

Dear Client,

Welcome to CCCS. Before your counseling appointment, please sign, complete, and return the enclosed forms to us at the address above *or* bring them to one of our locations at the time of your appointment:

- 1.) General Information Worksheet (please complete and sign)  
**Please provide a copy of a recent paycheck stub or income verification**
- 2.) Client Privacy Statement (please sign)
- 3.) CCCS Disclosure (please sign)
- 4.) Bankruptcy Counseling Waiver and Release (please initial and sign)
- 5.) Assets Worksheet (please complete)
- 6.) Copy of FRONT and BACK of Drivers License for each spouse (we can make the copy for you if you come into our office)

**These forms and income verification MUST be completed, signed, and returned to us before your counseling appointment** in order to obtain your Certificate of Credit Counseling.

***If the forms are incomplete, we cannot proceed with the counseling session and you will not obtain your certificate.***

The fee for the counseling session and certificate is **\$50 PER PERSON**. **Please include a \$50 money order or check (payable to CCCS) PER PERSON with your forms, income verification, and copy of drivers license. Fees paid are non-refundable.** If you are receiving counseling at our Jones Location in Las Vegas, we accept debit cards in addition to money orders and personal checks.

Please call us with any questions. We look forward to working with you.

Sincerely,

Consumer Credit Counseling Service

# CONSUMER CREDIT COUNSELING SERVICE WORKSHEET

Corporate Office: 2650 S. Jones Blvd. ▪ Las Vegas, NV 89146  
 Phone: (702) 364-0344 ▪ Fax: (702) 364-5836 ▪ Toll Free: 1-800-451-4505 ▪ e-mail: cccs@cccsnevada.org ▪ website: www.cccsnevada.org

**Reno:** 3100 Mill #111 Street Reno, NV 89502 Phone: 775-337-6363  
**St. George:** 720 South River Road, #C - 235 St. George, UT 84770 Phone: 435-986-9223

**Complete** as much information as possible. **PLEASE PRINT**  
 Phone 702-364-0344 or 1-800-451-4505 for an appointment at any of our locations.

## PERSONAL INFORMATION

Last Name	First	Middle	Age	Date of Birth	Social Security No.
					Email:
Spouse Last Name	First	Middle	Age	Date of Birth	Social Security No.
					Email:
Address No./Street	Apt. #	City	State	Zip Code	How Long At Residence?
					P H O N E HOME: CELL:
Previous Address	Apt. #	City	State	Zip Code	
					<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed

## NPS \_\_\_\_\_ PS \_\_\_\_\_ INCOME PER MONTH

Gross Pay (Monthly)	Take Home Pay (Monthly)	Total take home each pay period _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Semimonthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly	Employer: _____ Position/Rank: _____ Telephone: _____ Ext.: _____ How long on Job: _____ Employer Address: _____
Deduction (other than normal taxes) each pay period \$ _____ (insurance, loans, savings)			

## NPS \_\_\_\_\_ PS \_\_\_\_\_ SPOUSE INCOME PER MONTH

Gross Pay (Monthly)	Take Home Pay (Monthly)	Total take home each pay period _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Semimonthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly	Employer: _____ Position/Rank: _____ Telephone: _____ Ext.: _____ How long on Job: _____ Employer Address: _____
Deduction (other than normal taxes) each pay period \$ _____ (insurance, loans, savings)			

Other Income: \$ \_\_\_\_\_ Source: \_\_\_\_\_ Previous  No  Yes Chapter 7 \_\_\_\_\_  
 Other Income: \$ \_\_\_\_\_ Source: \_\_\_\_\_ Bankruptcy: \_\_\_\_\_ Chapter 13 \_\_\_\_\_  
 Date: \_\_\_\_\_

