

## DOUGLAS CONSUMER CREDIT COUNSELING SERVICE, INC

605 SE Kane St.  
PO Box 1011  
Roseburg, Oregon 97470  
Phone (541)673-3104  
Fax (541)673-5303

Thank you for your interest in Douglas Consumer Credit Counseling Service, Inc., a non-profit community service. In order for our counselors to have a clear understanding of your financial situation, you will need to complete the enclosed application.

When determining your "Monthly Minimum Living Expenses" consider the following...

- \*\* Groceries – Include all items purchased at the grocery store.
- \*\* Utilities - Give a breakdown of what you budget for electricity, telephone, cable, wood or oil heat, water, sewer, and garbage.
- \*\* Medical Expense - Include on-going expenses; doctor visits or co-pays.
- \*\* Personal Care - Include shampoo, make-up, deodorant, toothpaste, etc. (if purchased separately from groceries)
- \*\* List of Debts - List doctor and hospital bills, credit cards, collection agencies, student loans, personal loans, and tax bills.

There is no charge for the counseling. If a debt management plan can be set up, there will be a one-time set-up fee of \$0 to \$35.00. There will also be a monthly contribution of \$0 to \$35.00. Fees are based upon ability to pay and will be determined by your counselor. The monthly contribution will be included in your CCCS scheduled payment to help defray office expenses.

Our office is located at 605 Kane St, on the corner of Oak and Kane. Our office hours are Monday through Thursday, 8:00 a.m. to 5:00 p.m and 9:00 a.m. to 4:00 p.m. on Fridays. we are open through the lunch hour. If you are unable to come in to our office, telephone counseling may be arranged for you.

If you have any questions regarding the application, call our CCCS office and we will be happy to assist you.

We look forward to meeting with you soon.

## INSTRUCTIONS FOR COMPLETING THE APPLICATION

### PLEASE USE THIS CHECK LIST

- \_\_\_\_\_ Fill out the "List of Debts" COMPLETELY.
- \_\_\_\_\_ Include ALL account numbers.
- \_\_\_\_\_ Give complete address, including PO BOX and ZIP CODE.
- \_\_\_\_\_ If creditor is a doctor/dentist/attorney, give first and last names.
- \_\_\_\_\_ On medical debt, give name of patient.
- \_\_\_\_\_ Include personal loans from family or friends.
- \_\_\_\_\_ Include debts paid by allotment, payroll deductions, and/or automatic withdrawal.
- \_\_\_\_\_ For any loan, identify the type (i.e. signature, co-signer, vehicle, etc.) and include month and date of next payment due.
- \_\_\_\_\_ Provide name of bank for VISA and MASTERCARD.
- \_\_\_\_\_ If debt is with a collection agency, please list for whom they are collecting under account description.
- \_\_\_\_\_ If NSF check, include to whom the check was written.
- \_\_\_\_\_ For IRS debts, give tax year and primary filers social security number.
- \_\_\_\_\_ If judgment, please indicate.

If you have any questions regarding the application, please call our CCCS office and we will be happy to assist you. If you have questions other than how to fill out this form, please write them down so you will remember to ask your counselor during your appointment.

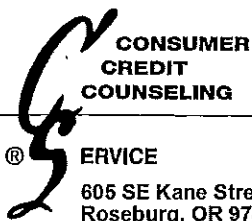
If there is a co-applicant, BOTH applicants should attend appointment if possible.

### BE SURE TO BRING THE FOLLOWING TO YOUR APPOINTMENT:

- \_\_\_\_\_ Completed application.
- \_\_\_\_\_ Verification of income (i.e. pay stubs, etc.) If your income varies bring more than one months pay stub.
- \_\_\_\_\_ MOST RECENT statements or letters for each of your debts.

### IF YOU WOULD LIKE TO CONSIDER OUR DEBT MANAGEMENT PROGRAM, THE FOLLOWING APPLIES...

- \*\* The contract will be filled in by a counselor after the plan has been decided upon.
- \*\* CCCS does not accept cash or personal checks. Payments must be made by money order or cashiers check. Payroll deductions may also be an option.
- \*\* Payments may be made weekly, semi-monthly, or monthly. Total payment is due in the office before the last business day of the month.



