


FOR CCC USE ONLY:

Sent-Mail/Fx: App (BI/Com) _____ DMA (BI/Com) _____ Rec'd-Mail/Fx: BNApp _____

DMA _____ ACH/PD _____

Counselor: _____ Date: _____ Stmt _____

SVch

 CHRISTIAN CREDIT COUNSELORS, Inc. Christian Consumer Counselors	Print, complete & fax or mail this form to 5838 Edison Pl. Carlsbad, CA 92008 Fax: (760) 602-3366	Member of the "Better Business Bureau Care Program"
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Name (L/F/M) _____ Address _____ City _____ ST _____ Zip _____ Phone: _____ Hm _____ Wk _____	Spouse's Name _____ If spouse is employed: SS# _____ Where _____ How Long? _____ Phone _____
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BUDGET ANALYSIS

Fax _____	Employer _____
Social Security # _____	
How are you paid? Weekly _____	Biweekly _____ Semi-monthly _____ Monthly _____
How did you hear about us? _____	If through Internet, what source? _____

MONTHLY INCOME (NET AFTER TAXES)

Client Salary	\$
Spouse Salary	\$
Other	\$
Does anyone share in the household expenses? Y _____ N _____ How much	\$
TOTAL INCOME	\$

MONTHLY EXPENSES

TITHE	Tithes _____ Offerings _____ charity _____	\$
HOUSING	Mortgage/Rent _____ Trailer/Lot Rental _____ Property Tax _____ Homeowners/Renters / insurance _____	\$
UTILITIES	Gas _____ Electricity _____ Water/Sewer _____ Garbage _____ Phone _____ Cable TV _____ Cell Phone _____ Internet _____	\$
FOOD	Groceries _____ Lunches: School _____ Work _____	\$
AUTOMOBILES	Gas/Oil _____ Insurance _____ License _____ Maintenance _____ car Payment(s) _____	\$
INSURANCE	Life _____ Medical _____ (Paid at work? Y _____ N _____)	\$
CLOTHING	Self _____ Spouse _____ Children _____	\$
SAVINGS	Aut Chkg/Svgs Acct Withdrawal	\$
MEDICAL	Doctor _____ Dentist _____ Prescriptions _____	\$
MISCELLANEOUS	Child Support _____ Alimony _____	\$
SCHL/CHLD CARE	Tuition _____ Child Care _____ Lessons _____	\$
	TOTAL EXPENSES	\$

Total Monthly Income	\$
Minus Living Expenses	\$
Total Available for Debt Retirement	\$

Client Signature

Date

APPLICATION for _____
 Client's Name

PLEASE PRINT THE FOLLOWING INFORMATION ABOUT YOUR CREDITORS (Unsecured Debt Only - Credit Cards, Store cards, Signature Bank Loans not with a collection agency.)							Credit Counselor use only Available Monthly for Debt Repayment (From page 1)	
							\$	
Creditor's Name	Principal Balance	Amt. Past Due	Mo. Last Pd	Date Next Due	Mo. Pmt	Current Int Rate	CCC Lower Int Rate	Adjusted Payment
1.	\$	\$			\$	%	%	\$
2.	\$	\$			\$	%	%	\$
3.	\$	\$			\$	%	%	\$
4.	\$	\$			\$	%	%	\$
5.	\$	\$			\$	%	%	\$
6.	\$	\$			\$	%	%	\$
7.	\$	\$			\$	%	%	\$
8.	\$	\$			\$	%	%	\$
9.	\$	\$			\$	%	%	\$
10.	\$	\$			\$	%	%	\$
11.	\$	\$			\$	%	%	\$
12.	\$	\$			\$	%	%	\$
13.	\$	\$			\$	%	%	\$
14. Tax deductible donation to CCC	<i>Thanks for helping us help you!</i>			\$ 20	--	--	--	\$20

Total Debt:	\$	\$	<=Total amt past due	Monthly payment	\$
				Approx. Months to Pay Off:	

Biweekly ÷2=\$
Weekly ÷4=\$

Recommendations: Roommate Overtime Second Job

Notes: _____

 Counselor's Signature