

Complete this sheet in detail

Please DO NOT list current utilities or insurance here

COUNSELOR USE ONLY

Creditor Name	Address	Balance	Mo Payment	Creditor #	Budget Payment
Account #		Phone #	# Months Past Due		
Is the account secured by anything? Yes or No:	Individual Account or Joint Account	SS #			
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Client's name: _____		Secured	Payment	Payment	\$
Notes:	Account Number _____		Unsecured	Payment	Monthly fee Min \$35 or 7.5% of payment \$50 Max
			Total Debt	Total Payment	Total Payment
					\$