

Client Name: _____

Date: _____

Instructions: List current balances and account numbers for all debts. If you need additional space, please use separate sheet.
PLEASE BRING YOUR MOST RECENT STATEMENTS WITH YOU.

FOR COUNSELOR USE ONLY

	Creditor	Account Number	Mths. Del.	Current Balance	DMP Payment	Revised DMP Date	Int. Rate	Notes
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								

Approximate length of time to complete DMP is 4 - 5 years.

*Sub-total:
 *Debt Management Fee:

TOTALS:

***Debt Management Fee Scale**

DMP Payment	Sub-total:	Fee:
\$ 1. to \$200.	=	\$15.
\$201. to \$400.	=	\$20.
\$401. to \$600.	=	\$25.
\$601. to \$850.	=	\$30.
Over \$850.	=	\$35.

LIVING EXPENSES CONTINUED

Monthly

INSURANCE	Household/Renters		
	Auto		
	Life/Disability		
MEDICAL	Physician		
	Prescriptions/Over Counter		
	Eye Care		
	Dentist		
CHILD CARE	Day Care/Sitter/Camp		
	Extra Curricular Activities		
	Child Support		
OTHER LOANS	Student Loans		
	Secured Loans		
MISC.	IRS/State Taxes		
	Real Estate Taxes		
	Home Repairs and Maintenance		
	New Clothing and Shoes		
	Dry Cleaning/Laundry		
	Barber and Beauty Shop		
	Allowances - Children		
	Birthdays/Anniversaries		
	Holiday Season		
	Books, Papers, Magazines		
	Church and Other Donations		
	Movies, Plays, TV		
	Dinners Out and Take Out		
	Lottery		
	Clubs, Sports, and Hobbies		
	Vacations/Trips/Pool		
	Cigarettes and Alcohol		
	Other		
TOTAL MONTHLY LIVING EXPENSES		\$	
TOTAL MONTHLY INCOME		\$	
DEDUCT LIVING EXPENSES FROM INCOME		\$	
TOTAL PROPOSED REDUCED/REGULAR PAYMENTS		\$	
OVER/SHORT		\$	

SPECIAL COMMENTS ON REVERSE SIDE

BUDGET INFORMATION

Date _____

Referred by: _____

Last Name <i>(Please Print)</i>	First Name	Middle Name	Date of Birth	Age
Last Name <i>(Spouse)</i>	First Name	Middle Name	Date of Birth	Age
Mailing Address		Your Social Security #	Home Telephone #	
		Spouse's Social Security #		
Own Home Buying Home <input type="checkbox"/>	Renting Other <input type="checkbox"/>	Married Single <input type="checkbox"/>	Divorced Separated <input type="checkbox"/>	Widowed <input type="checkbox"/>
Number of Children:			Ages:	
Your Occupation	EMPLOYER:	TEL.#	Gross Monthly Income	Monthly Take-Home Pay
	ADDRESS			
Spouse's Occupation	EMPLOYER:	TEL. #	Gross Monthly Income	Monthly Take-Home Pay
	ADDRESS			
Part-time Work	EMPLOYER:	TEL. #	Gross Monthly Income	Monthly Take-Home Pay
	ADDRESS			
Other monthly income (Circle one):	\$ received from Welfare, Alimony, Social Security, Disability Compensation, Unemployment Compensation, Annuities, Stock Dividends, Child Support, Rentals, Pension, Allotments, National Guard, Boarders, etc.			\$
			TOTAL MONTHLY INCOME	\$

LIVING EXPENSES

Monthly

HOUSING	Mortgage (incl. 2nd or 3rd)	\$	
	Rent/Maint. Fees		
UTILITIES	Electric and Gas		
	Oil/Wood/Propane, Other		
	Water, Sewer, and Trash		
	Telephone/Cell		
	Cable		
GROCERIES	Food		
	Toiletries		
	Snacks, Coffee Breaks, Lunch		
	School Lunches		
	Pet Food		
AUTO	Car/Lease Payments		
	Gas		
	Repairs and Maintenance		
	Recreation Vehicles		
	Commuting Expenses/Parking		