Dependents (living with you)  No  Yes Ages: \_\_\_\_\_

BANK WITH \_\_\_\_\_ CHECKING \$ \_\_\_\_\_ SAVINGS \$ \_\_\_\_\_ OVERDRAFT BAL. \$ \_\_\_\_\_

BRIEFLY EXPLAIN CONDITIONS YOU CONSIDER TO BE PRIMARY CAUSE OF YOUR INABILITY TO MEET CREDIT PAYMENTS

### DO NOT WRITE BELOW THIS LINE

<b>NOTES:</b> _____ _____ _____ _____	OUTCOME: _____ CAUSE: _____ DATE: _____ REFERRED BY: _____ TOTAL MO. INCOME: \$ _____ MINIMUM MO. LIVING EXP.: \$ _____ BAL. AVAIL. CR: \$ _____ TOTAL UNSECURED DEBT: \$ _____ TOTAL SECURED DEBT: \$ _____
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NAME & COMPLETE ADDRESS OF CREDITOR	ACCOUNT NUMBER	CURRENT BALANCE	\$ AMOUNT DELINQUENT	MONTHLY PAYMENT	DATE LAST PAYMENT MADE	INTEREST RATE	DMP PAYMENT	DMP REVISED	CARD STATUS
1: _____									
2: _____									
3: _____									
4: _____									
5: _____									
6: _____									
7: _____									
8: _____									
9: _____									
10: _____									
11: _____									
12: _____									
13: _____									
14: _____									
15: _____									
16: _____									
17: _____									
<b>TOTAL DEBT</b>					<b>TOTAL</b>	<b>TOTAL</b>	<b>TOTAL</b>	<b>TOTAL</b>	<b>TOTAL</b>

The information in this statement is true and correct to the best of my/our knowledge. To obtain cooperation of creditors in arranging a Debt Management Plan, Consumer Credit Counseling Service may disclose the number of creditors and total amount owed. Our DMP's serve the dual role of helping you repay your debts and helping creditors receive the money owed them.

Date \_\_\_\_\_ Signed \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_

D=Destroyed

# Statement of Counseling Services

Please read the following statements carefully so that you will understand the procedures for the counseling session. Initial the line next to each statement to indicate understanding of that provision. For simplification the singular is used even when the plural may apply.

\_\_\_\_\_ I understand the agency will provide a confidential comprehensive personal money management interview conducted by a Certified Consumer Credit Counselor™ or qualified professional counselor. All action plans not provided by a Certified Consumer Credit Counselor™ will be reviewed by a Certified Consumer Credit Counselor™. CCCS provides services to residents of Nevada and Utah. Service hours vary by location.

\_\_\_\_\_ I understand that in the event I am dissatisfied, I can utilize the Complaint Resolution Process.

\_\_\_\_\_ Most of our funding comes from voluntary contributions from creditors who participate in Debt Management Plans (DMP). Since creditors have a financial interest in getting paid, most are willing to make a contribution to help fund our agency. These contributions are usually calculated as a percentage of payments you make through your DMP. However, your accounts with your creditors should always be credited with one hundred percent (100%) of the amount you pay through us and we will work with all your creditors regardless of whether they contribute to our agency. Our agency charges a maximum of \$20.00 monthly for the Debt Management Plan and a one-time \$25 set-up fee to assist with administrative costs. Fees paid are non-refundable.

\_\_\_\_\_ I hold the agency, its employees, agents and volunteers harmless from any claim, suit, action or demand of my creditors, myself or any other person resulting from advice or counseling. Nothing herein shall apply to actions or claims under the provisions of the United States Bankruptcy Code, 11 U.S.C. 101 et seq.

\_\_\_\_\_ I will be given a written assessment outlining a suggested client action plan which will be based on the following options:

- a) I will handle my financial concerns on my own. (Including but not limited to those seeking credit report review, mortgage counseling, budget counseling).
- b) I may choose to enroll in the agency's Debt Management Plan, understanding that DMPs are not suitable for all clients and that CCCS will discuss other options available to me. Under the Debt Management Plan the agency serves as a neutral third party in negotiating with creditors to liquidate financial obligations. Secured and unsecured debt may be included in a DMP and most creditors participate in a proposed DMP.

