

General Information Worksheet

DATE _____
 COUNSELOR _____
 CLIENT # _____

Complete as much information as possible. Please use pencil and print.

PERSONAL INFORMATION

Last Name	First	Middle/Maiden	Date of Birth	Social Security Number
Spouse Last Name	First	Middle/Maiden	Date of Birth	Social Security Number
Address No./Street	City	State	Zip Code	Residence Telephone

INCOME PER MONTH

Gross Pay (Monthly):	Take Home Pay (Monthly):	Weekly Biweekly	Semimonthly Monthly	Employer: _____
		Gross per period: \$ _____		Position/Rank: _____
		Take home per period: \$ _____		Telephone: _____ Ext: _____
Saving deduction each pay period: \$ _____				Other Income: _____
Loan deduction each pay period: \$ _____				(Net monthly) \$ _____

SPOUSE

Gross Pay (Monthly):	Take Home Pay (Monthly):	Weekly Biweekly	Semimonthly Monthly	Employer: _____
		Gross per period: \$ _____		Position/Rank: _____
		Take home per period: \$ _____		Telephone: _____ Ext: _____
Saving deduction each pay period: \$ _____				Other Income: _____
Loan deduction each pay period: \$ _____				(Net Monthly) \$ _____

Have you filed last year's taxes? Yes No
 Do you owe the IRS for prior years? Yes No Amount Owed \$ _____ Amount of Refund \$ _____

Gross Pay (Annual):	TOTAL take home (Monthly):	Value of available assets:		Referred By:			
START DMP:	REASON:	FEE:	FCO I DMP	MALE FEMALE	AFRICAN AM ASIAN CAUCASIAN	HISPANIC MULTI-RACIAL OTHER	
Have you or a family member been impacted by the Deep Water Horizon Oil Spill? Please circle the job below that was impacted.							
Oil rig worker, Other oil and gas industry worker, Commercial fisherman, Subsistence fisherman, Oysterman, Seafood processing worker, Tourism, Hospitality, Service workers, Family members of those listed above, and Others impacted (please describe job/career):							

CONSUMER CREDIT COUNSELING SERVICE

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 BK · HUD · HECM · CRR · DPA