



Assisting With Financial Goals Through Counseling and Education
2650 South Jones • Las Vegas, Nevada 89146
(702) 364-0344 • Fax (702) 364-5836
1-800-451-4505

www.FinancialGuidanceCenter.org * info@FinancialGuidanceCenter.org

Disclosure

Dear Client:

Welcome to Financial Guidance Center (“FGC”). 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.) FGC Disclosure (please sign)
- 2.) Assets Worksheet (please complete)
- 3.) General Information Worksheet (please complete and sign)
* **Please provide a copy of a recent paycheck stub or income verification**
- 4.) Bankruptcy Counseling Waiver and Release (please initial and sign)
- 5.) Client Privacy Statement (please sign)
- 6.) Copy of FRONT and BACK of Driver’s License for each applicant

These forms and income verification MUST be completed, signed, and returned to us before your counseling appointment or brought into your scheduled appointment in order to obtain your Certificate of Credit Counseling required as part of the bankruptcy filing process. FGC is approved to issue certificates in compliance with the Bankruptcy Code. Approval does not endorse or assure the quality of the agency’s services. FGC can issue certificates for the judicial districts located in Nevada, Utah, Arizona, and California only. The United States Trustee has reviewed FGC’s instructional course and its services as a credit counseling agency pursuant to U.S.C. 111 (d). The United States Trustee has neither reviewed nor approved any other services FGC provides to clients.

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

A client will receive a certificate only if the client completes counseling services. FGC shall issue a certificate to the client no later than one business day after successful completion. For online counseling, counseling is not complete and a certificate will not be issued until a counselor has spoken directly to the client(s).

The fee for the counseling session and certificate is ***\$50 PER PERSON. Please include a \$50 money order (payable to FGC) PER PERSON with your forms, income verification, and copy of driver’s license.** Fees shall be waived in whole or part whenever a client demonstrates a lack of ability to pay the fee. This service shall be available at no charge if the client’s current income is less than 150% of the poverty guidelines as established by the U.S. Dept. Of Health and Human Services, as adjusted from time to time, for a household or family of the size involved in the fee determination.

*There will be a \$5.00 charge for replacement certificates and 2 business days’ notice is required.

If you are receiving counseling at our Jones Location in Las Vegas, we accept debit cards in addition to money orders. Fees paid are non-refundable. This agency does not enter into any referral agreement or receive any financial benefit that involves the provider paying to, or receiving from, any entity or person referral fees for the referral of debtors to the provider.

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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. We offer counseling in English and Spanish. If you require counseling in another language, please let us know so that we may direct you to an approved provider in the language of your choice.

This agency has over 42 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

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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 including its impact on credit reports. We will also consider alternatives to bankruptcy to resolve your problems including enrollment in FGC's Debt Management Plan (DMP), and the possible impact to credit reports. Clients have the opportunity to negotiate an alternative payment schedule with regard to each unsecured consumer debt under terms as set forth in 11 U.S.C. 502(k). FGC provides this service through our DMP.

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 Certified 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. However, please be aware that FGC might disclose debtor information to the United States Trustee in connection with the United States Trustees oversight of the provider, or during the investigation of complaints, during on-site visits, or during quality of service reviews.

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.

This agency also receives funding in the form of grants from Allstate Insurance, State Farm Insurance, Housing and Urban Development (HUD), State of Nevada, and many others. A 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.

All fees paid are non-refundable.

Signature: _____ **Signature:** _____

Printed Name: _____ **Printed Name:** _____

Date: _____ **Date:** _____

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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 Financial Guidance Center (“FGC”) to disclose your information to your attorney and/or you request FGC 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 FGC’s 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 FGC 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 FGC 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:

The client(s) hereby agrees to hold FGC, 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 FGC 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.

FGC 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

Assets Worksheet

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

ALL FEES PAID ARE NON-REFUNDABLE

Client: _____

Date: _____

Client: _____

Date: _____

FINANCIAL GUIDANCE CENTER

Corporate Office: 2650 S. Jones Blvd. Las Vegas, NV 89146
Phone: (702) 364-0344 ■ Fax: (702) 364-5836 ■ Toll Free: 1-800-451-4505
email: info@FinancialGuidanceCenter.org ■ website: www.FinancialGuidanceCenter.org

SERVING NEVADA AND UTAH

PLEASE PRINT AND COMPLETE THE WORKSHEET

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
How Long at Residence?		Home Phone:		Cell Phone:	
Previous Address No./Street		Apt. #	City	State	Zip
How Long at Residence?		<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed

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)			

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: _____ Chapter 7 _____
Military Veteran Yes No Previous Bankruptcy: No Yes Chapter 13 _____
Date: _____

Dependents (living with you) No Yes Ages: _____

Bank with _____ Checking \$ _____ Savings \$ _____ Overdraft Bal. \$ _____

Retirement Accounts (i.e. IRA, 401K) \$ _____ CD(s) \$ _____ Stocks/Bonds \$ _____

Briefly explain conditions you consider to be the primary cause(s) of your housing or financial issues:

Please state your goal(s) for this counseling session:

INSTRUCTIONS: Fill in your estimated monthly expenses in the column marked "client". For your expenses, use recent monthly bills to **average** your expenses, where necessary.

