



**Consumer Credit Nationwide**

www.TooMuchDebt.com  
www.800DebtHelp.com

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Bettendorf, IA 52722  
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)
- Unemployment – Loss of Income
- Reduced Income
- Unexpected Medical Costs
- Accident/Disability
- Gambling
- Divorce/Separation
- Other (please Specify)

**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	HOW LONG
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: \_\_\_\_\_

Web Download

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		
	<b>TOTAL</b>		

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							
4.						4							
5.						5							
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23.						23							
24.						24							
25.						25							
26.						26							
27.						27							

\*PLEASE SEND COPIES OF CURRENT STATEMENTS FOR EACH CREDITOR.

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