

Client Information Sheet

APPLICANT 1 _____
LAST FIRST MIDDLE INITIAL

SOCIAL SECURITY NUMBER: _____ GENDER: Male Female

DATE OF BIRTH: ____/____/____ EDUCATION :Elementary High School/GED College Graduate School

MARITAL STATUS: Divorced Married Separated Single Widowed

ETHNIC ORIGIN: African-American American-Indian Asian Caucasian/White Hispanic Other _____

NUMBER IN HOUSEHOLD: _____

EMPLOYMENT STATUS: Retired Unemployed Working Full-Time Working Part-Time

Monthly Net Pay (Take Home):\$ _____

Additional **Monthly** Income(s): Amount: \$ _____ Source: _____
Amount: \$ _____ Source: _____

APPLICANT 2 _____
LAST FIRST MIDDLE INITIAL

SOCIAL SECURITY NUMBER: _____ GENDER: Male Female

DATE OF BIRTH: ____/____/____ EDUCATION: Elementary High School/GED College Graduate School

ETHNIC ORIGIN: African-American American-Indian Asian Caucasian/White Hispanic Other _____

EMPLOYMENT STATUS: Retired Unemployed Working Full-Time Working Part-Time

Monthly Net Pay (Take Home):\$ _____

Additional **Monthly** Income(s): Amount: \$ _____ Source: _____
Amount: \$ _____ Source: _____

E-MAIL _____

Contact by email ok: Yes / No

Bankruptcy case/docket number: _____

****We will not be able to issue your certificate unless we have your case/docket number**

- You can still complete your counseling without a case/docket number-you will need to call us when you receive it and we will then be able to issue your certificate**

Statement of Bankruptcy Services
Pre-File Counseling and Pre-Discharge/Debtor Education ("Bankruptcy Counseling")

What Can Be expected from Consumer Credit Counseling Services of Buffalo, Inc (CCCS).

The agency will provide a confidential comprehensive session on counseling/debtor education that will review how bankruptcy will affect my personal life and effective strategies to manage my finances in the future.

Participation in a Bankruptcy Counseling through CCCS of Buffalo has no impact on my credit report. At some point in the future, my information may be used for confidential research and/or a neutral third party may contact me to request an evaluation of the Agency's services.

The fee for a Bankruptcy Counseling is \$50.00 per filer. The fee must be paid by money order (payable to CCCS) credit or debt. Services are offered to clients without regard to client's ability to pay and services will not be withheld because of inability to pay.

Most of the agency funding comes from voluntary contributions from creditors who participate in the Creditor Repayment Plan (CRP). Since creditors have a financial interest in getting paid, most are willing to make a contribution to help fund our Agency.

The Agency does not pay or receive fees or other considerations for referrals. The Agency will provide the client a certificate in a format approved by the Executive Office for the U.S. Trustees (Department of Justice) upon the completion of the course.

Pre-Discharge/Debtor Education sessions Notice

Classes are held on Mondays at 6:30pm and Thursdays at 10:30am (NO CLASSES ARE AVAILABLE ON FEDERAL HOLIDAYS.) and last for a minimum of two hours. Classes are held at 40 Gardenville Parkway, Suite 300, West Seneca, NY 14224.

Client Responsibilities and Bill of Rights

We pledge that our clients have the right:

- To provide the Agency with accurate information to the best of their knowledge regarding all of their creditors and budget information necessary to assess their financial situation
To receive and read the Agency brochure and the Client Handbook
To prompt counseling services for managing money based on individual financial situation
To treatment with dignity and respect
To be actively involved in a comprehensive assessment of your financial situation including an appropriate action plan
To express dissatisfaction through a Complaint Resolution Process
A complete description of our grievance policy is available for review at any time
To discontinue your relationship with our agency at any time, upon proper notice
To ask questions and to have concerns addressed

I have read and understand all of the above information about CCCS services, funding and my rights and responsibilities. I agree to hold CCCS, its employees, agents and volunteers harmless from any claim, suit, action or demand of my/our creditors, my/ourselves or any other person resulting from advice or counseling.



Applicant: _____ Date: _____
Co-Applicant: _____ Date: _____

RELEASE OF INFORMATION

I (we), (write name(s)) _____ give my (our) permission for Consumer Credit Counseling Service of Buffalo, Inc to release or obtain information regarding my (our) account(s) and financial status to or from the following:

Attorney Name: _____

**Consumer Credit Counseling Service of Buffalo, Inc will not be held responsible nor will this be considered a breach of confidentiality.



Applicant: _____ Date: _____
Co-Applicant: _____ Date: _____