MONTHLY LIVING EXPENSES **Client** **Counselor**

FIXED EXPENSES

Rent or Mortgage Payment		
Second Mortgage		
Renter/Homeowner Insurance (if not included in payment)		
Property Taxes (if not included in mortgage payment)		
Homeowner Association Dues		
Car Payment #1 PURCHASE _____ LEASE _____		
Car Payment #2 PURCHASE _____ LEASE _____		
Child Care / Alimony		
Tax Installments - IRS		
Child Support Ages _____		
Auto Insurance		
Life / Medical Insurance		
Savings		

TOTAL FIXED EXPENSES

FLEXIBLE EXPENSES

Groceries (including lunches)		
Cable TV / Internet		
Electricity		
Gas		
Water / Sewage / Garbage		
Telephone / Cell Phone / Internet		
Family Clothing		
Dry Cleaning / Laundry		
Gasoline / Auto Maintenance		
Diapers / Formula / Baby Supplies		
Barber / Beauty Shop		
Movies/Sporting Events/Entertainment		
Cigarettes / Tobacco / Alcohol		
Union / Club Dues (payroll deduction?)		
Medical (Co-Pay)		
Dental / Optical (Co-Pay)		
Church / Charities		
Bank Service Charge		
Home Maintenance (be specific)		
Student Loans		
Miscellaneous		

TOTAL FLEXIBLE EXPENSES

TOTAL EXPENSES

The following information is not required but would assist us in fulfilling U. S. Housing & Urban Development (HUD) requirements.

Client #1	Client #2
Ethnicity: (select only one)	Ethnicity: (select only one)
____ Hispanic or Latino	____ Hispanic or Latino
____ Not Hispanic or Latino	____ Not Hispanic or Latino
Race: (select one or more)	Race: (select one or more)
____ American Indian/Alaskan Native	____ American Indian/Alaskan Native
____ Asian	____ Asian
____ Black/African American	____ Black/African American
____ Native Hawaiian/Pacific Islander	____ Native Hawaiian/Pacific Islander
____ White	____ White

Property Value: \$ _____

Amount \$ _____

IS RENT/MORTGAGE DELINQUENT? Yes No If Yes, specific month(s) & date(s) due _____

RENT/MORTGAGE PAID TO: _____ Name _____ Address _____

TYPE OF LOAN & ACCT.#: CONVENTIONAL # _____ FHA # _____

SECOND MORTGAGE PAID TO: _____ Name _____ Address _____

IS SECOND MORTGAGE DELINQUENT? Yes No If Yes, specific month(s) & date(s) due _____

Amount \$ _____

NUMBER OF OTHER PROPERTIES OWNED OR BUYING _____

VEHICLE INFORMATION: #1 _____ YEAR _____ MAKE _____ MODEL _____ FINANCED BY _____ ADDRESS _____ ACCOUNT# _____

Value \$ _____ Balance (if applicable) \$ _____ Payment \$ _____

DELINQUENT Yes No If Yes, specific month(s) & date(s) due _____

#2 _____ YEAR _____ MAKE _____ MODEL _____ FINANCED BY _____ ADDRESS _____ ACCOUNT# _____

Value \$ _____ Balance (if applicable) \$ _____ Payment \$ _____

DELINQUENT Yes No If Yes, specific month(s) & date(s) due _____

Renting Buying Own Other _____

\$ _____ Balance Owed _____ \$ _____ Payment _____

\$ _____ Balance Owed _____ \$ _____ Payment _____

Account # _____

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

FOR COUNSELOR USE ONLY

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: _____									
TOTAL DEBT 	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL

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, Financial Guidance Center may disclose the number of creditors and total amount owed. Our DMPs serve the dual role of helping you repay your debts and helping creditors receive the money owed them.

D=Destroyed

date _____ Signed _____ Signed _____

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™. FGC 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, many 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 \$30.00 monthly for the Debt Management Plan and a one-time \$50.00 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, suite, 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 FGC will discuss other options available to me. Under the Debt Management Plan the agency serves as a neutral third party in negotiation 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 in a Debt Management Plan and are not paying as originally agreed, although they have accepted the reduced payment. FGC 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 some time 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

AN IMPORTANT NOTICE CONCERNING CLIENT PRIVACY

PRIVACY POLICY: At Consumer Credit Counseling Service d/b/a Financial Guidance Center (FGC), **maintaining information security and our client’s trust and confidence are a high priority.** We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your ‘personal financial information’, such as your total debt information, income, living expenses and personal information concerning your financial circumstances will be provided to creditors and, possibly others, with your specific authorization. We may also use aggregated case file information for the purpose of evaluating our services, gathering valuable research information, and designing future programs. Your anonymity will be maintained through the use of your client number or by using aggregate data in all circumstances.

