: _____

Net Income/Paycheck: _____

Other Sources of Income:

Pension: _____

Social Security: _____

Unemployment: _____

Welfare/Gov't Support: _____

Child Supp./Alimony: _____

Other: _____

(Explain) _____

TOTAL NET
MONTHLY INCOME: _____

How did you hear about our services? _____

Monthly Living Expenses Continued

| MONTHLY LIVING EXPENSES | | Monthly Expenses | For Counselor's Use Only |
|-------------------------|---------------------------------|------------------|--------------------------|
| Installment Loans | Car Payment | | |
| | Student Loans | | |
| | Cosigned Loans | | |
| | Bank Account Deductions | | |
| | Taxes | | |
| | Business Cards/Loans | | |
| | Other | | |
| Charitable Donations | Tithes | | |
| | Other | | |
| Education | Tuition | | |
| | Books | | |
| | Supplies | | |
| | Books, Newspapers, etc. | | |
| Leisure | Movies, Entertainment | | |
| | Gifts/Holidays | | |
| | Travel | | |
| | Alcohol/Tobacco | | |
| | Other | | |
| Job Related Expenses | Tools/Clothes | | |
| | Other | | |
| Miscellaneous | Home Maintenance | | |
| | Home Cleaning | | |
| | Parking/Bus Pass | | |
| | Personal/Hair Care | | |
| | Postage | | |
| | Bank Charges | | |
| | Pets | | |
| | TOTAL MONTHLY EXPENSES (page 2) | | |

Number of Dependents _____

Ages of Dependents _____

RESIDENCE:

How long at address: _____

How long in area: _____

Choose one:

Own Home

Buying

Renting

Furnished Home

Other

Explain:

For counselor's use only

| | |
|---------------------------------|--|
| Total Monthly Expenses - page 1 | |
| Total Monthly Expenses - page 2 | |
| Total Monthly Living Expenses | |

For counselor's use only

| | |
|---------------------------------------|--|
| Total Monthly Net Income | |
| Total Monthly Living Expenses | |
| Balance Left to Make Monthly Payments | |

We hereby request the Consumer Credit Counseling Service, to attempt to budget our outstanding accounts and obligations, granting them full authority to adjust, rearrange, change, satisfy, and settle any or all of our debts, obligations, liabilities, or commitments in credit transactions as they may determine to be necessary, and with the cooperation of our creditors.

We agree further that the Consumer Credit Counseling Service may disclose information pertaining to the amount, nature, and other particulars of our debts, liabilities, and obligations, together with information as to our financial status, income, prospects and other data in attempting to achieve the ends for which we have applied for the services; and

When the plural is used herein, it shall include the singular if appropriate. Dated: _____

Signature: _____

Signature: _____

