

## Christian Credit Counseling

P.O. Box 144 – Bulverde, Texas 78163  
(210) 341-5911 – Fax (830) 438-4429

### Client Information



**Instructions:** Please print. Do not fill in shaded areas.

**What to bring to counseling session:**

1. Bring completed forms: Client Information, Planning Analysis and Creditor Analysis.
2. Bring the latest creditor statements (including collection letters, if any).
3. Without complete information, your counselor will be unable to accurately evaluate your financial situation and will not be able to help you explore your best options.

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Scheduled payment:**

Home phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Referral:  Creditor  Radio  Pastor  Yellow Pages  Other Adv. \_\_\_\_\_  
 Friend (Name) \_\_\_\_\_  
 Social Security Number \_\_\_\_\_

<b>Net Income (Household):</b>	<b>Counselor:</b>	<b>Sign-up Date:</b>
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Sex:  Male  Female      Marital Status:  Married  Single  Divorced  Widowed  
 Age: \_\_\_\_\_  Rent  Own      Race:  Asian  Black  Hispanic  White  Other \_\_\_\_\_  
 Total in household: \_\_\_\_\_ (Husband, wife, children, and other dependents — include yourself)  
 Child Support:  Yes  No

<b>Number of debts put on program:</b>	<b>Pmt. day 1 or Pmt. freq:</b> 1st      15th
<b>1st dist. date:</b>	<b>Pmt. day 2 (use if Code S):</b> 1st      15th
<b>Living Expense:</b>	<b>First payment due:</b>
<b>Pmt. code (M, S):</b>	<b>Total household debt:</b>

Spouse Information: First name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Work Phone (\_\_\_\_) \_\_\_\_\_ Occupation \_\_\_\_\_  
 Employer \_\_\_\_\_ Social Security Number \_\_\_\_\_

**Spouse's Net Income:**