



Dear Client:

Thank you for Choosing Financial Guidance Center (FGC) for your financial counseling needs.

Please complete the attached financial worksheet and bring it completed to your scheduled appointment along with **COPIES** of the following:

- Two (2) most recent paycheck stubs;
- Bank statements for last 60 days (all accounts);
- Current statements from all your creditors;
- A photo ID

We look forward to assisting you.

FGC



PHONE: 702.364.0344 – FAX 702.364.5836 – 2650 S. Jones Blvd – Las Vegas, NV 89146
FinancialGuidanceCenter.org

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

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	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	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 _____

~~OVER~~

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: _____