



Consumer Credit Nationwide

www.TooMuchDebt.com
www.800DebtHelp.com

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Davenport, Iowa 52807
Phone: 563-359-8830
Toll Free: 800-838-8830
800-Debt Help (332-8435)
Fax: 563-359-8863

Helping you take control of your debt.

PLEASE INDICATE ONE MAIN REASON FOR REQUESTING AN APPOINTMENT:

- Over-obligation (Excessive Spending) Unexpected Medical Costs Divorce/Separation
- Unemployment – Loss of Income Accident/Disability Other (please Specify)
- Reduced Income Gambling

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

FULL NAME	D.O.B	SPOUSE'S NAME	D.O.B.
ADDRESS	CITY	STATE	ZIP
PHONE	NUMBER OF PERSONS IN HOME		AGES OF CHILDREN
E-MAIL ADDRESS		SPOUSE'S E-MAIL	
SOC. SEC. NO.		SPOUSE'S SOC. SEC. NO.	
EMPLOYER		SPOUSE'S EMPLOYER	
POSITION	LENGTH OF EMPLOYMENT	POSITION	LENGTH OF EMPLOYMENT
TIMING OF PAYDAYS	TAKE HOME PAY \$	TIMING OF PAYDAYS	TAKE HOME PAY \$
PAYROLL DEDUCTIONS OTHER THAN TAXES AND SOCIAL SEC.		PAYROLL DEDUCTIONS OTHER THAN TAXES AND SOCIAL SEC.	
\$ _____ for _____		\$ _____ for _____	
\$ _____ for _____		\$ _____ for _____	
WORK PHONE	Receive Calls (Y) (N)	WORK PHONE	Receive Calls (Y) (N)
OTHER INCOME SOURCES	AMT. \$	OTHER INCOME SOURCES	AMT. \$
HAVE YOU EVER FILED BANKRUPTCY (Y) (N) YEAR		HAVE YOU EVER FILED BANKRUPTCY (Y) (N) YEAR	
VEHICLES: Make	Year	Est. Value \$	Make
			Year
			Est. Value \$

FINANCED BY _____ AMOUNT OF LAST YEAR'S TAX REFUND \$ _____

FOR OFFICE USE ONLY

Date: _____

Counselor: _____

Time: _____

Appt: _____

Referral: _____

TOTAL INCOME \$ _____

LIVING EXPENSES \$ _____

CASH FLOW BEFORE DEBT \$ _____

CC PAYMENT \$ _____

(SHORTFALL)/EXCESS \$ _____

MONTHLY LIVING EXPENSE BUDGET

Please Fill Out Completely

		ESTIMATED	OFFICE USE ONLY
HOUSING HOME EST. VALUE _____ AMT. OWED ON HOME _____	Rent or Mortgage (Specify)		
	2nd Mortgage or Lot Rent		
	Energy (Gas, Oil, Electricity)		
	Water, Trash, Sewer		
	Phone / Cell / Internet		
	Home Maintenance & Repair		
	Property Taxes (if Not in Pymt.)		
GROCERIES	Food & Non-Food Items		
AUTO EXPENSE	Auto Loan 1 (# of payments left ____)		
	Auto Loan 2 (# of payments left ____)		
	Gas		
	Oil Changes & Repair		
	License Renewal		
INSURANCE	Car		
	Household		
	Life (Term or Whole Life)		
MEDICAL EXPENSE	Insurance (Unless Deducted)		
	Doctor & Dentist		
	Pharmacy		
CLOTHING	Family		
	Coin Laundry & Dry Cleaning		
EDUCATION/WORK	Lunch Expense		
	Tuition / Books / Registration		
	Student Loan		
MISCELLANEOUS	Day Care		
	T.V. - Cable / Netflix / Hulu		
	Gifts Including Holidays		
	Entertainment & Meals Out		
	Personal (Church, Subscriptions, Health Clubs, Allowances, Pets, Hair, Nails, Tanning, etc.)		
	Alcohol, Tobacco, Gambling		
	Other		
	Child Support (Unless payroll deducted)		
	Savings		
	TOTAL		

NOTE: PRINT ONLY FILL IN AS COMPLETELY AS POSSIBLE*

											FOR OFFICE USE ONLY		
CREDITORS	ADDRESS	CITY	STATE	ZIP	ACCOUNT NO.	CURRENT INTEREST RATE	BALANCE OWED	LATE/ OVER LIMIT Y/N	TYPE OF LOAN	CURRENT MONTHLY PAYMENT	CC PAYMENT	**DMP PARTICIPATION Y/ N	INT CONC
1.						1							
2.						2							
3.						3							
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26.						26							
27.						27							

*PLEASE SEND COPIES OF CURRENT STATEMENTS FOR EACH CREDITOR.

**Expected to participate in DMP (Y/N)