

# Consumer Credit Counseling Service of Buffalo, Inc.

## Client Application

***MUST BE COMPLETED***

APPLICANT 1	_____	_____	_____	DATE OF BIRTH	_____	
	FIRST	MIDDLE INITIAL	LAST		MM/DD/YYYY	
E-MAIL ADDRESS (regularly checked)	_____			SSN:	_____	
ETHNIC ORIGIN (Please circle one)	Caucasian	African-American	American-Indian	Hispanic	Asian	Other _____
EDUCATION (Please circle one)	Less than High School	High School/GED	College (specify years) _____			
EMPLOYER	_____			OCCUPATION	_____	
MONTHLY GROSS PAY (Before taxes) \$	_____			MONTHLY NET PAY (After taxes) \$	_____	
ADDITIONAL MONTHLY INCOME \$	_____			SPECIFY SOURCE	_____	
ADDITIONAL MONTHLY INCOME \$	_____			SPECIFY SOURCE	_____	
EVER FILE BANKRUPTCY?	YES	NO	IF YES, APPROXIMATE DATE _____			
RECENT SUITS OR GARNISHMENT?	YES	NO	IF YES, WHO SUED YOU? _____			

  

APPLICANT 2	_____	_____	_____	DATE OF BIRTH	_____	
	FIRST	MIDDLE INITIAL	LAST		MM/DD/YYYY	
RELATIONSHIP TO APPLICANT:	_____					
E-MAIL ADDRESS (regularly checked)	_____			SSN:	_____	
ETHNIC ORIGIN (Please circle one)	Caucasian	African-American	American-Indian	Hispanic	Asian	Other _____
EDUCATION (Please circle one)	Less than High School	High School/GED	College (specify years) _____ OR Degree received _____			
EMPLOYER	_____			OCCUPATION	_____	
MONTHLY GROSS PAY (Before taxes) \$	_____			MONTHLY NET PAY (After taxes) \$	_____	
ADDITIONAL MONTHLY INCOME \$	_____			SPECIFY SOURCE	_____	
ADDITIONAL MONTHLY INCOME \$	_____			SPECIFY SOURCE	_____	
EVER FILE BANKRUPTCY?	YES	NO	IF YES, APPROXIMATE DATE _____			
RECENT SUITS OR GARNISHMENT?	YES	NO	IF YES, WHO SUED YOU? _____			

MARITAL STATUS \_\_\_\_\_ REFERRED BY \_\_\_\_\_ NUMBER OF PEOPLE IN HOUSEHOLD \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_ SECONDARY PHONE \_\_\_\_\_ COUNTY \_\_\_\_\_

PRIMARY REASON FOR REQUEST OF SERVICES \_\_\_\_\_

HOME/REAL ESTATE VALUE \$ \_\_\_\_\_ LOAN WITH \_\_\_\_\_ BALANCE OWING \$ \_\_\_\_\_

SECOND MORTGAGE/HOME EQUITY LOAN LOAN WITH \_\_\_\_\_ BALANCE OWING \$ \_\_\_\_\_

HOME EQUITY LINE OF CREDIT LOAN WITH \_\_\_\_\_ BALANCE OWING \$ \_\_\_\_\_

OTHER/REAL ESTATE VALUE \$ \_\_\_\_\_ LOAN WITH \_\_\_\_\_ BALANCE OWING \$ \_\_\_\_\_

VEHICLE 1 VALUE \$ \_\_\_\_\_ LOAN WITH \_\_\_\_\_ BALANCE OWING \$ \_\_\_\_\_

VEHICLE 2 VALUE \$ \_\_\_\_\_ LOAN WITH \_\_\_\_\_ BALANCE OWING \$ \_\_\_\_\_

VEHICLE 3/OTHER VALUE \$ \_\_\_\_\_ LOAN WITH \_\_\_\_\_ BALANCE OWING \$ \_\_\_\_\_

DO YOU OWE PAST DUE (PRIOR YEAR) TAXES? YES NO IF YES, OWED TO: \_\_\_\_\_ BALANCE OWING \$ \_\_\_\_\_

CHECKING BALANCE \$ \_\_\_\_\_ SAVINGS BALANCE \$ \_\_\_\_\_

HAVE YOU BEEN ON A REPAYMENT PLAN WITH ANY CCCS IN THE PAST? YES NO IF YES, WHEN? \_\_\_\_\_ WITH WHOM \_\_\_\_\_



# Monthly Budget/Spending

Please note: Monthly = Annual amount divided by 12

Monthly Cost

Please note: Monthly = Annual amount divided by 12

Monthly Cost

Housing	Rent/Lot Rent/Condo Fees	_____	Childcare	Day Care/Babysitting	_____
	Mortgage	_____		Children's Allowance	_____
	Second Mortgage/Home Equity Loan	_____		Child Support (if not payroll deducted)	_____
	Home Equity Line of Credit	_____		Spousal Support (if not payroll deducted)	_____
	Homeowner Insurance (if not in escrow)	_____		Personal/Holiday Gifts	_____
	Home Maintenance/Services/Lawn Care	_____		Religious/Charity	_____
	City/County/Local Taxes (if not in escrow)	_____		Medical Insurance (if not payroll deducted)	_____
	Heat	_____		Long-Term Care Insurance/Life Insurance	_____
	Telephone	_____		Co-Payment/Prescriptions	_____
	Cellular Phone	_____		Vision/Dental/Other Medical (if not payroll deducted)	_____
Utilities	Electric	_____	Health	Grooming	_____
	Water/Sewer	_____		Tobacco/Alcohol	_____
	Garbage Collection	_____		Newspapers/Magazines	_____
	Cable/Satellite/Internet	_____		Entertainment/Hobbies	_____
	Groceries/Household Supplies	_____		Pet Food/Care/Vet/Supplies	_____
Food	Eating Out/Coffee/Snacks	_____	Other	Tuition	_____
	School Lunches	_____		Student Loans	_____
	Vehicle #1 Loan	_____		Occupational Licenses/Fees (if not payroll deducted)	_____
Transportation	Vehicle #2 Loan	_____		Lessons/Sports Lessons	_____
	Vehicle/Other #3 Loan	_____		Vacation/Travel	_____
	Auto Insurance	_____		Savings (if not payroll deducted)	_____
	Gasoline/Tolls/Parking/Public Transportation	_____		Banking Fees	_____
	Auto Maintenance	_____		Postage	_____
	Clothing Purchases	_____		Memberships/Health Clubs	_____
Clothing	Dry Cleaning/Laundry	_____			
	Baby Items	_____			

TOTAL

Please do not include any payroll deducted items above.



# Creditor List

Creditor	Account Number	Interest Rate	Balance	Regular Min. Payment
		%		
Check all that apply: <input type="checkbox"/> Current <input type="checkbox"/> Business Account <input type="checkbox"/> New Account, opened when? _____			Statement Date	Due on
<input type="checkbox"/> Overlimit <input type="checkbox"/> Past Due, How many months? _____ <input type="checkbox"/> Joint Account with _____				
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