

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