

**CCCS OF NORTHWEST INDIANA, INC.**  
**MEMBER NFCC**  
**3637 GRANT STREET**  
**GARY INDIANA 46408**  
**(219) 980-4800                      FAX (219) 980-5012**

Please fill out forms completely and bring them with you when you come for your appointment. **INCOMPLETE FORMS WILL RESULT IN RESCHEDULING YOUR APPOINTMENT.**

**CLIENT'S NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

|               |       |                        |                 |
|---------------|-------|------------------------|-----------------|
| Soc. Sec. #   | _____ | _____ African American | _____ Married   |
| Date of birth | _____ | _____ Asian            | _____ Single    |
| Employer      | _____ | _____ Caucasian        | _____ Divorced  |
| Phone         | _____ | _____ Hispanic         | _____ Separated |
| Position      | _____ | _____ Other            | _____ Widowed   |

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

|                  |                  |                           |
|------------------|------------------|---------------------------|
| Soc. Sec. #      | _____            | _____ African American    |
| Date of birth    | _____            | _____ Asian               |
| Employer         | _____            | _____ Caucasian           |
| Phone            | _____            | _____ Hispanic            |
| Position         | _____            | _____ Other               |
| Housing          | ___ Buy ___ Rent |                           |
| Mortgage Company | _____            | Vehicles: Make/Year _____ |
|                  | _____            | _____                     |

Number of dependants \_\_\_\_\_ Ages \_\_\_\_\_

Who referred you to our Agency? \_\_\_\_\_

Your appointment is with \_\_\_\_\_

**Please bring with you!!**

- \_\_\_\_\_ Completed Forms
- \_\_\_\_\_ Paycheck Stubs
- \_\_\_\_\_ Statement from Creditors
- \_\_\_\_\_ Housing Papers
- \_\_\_\_\_ Foreclosure Letters

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MUST BE FILLED OUT COMPLETELY**

Living Expenses Monthly \_\_\_\_\_  
 Rent/House Payment \_\_\_\_\_  
 2<sup>nd</sup> Mortgage/Lot Rent \_\_\_\_\_  
 Property taxes \_\_\_\_\_  
 Homeowner/Renter Insurance \_\_\_\_\_  
 Electric/Natural/LP Gas \_\_\_\_\_  
 Water/Sanitation/Garbage \_\_\_\_\_  
 Telephone/Cellular/Pager \_\_\_\_\_  
 Groceries/Beverages/Toiletries/Soaps \_\_\_\_\_  
 Work Lunches/Snacks \_\_\_\_\_  
 School Lunches/Snacks \_\_\_\_\_  
 Auto Payments \_\_\_\_\_  
 Auto Insurance \_\_\_\_\_  
 Auto Repair/Maintenance \_\_\_\_\_  
 Gasoline/Oil \_\_\_\_\_  
 License Plates \_\_\_\_\_  
 Public Transportation/Parking/Tolls \_\_\_\_\_  
 Life/Medical/Insurance Premiums \_\_\_\_\_  
     Deductible – Family or Single \_\_\_\_\_  
 Doctor Visits (monthly average) \_\_\_\_\_  
 Dentist and Vision \_\_\_\_\_  
 Medications (monthly average) \_\_\_\_\_  
 Clothing (monthly average) \_\_\_\_\_  
 Laundry/Dry Cleaning \_\_\_\_\_  
 Barber/Beauty/Nail/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 \_\_\_\_\_  
 Entertainment: Internet \_\_\_\_\_  
     Cable/Satellite \_\_\_\_\_  
     Movies/Concerts/Movie Rental \_\_\_\_\_  
     Health Club \_\_\_\_\_  
     Clubs/Hobbies/Lessons \_\_\_\_\_  
     Sports-Bowling/Golf/Basketball etc \_\_\_\_\_  
     Lottery/Bingo/Gambling \_\_\_\_\_  
     Dining Out/Fast Food \_\_\_\_\_  
     Pool Supplies/Security System \_\_\_\_\_  
     Trips/Vacations \_\_\_\_\_  
     Tobacco \_\_\_\_\_  
 Gifts: Birthday \_\_\_\_\_  
     Christmas \_\_\_\_\_  
     Holiday/Special Occasions \_\_\_\_\_  
     Church/Charity \_\_\_\_\_  
 School Loans \_\_\_\_\_  
 Secured Loans \_\_\_\_\_  
 Savings: Regular/Emergency \_\_\_\_\_  
 Total Monthly Expenses \_\_\_\_\_

