

Budget Information Worksheet

Appointment Date \_\_\_\_\_ Time \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_ 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	
	Home/Renters	
Healthcare	Prescriptions	
	Doctor Visits	
	Dentist Visits	
	Optical/Eye Glasses	
Childcare	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		
Leisure	Books, Newspapers, etc.		
	Movies, Entertainment		
	Gifts/Holidays		
	Travel		
	Alcohol/Tobacco		
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: \_\_\_\_\_





FINANCIAL STATEMENT CONTINUED.....(List all debts - mortgages, vehicle loans, credit cards, medical, collections, etc.)

Creditor (companies you owe) and Addresses	Phone	Account Number	Balance	Security Payment Yes/No	Due Date	Monthly Payment	CCCS Plan

1st Payment set-up fee included:	_____	Payments thereafter:	_____	Any accounts under different Names?	_____
Total Debt:	_____	Start Date:	_____	Total Scheduled Payments:	_____
HUD:	_____	Counselor:	_____	Cause:	_____

# Consumer Credit Counseling Service, Inc.

1201 W. Walnut  
P.O. Box 843  
Salina, Kansas 67402  
(785) 827-6731  
(800) 279-2227  
(785) 827-8280 fax



105 S. Broadway, Ste. 900  
Wichita, Kansas 67202  
(316) 265-2000  
(888) 257-6899  
(316) 265-8507 fax

**Plans That Work.... People Who Care**  
[www.ksccecs.org](http://www.ksccecs.org)

## STATEMENT OF COUNSELING SERVICES

*Please read the following statements carefully so that you will understand the procedures for the counseling session. Initial the line next to each statement to indicate understanding of that provision. For simplification, the singular is used even when the plural may apply.*

- \_\_\_\_\_ I understand the agency will provide a confidential comprehensive personal money management interview.
- \_\_\_\_\_ I understand that the fees for a pre-filing bankruptcy session are \$50 for an individual or \$75 for a couple attending the same session.
- \_\_\_\_\_ I understand that if my household meets low-income guidelines, the fee will be waived and the agency will provide services.
- \_\_\_\_\_ I understand that the interview will be conducted by a certified consumer credit counselor or qualified professional counselor. All action plans, not conducted by a certified consumer credit counselor, will be reviewed by a certified consumer credit counselor.
- \_\_\_\_\_ I understand that most of the agency funding comes from voluntary contributions from creditors who participate in Debt Management Plans (DMP). 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 as a percentage of payment you make through your DMP – up to fifteen percent (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. We will work with all your creditors regardless of whether they contribute to our agency.
- \_\_\_\_\_ **I will be given a written assessment outlining a suggested client action plan which will be based on the following options:**
- I will handle any financial concerns on my own.
  - I may choose to enroll in the agency’s debt management plan. I realize the DMP is only one of several options and is not suitable for all clients. Our DMP’s serve the dual role of helping you repay your debts and helping creditors to receive the money owed to them. Once money is deposited with our service, it becomes the property of your creditors. If I choose to enroll in a DMP, I agree not to open any new credit accounts or incur any additional debt. While the agency may obtain a credit report and/or inform any credit reporting rating I receive. In certain circumstances, a debt management plan may affect my credit rating negatively. In the event that the counselor suggests a debt management plan, I will receive complete details of the operations, requirements, responsibilities, and DMP fees.
  - A counselor may answer questions about bankruptcy, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance. While an attorney can make a recommendation to file bankruptcy, it is a personal choice based on individual circumstance.
  - I will be referred to the other services of the organization or another agency or agencies as appropriate that may be able to assist with particular problems that have been identified.

\_\_\_\_\_ At sometime in the future, my information may be used for confidential research and/or a neutral third party may contact me to request an evaluation of the agency’s services.

\_\_\_\_\_ I understand that in the event I am dissatisfied, I can utilize the Complaint Resolution Process, on the back of this form.

(Applicant) \_\_\_\_\_ (Counselor) \_\_\_\_\_

(Applicant) \_\_\_\_\_ (Date) \_\_\_\_\_

Rev. 12/2008

**Serving Central and Western Kansas Since 1985.**



# Consumer Credit Counseling Service, Inc.

## Statement of Counseling Services

### Client Bill of Rights

We pledge that our clients have the right:

- To prompt counseling services for managing money based on their 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;
- To discontinue their relationship with our agency at any time;
- To ask questions and to have concerns addressed.
- 

### Complaint Resolution Process

- Step One: Try to resolve the issue with the staff member involved giving him or her specific information about your complaint.
- Step Two: If Step One is not possible or the issue is not resolved to your satisfaction, contact Jeff Witherspoon, Executive Director, in the Salina Operation's office, 785-827-6731.
- Step Three: Agency may request a meeting with you (telephone or face to face) or seek more information from a staff person. The agency will respond within 15 days.
- Step Four: If your issue is still unresolved, you may appeal in writing directly to the Chairperson for the Board of Directors. After additional fact finding, this individual will provide a concluding decision to you within 15 days.

### Non-Discrimination Policy

Our agency serves all members of the community. We do not engage in the practice of discrimination in the selection and participation of clients in our programs or services with respect to race, religion, color, gender, national origin or handicap.

# Consumer Credit Counseling Service, Inc.

1201 W. Walnut  
P.O. Box 843  
Salina, Kansas 67402  
(785) 827-6731  
(800) 279-2227  
(785) 827-8280 fax



105 S. Broadway, Ste. 900  
Wichita, Kansas 67202  
(316) 265-2000  
(888) 257-6899  
(316) 265-8507 fax

**Plans That Work.... People Who Care**  
[www.kscsccs.org](http://www.kscsccs.org)

**PRIVACY POLICY:** Our agency is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your 'personal financial information', such as your total debt information, income, living expenses, and personal information concerning your financial circumstances, will be provided to creditors and, possibly others with your specific authorization. We may also use aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs. Your anonymity will be maintained through the use of your client number or by using aggregate data in all circumstances.

In all other situations, your information may be released to appropriate individuals or agencies **ONLY UPON YOUR WRITTEN REQUEST OR when our staff has been served by a valid subpoena.**

The following **PRIVACY PRACTICES** detail circumstances under which we will release your information to a third party:

1. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law.
2. We may compile data and aggregate information that you give to us, but this information may not be disclosed in a manner that would personally identify you in any way.
3. We may disclose some or all of the information that we collect, as described below, to creditors, or third parties that you have authorized who need this information in order for us to assist you after a counseling session.
4. We may disclose all of the information that we collect, as described below, to creditors and related financial institutions who need this information in order to put you on a Debt Management Program (DMP).
5. We restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.
6. We collect nonpublic personal information about you from the following sources:
  - Information we received from you on our applications or other forms you provide;
  - Information about your transactions with us, your creditors, or others; and
  - Information we receive from a credit reporting agency.
7. We may disclose the following kinds of nonpublic personal information about you:
  - Information we receive from you on applications or other forms, such as your name, address, social security number, assets, and income;
  - Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions, and credit card usage; and
  - Information we receive from a credit reporting agency, such as your credit history.

**RELEASE:** I hereby authorize this Credit Counseling Agency to release all non-public information it obtains about me to (1) my creditors and (2) any third parties necessary to resolve the matter(s) discussed during my counseling session.

I further **RELEASE** and authorize all of my creditors to provide non-public information about me to this Credit Counseling Agency.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Revised 7/2006

**Serving Central and Western Kansas Since 1985.**



NATIONAL FOUNDATION FOR  
CREDIT COUNSELING  
*Knowing the difference can  
make all the difference.*