**CONSUMER  
CREDIT  
COUNSELING**

® SERVICE

606 SE Kane Street  
Roseburg, OR 97470  
541-673-3104 Fax 541-673-5023  
www.cccsdouglas.org



# Information Worksheet

## PERSONAL INFORMATION

				OFFICE USE ONLY
1. Last Name	First	Middle/Maiden	Age	
2. Last Name	First	Middle/Maiden	Age	
Address No./Street		City	Zip Code	Residence Telephone

## INCOME PER MONTH

1. Gross Pay (Monthly)	Take Home Pay (Monthly)	<input type="checkbox"/> Weekly	<input type="checkbox"/> Semimonthly	Employer: _____
		<input type="checkbox"/> Biweekly	<input type="checkbox"/> Monthly	Position: _____
Total each pay period _____				Telephone: _____ Ext: _____
Deduction each pay period \$ _____ <i>(Insurance, loans, savings)</i>				How long employed: _____
2. Gross Pay (Monthly)	Take Home Pay (Monthly)	<input type="checkbox"/> Weekly	<input type="checkbox"/> Semimonthly	Employer: _____
		<input type="checkbox"/> Biweekly	<input type="checkbox"/> Monthly	Position: _____
Total each pay period _____				Telephone: _____ Ext: _____
Deduction each pay period \$ _____ <i>(Insurance, loans, savings)</i>				How long employed: _____
Other Income/Source _____				

### IMPORTANT NOTICE: READ BEFORE SIGNING

Consumer Credit Counseling Service (CCCS) offers a variety of programs to address the resolution of credit problems. COMPLETION OF THIS WORKSHEET DOES NOT AUTOMATICALLY GUARANTEE PARTICIPATION IN A DEBT MANAGEMENT PROGRAM. Another option or resource may better suit your needs.

CCCS does not report participation in a DEBT MANAGEMENT PROGRAM TO CREDIT REPORTING AGENCIES. CCCS has no control over the credit reporting practices of your creditors. Your involvement in a program may ADVERSELY affect your CREDIT REPORT.

Everything that has been stated in this worksheet is complete and correct to the best of my knowledge. We agree to hold Consumer Credit Counseling Service, its employees, officers and agents harmless from any claim, suit, action or demand of my creditors, myself, or any other persons resulting from advice or counseling.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

How did you hear about CCCS? \_\_\_\_\_

MONTHLY LIVING EXPENSES	ESTIMATE COUNSELOR				COMMENTS
	\$	\$	\$	\$	
<b>Fixed Expenses</b>					<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow
Rent or Mortgage Payment					
Second Mortgage					<input type="checkbox"/> Renting <input type="checkbox"/> Buying <input type="checkbox"/> Own <input type="checkbox"/> Other _____
Renter / Homeowner Insurance					
Car Payment #1					Mortgage Paid To
Car Payment #2					
Child Care					2 <sup>nd</sup> Mortgage Paid To
Tax Installments					
Child Support					Is Rent or Mortgage Delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No Months: ____ Amount \$ ____
Savings					
<b>TOTAL FIXED EXPENSES</b>					<b>TYPE OF LOAN</b> <input type="checkbox"/> Conventional # _____ <input type="checkbox"/> FHA # _____ <input type="checkbox"/> VA # _____
<b>Flexible Expenses</b>	\$	\$	\$	\$	
Groceries					<b>VEHICLE INFORMATION</b> Make                      Year Model
Meals Out					
School Lunches					Payment Due Date, Balance Condition: Good    Fair    Poor
Electricity					
Oil / Gas					Make                      Year Model
Water / Sewage / Garbage					
Telephone/Mobile Phone/Beeper					Payment Due Date, Balance Condition: Good    Fair    Poor
Family Clothing					
Occupational Expenses					<b>DEPENDENTS:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Ages:</b> _____ _____
Dry Cleaning / Laundry					
Home Cleaning Supplies					<b>TOTAL NET INCOME</b>
Gasoline					
Bus Fares/Ride Shares/Parking					<b>TOTAL EXPENSES</b>
Diapers/Formula/Baby Supplies					
School – Tuition / Supplies					
Allowances					
Barber / Beauty Shop					
Books / Newspaper / Magazines					
Movies/Sporting Events/Entertainment					
Gifts/Parties/Holidays					
Cigarettes/Tobacco/Alcohol					
Baby Sitter					
Hobbies / Club Dues					
Medical					
Dental / Optical					
Drugs / Medication					
Church / Charities					
Bank Service Charges					
Postage					
Personal Care					
Pet Care					
Home Maintenance					
Lawn/Pool Maintenance/Home Security					
Cable TV					
Lottery					
Vacations / Travel					
<b>TOTAL VARIABLE EXPENSES</b>					
<b>Periodic Expenses</b>	\$	\$	\$	\$	
Property Taxes					
Life Insurance					
Health & Accident Insurance					
Auto Insurance					
Auto Tags / Inspection					
Car Maintenance/Oil Lube/Tires					
<b>TOTAL PERIODIC EXPENSES</b>					

Appointments are scheduled when completed worksheet is returned to CCCS

## LIST OF DEBTS

GIVE COMPLETE MAILING ADDRESS AND ACCOUNT NUMBERS

				OFFICE USE ONLY
CREDITOR	ACCOUNT DESCRIPTION	BALANCE	MONTHLY PAYMENT	
ADDRESS		\$ _____	\$ _____	
CITY & STATE			DUE DATE	
ACCOUNT NO	PHONE NO			
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ADDRESS		\$ _____	\$ _____	
CITY & STATE			DUE DATE	
ACCOUNT NO	PHONE NO			
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