Income \_\_\_\_\_  
 Net Income #1 \_\_\_\_\_  
 Other Income #1 \_\_\_\_\_  
 Net Income #2 \_\_\_\_\_  
 Other Income #2 \_\_\_\_\_  
  
**Total Income** \_\_\_\_\_  
 Less Living Expenses \_\_\_\_\_  
 Available \_\_\_\_\_  
 Less Unsecured Debt \_\_\_\_\_  
 Available (+ or -) \_\_\_\_\_

**Action Steps**

1. \$80.00 start-up fee by money order, is due by the 10<sup>th</sup> of the month that you start the DMP program.
2. CCCS payment by money order is \$\_\_\_\_\_, this is due by the 20<sup>th</sup> of each month.
3. Review your statements each month.
4. Send in **copies** of your statements every 3 months.
5. Move your due dates to the last day of the month on credit cards.
6. Send **copies** of enrollment letters (takes up 90 days to accept)
7. With one missed payment a creditor may remove you from the program.

Gross Income

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 \_\_\_\_\_

Total Gross Income \_\_\_\_\_

Yearly Gross Income

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 \_\_\_\_\_

Total Yearly Gross Income \_\_\_\_\_

**Comments**

# THIS MUST BE COMPLETED BEFORE APPOINTMENT DATE

## CHARGE CARDS, MEDICAL BILLS & UNSECURED LOANS

OFFICE  
USE ONLY

OFFICE  
USE ONLY

| CREDITOR, ADDRESS, ZIP                       | TELEPHONE<br>NUMBER | ACCOUNT NUMBER | STATEMENT<br>APR | CURRENT<br>BALANCE | SCHEDULE<br>PAY | CCCS PAY | CCCS ARP |
|--|---------------------|----------------|------------------|--------------------|-----------------|----------|----------|
| 1  |                     |                |                  |                    |                 |          |          |
| 2  |                     |                |                  |                    |                 |          |          |
| 3  |                     |                |                  |                    |                 |          |          |
| 4  |                     |                |                  |                    |                 |          |          |
| 5  |                     |                |                  |                    |                 |          |          |
| 6  |                     |                |                  |                    |                 |          |          |
| 7  |                     |                |                  |                    |                 |          |          |
| 8  |                     |                |                  |                    |                 |          |          |
| 9  |                     |                |                  |                    |                 |          |          |
| 10   |                     |                |                  |                    |                 |          |          |
| APPROXIMATE NUMBER OF MONTHS<br>UNTIL PAYOFF |                     |                |                  | TOTAL              | TOTAL           | TOTAL    |          |

# THIS MUST BE COMPLETED BEFORE APPOINTMENT DATE

| CHARGE CARDS, MEDICAL BILLS & UNSECURED LOANS |                     |                |                  |                    |                 | OFFICE<br>USE ONLY | OFFICE<br>USE ONLY |
|---|---------------------|----------------|------------------|--------------------|-----------------|--------------------|--------------------|
| CREDITOR, ADDRESS, ZIP                        | TELEPHONE<br>NUMBER | ACCOUNT NUMBER | STATEMENT<br>APR | CURRENT<br>BALANCE | SCHEDULE<br>PAY | CCCS PAY           | CCCS ARP           |
| 11  |                     |                |                  |                    |                 |                    |                    |
| 12  |                     |                |                  |                    |                 |                    |                    |
| 13  |                     |                |                  |                    |                 |                    |                    |
| 14  |                     |                |                  |                    |                 |                    |                    |
| 15  |                     |                |                  |                    |                 |                    |                    |
| 16  |                     |                |                  |                    |                 |                    |                    |
| 17  |                     |                |                  |                    |                 |                    |                    |
| 18  |                     |                |                  |                    |                 |                    |                    |
| 19  |                     |                |                  |                    |                 |                    |                    |
| 20  |                     |                |                  |                    |                 |                    |                    |
| APPROXIMATE NUMBER OF MONTHS<br>UNTIL PAYOFF  |                     |                |                  | TOTAL              | TOTAL           | TOTAL              |                    |