Your participation in a Debt Management Plan will not change anything which is already on your credit report. If your credit report reflects that you have paid creditors as agreed in the past, a Debt Management Plan could have a negative impact on a credit worthiness decision by a potential creditor, landlord, or employer in the future. In addition, creditors may report that you are on a Debt Management Plan and are not paying as originally agreed although they have accepted the reduced payment. CCCS does not report your participation in a DMP to any credit reporting agency.

In the event that the counselor suggests a Debt Management Plan, I will receive complete details of the operations, requirements, and responsibilities.

- c) You should also be aware that debts to creditors you repay through the plan may be able to be discharged through bankruptcy. Counselors cannot provide legal advice. If I want legal advice, I will be referred for appropriate assistance. While an attorney can make a recommendation to file bankruptcy, it is a personal choice based on individual circumstances.
- d) I will be referred to the other services of the organization or another agency or agencies, as appropriate, that may be able to assist with particular problems that have been identified and I understand I may use or reject these referrals.

\_\_\_\_\_ At sometime 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.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date



## CCCS Disclosure

Welcome! We understand that you are here because you are experiencing financial problems, and that you may be considering filing for bankruptcy and are required to receive "counseling" before you may file.

This agency has over 33 years of experience of helping people with financial problems. Our role is not to be judgmental, but to provide assistance. Specifically, we will do a budget analysis that will examine your financial situation, discuss the factors that may be the cause of your problems, and explore your options for developing a reasonable plan for dealing with them. We will provide you with information about bankruptcy, including its process and possible consequences. We will also consider alternatives to bankruptcy to resolve your problems. It is our view that the purpose of this session is to provide you with information so that YOU may chose the option that you think is best. At the conclusion of this session, you will be provided with a certificate that you will need should you decide to file for bankruptcy. The certificate is valid for up to 180 days from the date the counseling is completed.

This agency is a member of the National Foundation for Credit Counseling ("NFCC"). The NFCC has high standards for quality credit counseling and financial education, and this agency complies with those standards. In addition, this agency is accredited by the Council on Accreditation ("COA"), an independent third-party organization that reviews and monitors entities that provide social services. We are a non-profit agency. We are organized and operate in accordance with Section 501(c)(3) of the Internal Revenue Code.

The consumer credit counselor conducting or supervising this session has been trained and certified in accordance with the NFCC standards, and while he/she has expertise in helping those with financial problems, he/she cannot provide you with legal advice. In fact, this session is designed to provide you with information and alternatives; it is not intended to take the place of a consultation with an attorney to explore your legal rights and options.

In order to assist you, it is essential that you provide us with information that is as accurate and complete as possible. For that reason, we may ask you to authorize us to access your credit history. Rest assured that the information concerning your financial condition and status that you provide during this session is strictly confidential. Such information would include, but is not limited to, income, debts, credit accounts, earnings, assets, and employment data. We will not disclose any such information that you provide orally or in writing to anyone, except as authorized by you in writing or as required by law, such as in response to a subpoena. We may compile data and aggregate information that you give us, but this information will not be disclosed in any manner that would personally identify you. This agency will not disclose or provide any information about this session to a credit-reporting agency. Should you decide to enter into a Debt Management Plan ("DMP") (which will be explained in the course of this session) you will be provided with separate agreement and disclosure forms.

To help cover the cost of providing this session to you, this agency charges a fee of **\$50 per individual (debit card, checks, or money orders will be accepted.) Fees paid are non-refundable.** In certain circumstances, you may be eligible to have this fee reduced or waived. These services may be available at no charge if you are without the ability to pay based on the 2010 HHS Poverty Guidelines.