In all situations, your information may be released to appropriate individuals or agencies **ONLY UPON YOUR WRITTEN REQUEST OR when our staff has been served by a valid subpoena.**

The following **PRIVACY PRACTICES** detail circumstances under which we will release your information to a third party:

1. We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as permitted by law.
2. We may compile data and aggregate information that you give to us, but this information may not be disclosed in a manner that would personally identify you in any way.
3. We may disclose some or all of the information that we collect, as described below, to creditors or third parties that you have authorized who need this information in order for us to assist you after a counseling session.
4. We may disclose all of the information that we collect, as described below, to creditors and related financial institutions that need this information in order to put you on a debt management plan.
5. We restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.
6. We may collect nonpublic personal information about you from the following sources:
 - Information we received from you on our worksheet or other forms you provide;
 - Information about your transactions with us, your creditors, or others; and
 - Information we may receive from a credit-reporting agency.
7. We may disclose the following kinds of nonpublic personal information about you:
 - Information we receive from you on a worksheet or other forms, such as your name, address, social security number, assets and income;
 - Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
 - Information we may receive from a credit-reporting agency, such as your credit history.

RELEASE: I hereby authorize Financial Guidance Center to release all nonpublic information it obtains about me to (1) my creditors, and (2) any third parties necessary to resolve the matter(s) discussed during my counseling session. I further **RELEASE** and authorize all of my creditors to provide nonpublic information about me to Financial Guidance Center.

ALL FEES PAID ARE NON-REFUNDABLE

Consumer _____ Date _____

Consumer _____ Date _____

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Financial Guidance Center (FGC) is a HUD-approved housing counseling agency. We offer the following housing counseling services: default/delinquency, reverse mortgage, loan modification, down payment assistance programs in partnership with the City of Las Vegas, City of North Las Vegas, Clark County, and the Federal Home Loan Bank of San Francisco, and an 8 hour pre-purchase education class. In addition to our housing counseling services we also offer financial counseling, debt management, credit report review, bankruptcy counseling and debtor education, free tax preparation, IRS advocacy program, and group financial literacy classes that includes topics such as budgeting, credit, purchasing an auto, renting an apartment, handling a checking/savings account, IDA asset development program, and various other financial programs and services.

You may request a list of down-payment assistance participating industry partners. **This list is provided to meet HUD requirements only and in no way represents our endorsement of these companies.** Lender and realtor participating entities are registered with our company specifically for participation in the down payment assistance programs administered by FGC.

As a potential HUD housing counseling client, you **are not required** to use any of our other services or the services of our industry partners, including those included on our participating lender and realtor lists in order to receive any type of housing counseling or education from FGC.

My signature below provides authorization for Financial Guidance Center to collect and share some or all of my personal information with program monitors and agents for purposes of program monitoring, compliance and evaluation of federal and state programs.

Signature

Signature

Date

Date

Consumer Credit Counseling Service D/B/A
Financial Guidance Center (FGC)
Serving residents of Nevada and Utah
Corporate Office – 2650 South Jones Blvd.
Las Vegas, NV 89146
(702) 364-0344 (800) 451-4505
www.FinancialGuidanceCenter.org info@FinancialGuidanceCenter.org

THIS RELEASE IS EFFECTIVE ON START DATE
NOT TO EXCEED 90 DAYS FROM DATE AUTHORIZATION
IS GIVEN FOR A ONE-TIME RELEASE OF INFORMATION
AND NOT TO EXCEED 30 DAYS AFTER CONCLUSION OF
ONGOING SERVICE, AS THE LAW OR COURT ORDER MAY
REQUIRE, OR UNTIL AND UNLESS THE CLIENT WITHDRAWS
AUTHORIZATION, WHICH MAY BE DONE AT ANY TIME.

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

Whereas, the client(s) recognizes that in order for Financial Guidance Center to provide its services, creditors of the client(s), as well as other persons, firms or organizations, will request FGC to furnish certain information concerning the client's financial condition.

In consideration of, and in furtherance of the services to be provided by FGC, the client(s) hereby expressly authorizes FGC to: disclose and/or obtain any information concerning the financial condition and the status of the client(s), including, but not limited to his/her income, monthly expenses, debts, credit, earnings and/or location information from or to any creditor of the client(s) or any credit reporting agency, as FGC deems necessary.

The client(s) hereby agrees to hold FGC, its employees, officers, directors and agents harmless from any claim, suit, action or demand made by any creditors of the client(s) in connection with any services rendered by FGC 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. § 101 et seq.

The client(s) recognizes that FGC has no responsibility or obligation for any past, present or future credit rating assigned to the client(s) by any of his/her creditors.

FGC 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.

Client: _____

Counselor: _____

Client: _____

Date: _____