

**CONSUMER  
REDIT  
OUNSELING**

**SERVICE OF NORTHWEST INDIANA, INC.**

800 E. 86th AVE., SUITE B • MERRILLVILLE, IN 46410  
Telephone: (219) 980-4800 • Facsimile: (219) 769-0454

Please fill out this "Intake Form" completely and bring it with you when you come to your appointment.  
**INCOMPLETE FORMS WILL RESULT IN RESCHEDULING YOUR APPOINTMENT.**

**CLIENT'S NAME:** \_\_\_\_\_

**PHONE#:** \_\_\_\_\_

**CELL #:** \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Employer \_\_\_\_\_  
Phone \_\_\_\_\_  
Position \_\_\_\_\_

African American  
 Asian  
 Caucasian  
 Hispanic  
 Other

Married  
 Single  
 Divorced  
 Separated  
 Widowed

Elementary  
 High School  
 College/Some  
 Graduate School  
 Female  Male

**CO-APPLICANT:** \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Employer \_\_\_\_\_  
Phone \_\_\_\_\_  
Position \_\_\_\_\_

African American  
 Asian  
 Caucasian  
 Hispanic  
 Other

Elementary  
 High School  
 College/Some  
 Graduate School

Female  Male

House:  Buy  Rent

# Of Vehicles: \_\_\_\_\_ Make/Year of Vehicle #1: \_\_\_\_\_ Make/Year of Vehicle #2: \_\_\_\_\_

Are you receiving counseling from any other agency?  Yes  No From whom: \_\_\_\_\_

# Of Dependants: \_\_\_\_\_ Total # In Household: \_\_\_\_\_ Are you currently under "Active Duty"?  Yes  No

Who referred you to our Agency? \_\_\_\_\_ Primary Reason for Default: \_\_\_\_\_

Your appointment is scheduled for

Your appointment is at

Here is a Checklist for documents to be brought in at time of your appointment:

- Completed Intake Form
- Paycheck Stubs - Last 30 Days (Both parties if applicable)
- Money Order/Cashier's Check of \$50.00  
(No cash or personal checks)
- Current Statements from Creditors  
(With full account numbers on them)

**MUST BE FILLED OUT COMPLETELY**  
**Monthly Living Expenses**

Rent/House Payment \_\_\_\_\_

2nd Mortgage/Lot Rent \_\_\_\_\_

Property taxes (Not included in Mortgage Payment) \_\_\_\_\_

Homeowner/Renter Insurance \_\_\_\_\_

Electric/Natural/LP Gas \_\_\_\_\_

Water/Sanitation/Garbage \_\_\_\_\_

Telephone & Cellular \_\_\_\_\_

Groceries/Beverages/Toiletries/Soaps \_\_\_\_\_

Work/School/Lunches/Snacks \_\_\_\_\_

Auto Payments \_\_\_\_\_

Auto Insurance \_\_\_\_\_

Repairs/Maintenance/License Plates \_\_\_\_\_

Gasoline/Oil \_\_\_\_\_

Public Transportation/Parking/Tolls \_\_\_\_\_

Life or Medical/Insurance Premiums  
(Not included in Paycheck) \_\_\_\_\_

Deductible - Family or Single \_\_\_\_\_

Doctor/Dentist/Vision (Monthly Average) \_\_\_\_\_

Medications (Monthly Average) \_\_\_\_\_

Clothing/Laundry/Dry Cleaning \_\_\_\_\_

Barber/Beauty/Nails/Tanning \_\_\_\_\_

Newspaper/Magazine \_\_\_\_\_

Child Support (Paid Directly) \_\_\_\_\_

Children's Allowances/Child Care \_\_\_\_\_

Book Rental/Tuition/Books \_\_\_\_\_

Yard Care/Pet Expense \_\_\_\_\_

Fed/State Taxes (Paid Directly) \_\_\_\_\_

Jewelry/Furniture/Appliance Rentals \_\_\_\_\_

Internet/Cable/Satellite \_\_\_\_\_

Movies/Concerts/Movie Rental \_\_\_\_\_

Health Club/Sports \_\_\_\_\_

Clubs/Hobbies/Lessons \_\_\_\_\_

Lottery/Bingo/Gamble/Tobacco \_\_\_\_\_

Dining Out/Fast Food \_\_\_\_\_

Pool Supplies/Security System \_\_\_\_\_

Trips/Vacations \_\_\_\_\_

Special Occasions: Birthdays, etc. \_\_\_\_\_

Holidays: Easter, Valentines, Christmas  
Thanksgiving, 4th of July, etc. \_\_\_\_\_

Church/Charity \_\_\_\_\_

School Loans \_\_\_\_\_

Secured Loans \_\_\_\_\_

Savings: Regular/Emergency \_\_\_\_\_

Union Dues: (Not included in Paycheck) \_\_\_\_\_

Miscellaneous \_\_\_\_\_

**Total Monthly Expenses** \_\_\_\_\_

**Your Income Take Home Pay (Net) Monthly**

1st Job Net Income      2nd Job Net Income  
\$ \_\_\_\_\_              \$ \_\_\_\_\_

**Spouse Income Take Home Pay (Net) Monthly**

1st Job Net Income      2nd Job Net Income  
\$ \_\_\_\_\_              \$ \_\_\_\_\_

*CCCS Use Only*

**Total Income** \_\_\_\_\_

**Less Living Expenses** \_\_\_\_\_

**Available (+ or -)** \_\_\_\_\_

# THIS MUST BE FILLED OUT COMPLETELY BEFORE APPOINTMENT DATE

## CHARGE CARDS, MEDICAL BILLS & UNSECURED LOANS

CREDITOR NAME	ACCOUNT NUMBER	CURRENT BALANCE	STATEMENT MINIMUM PAYMENT	STATEMENT APR	OFFICE USE ONLY	
					DMP PAYMENT	OFFICE USE ONLY CCCS ARP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
	TOTAL					TOTAL