This agency also receives funding in the form of grants from Allstate Insurance, State Farm Insurance, Housing and Urban Development (HUD), Citibank, Nevada Governor's Council on Developmental Disabilities, State of Nevada, and many others. A significant portion of funding for this agency comes from voluntary contributions from creditors who participate in DMPs. Since creditors have a financial interest in having debts repaid, many are willing to make a contribution to help fund the overall services of this agency. These contributions are usually calculated as a percentage of payments that are made through a DMP. Again, should you decide to enter into a DMP, you will receive specific information on how the plan works and how the agency is funded.

**I have read and understand the disclosures made above.**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_



Consumer Credit Counseling Service
Bankruptcy Counseling Waiver and Release

Please initial the following releases (#1-4) after reviewing the statements. You MUST initial Release #1 and #2. However, you MAY initial Release #3 and #4 if you authorize CCCS to disclose your information to your attorney and/or you request CCCS send your Credit Counseling Certificate directly to your attorney. Please provide the attorney's name and address if you agree to Release #3 and #4.

- 1. Client understands that CCCS' budget analysis of Client's income/expenses may differ from a bankruptcy attorney's budget analysis.
2. Client understands that a Debtor Education Certificate must be received before they are eligible for a discharge under the bankruptcy code. Client may register for the Debt Education Course once they receive a bankruptcy case number. It is Client's responsibility to file the Debtor Education Certificate with the court or his/her attorney.
3. Client consents to any employee of CCCS sharing information regarding client's counseling session with Client's attorney or law firm staff.
4. Client requests that a copy of the Credit Counseling Certificate and Debt Management Plan (if offered by CCCS Counselor) will be MAILED/FAXED (please circle option desired) to Client's attorney/law firm. It is client's responsibility to file the original Credit Counseling Certificate with the court or their attorney.

The name and address of my attorney:

Blank lines for attorney name and address

The client(s) hereby agrees to hold CCCS, its employees, officers, directors and agents harmless from any claim, suit, action, or demand made by any creditors or attorneys in connection with any services rendered by CCCS to the client(s).

Nothing herein shall apply to actions or claims under the provisions of the United States Bankruptcy Code, 11 U.S.C. sec. 101 et seq.

CCCS agrees that all information in the client(s) file will be otherwise kept confidential and used only for legitimate business purposes under the Fair Credit Reporting Act

ALL FEES PAID ARE NON-REFUNDABLE

Client Signature

Date

Client Signature

Date





consumer credit  
counseling service

Assisting With Financial Goals Through Counseling And Education  
2650 South Jones Blvd. • Las Vegas, NV 89146  
(702) 364-0344 • Fax (702) 364-5836  
1-(800) 451-4505  
www.cccsnevada.org • cccs@cccsnevada.org

### Assets Worksheet

Cash and Cash Equivalents	Value
Checking account #1	
Checking account #2	
Savings account #1	
Savings account #2	
Certificates of Deposit	
Other	
<b>Investments (non-retirement)</b>	
Mutual Funds (total)	
Stocks (total)	
Bonds (total)	
<b>Retirement Funds</b>	
IRAs (total)	
401(k) (total)	
403(b) (total)	
SEP/SIMPLE (total)	
Company Retirement Plans (vested)	
<b>Real/Personal Property</b>	
Home (current market value)	
Land	
Auto #1 (current market value)	
Auto #2 (current market value)	
RV/Plane/ATV	
RV/Plane/ATV	
Other Personal Property	
<b>Household Goods</b>	
Furniture	
Jewelry	
Computers	
Home Entertainment Centers	
Tools	
Valuable Collections	
<b>Total Assets</b>	

Client: \_\_\_\_\_

Date: \_\_\_\_\_

Client: \_\_\_\_\_

Date: \_\_\_\_\_



ACCREDITED



COUNCIL ON ACCREDITATION  
OF SERVICES FOR FAMILIES  
AND CHILDREN, INC.



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