

Consumer Credit Counseling Service of Northern Illinois, Inc
400 RUSSEL COURT, P.O. BOX 885 WOODSTOCK, IL 60098
815-338-5757 FAX: 815- 338 - 9646 www.illinoiscccs.org

GENERAL INFORMATION WORKSHEET

APPLICANT			CO-APPLICANT		
Last Name	First Name	Middle Initial	Last Name	First Name	Middle Initial
Date of Birth	Last 4 of Soc Security #	# of people in your household	Date of Birth	Last 4 of Soc Security #	# of people in your household
Dependant Children: ___No ___Yes		Ages: ____, ____, ____, ____		Marital Status: ___Single ___Married ___Divorced ___Other	
Ethnicity of Applicant (Check All that Apply): Caucasian ___Hispanic/Latino ___Asian ___African American ___Other_____					
Contact Phone #1 : _____ ___ cell ___ home			Contact Phone #2 _____ ___ cell ___ home		
Mailing Address		City	County	Zip Code	
Email: _____			If you reside in McHenry County, have you or any household member ever had counseling of any kind		

II. EMPLOYMENT & EDUCATION - Please Bring 2 Most Current Pay Stubs

APPLICANT		CO-APPLICANT	
Employer 1: _____		Employer 1: _____	
Position: _____		Position: _____	
Date of Hire: _____		Date of Hire: _____	
Highest Level of Education _____		Highest Level of Education _____	

How would you describe the nature of your credit problems:

- Bad Money Management Medical
 Overextension Other Personal Problems: _____
 Divorce

III. RENTAL HOUSING INFORMATION (skip to section IV if you are a homeowner):

Do you ___Rent ___Live with family or friends ___Other (please explain): _____

Are you delinquent on your rent payment? ___No ___Yes If yes? How many months delinquent? _____

Do you wish to remain in your current home? ___Yes ___No ___Don't know

IV. HOMEOWNERSHIP/MORTGAGE Information (skip to section V. if you are NOT a homeowner):

Property Address: _____
House number Street City State Zip Code

Do you own AND occupy this property as your primary residence? Yes No

Property Value: \$ _____ Source of information: County Tax Assessment Appraisal Other: _____

Do you own other property? No Yes

1st MORTGAGE: Account #: _____

1st Mortgage lender: _____ Balance of 1st Mortgage: \$ _____ Monthly Mortgage payment \$ _____

Interest rate: _____ % Loan: 30-yr fixed 15-yr fixed Adjustable rate Interest Only Other

Loan Type - FHA/VA/Conventional/HELOC/Reverse: _____

Is this mortgage delinquent? No Yes. If yes, when did you make your last payment? _____

Are association dues delinquent? No Yes. If yes, when did you make your last payment? _____

Has this mortgage ever been modified? No Yes

Did you obtain this mortgage before January 1, 2009? No Yes

2ND MORTGAGE: Account #: _____

2nd Mortgage lender: _____ Balance of 2nd Mortgage: \$ _____ Monthly Mortgage payment \$ _____

Interest rate: _____ % Loan: 30-yr fixed 15-yr fixed Adjustable rate Interest Only Other

Loan Type - FHA/VA/Conventional/HELOC/Reverse: _____

Is this mortgage delinquent? No Yes. If yes, when did you make your last payment? _____

Has this mortgage ever been modified? No Yes

UNSECURED CREDITORS (credit cards, loans, collection accounts, etc):

Creditor Name:	Current Balance	Minimum Payment Due:
Collection Agency involved? <input type="checkbox"/> No <input type="checkbox"/> Yes	Account Number:	Account belongs to: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Joint
Collection Agency: _____		
Counselor use only: Current Int _____ % DMP: _____ %		

Creditor Name:	Current Balance	Minimum Payment Due:
Collection Agency involved? <input type="checkbox"/> No <input type="checkbox"/> Yes	Account Number:	Account belongs to: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Joint
Collection Agency: _____		
Counselor use only: Current Int _____ % DMP: _____ %		

Creditor Name:	Current Balance	Minimum Payment Due:
Collection Agency involved? <input type="checkbox"/> No <input type="checkbox"/> Yes	Account Number:	Account belongs to: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Joint
Collection Agency: _____		
Counselor use only: Current Int _____ % DMP: _____ %		

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CONSUMER CREDIT COUNSELING OF NORTHERN ILLINOIS

400 Russel Court, P.O. Box 885, Woodstock, IL 60098
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INCOME & EXPENSE SUMMARY

Name:	Date:
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MONTHLY INCOME			
Primary Take Home			Unemployment
2nd Job			ADC - Public Aid
Secondary Take Home			Maintenance
2nd Job			Child Support Received
Social Security Income			Mileage check
Pensions-Retirement			Other
Workman's Comp			TOTAL INCOME
MONTHLY EXPENSES			
Housing		Recreation	
Rent or Mortgage		Internet	
2nd Mortgage/Home Equity Loan		Cable T.V.	
Taxes & Insurance		Pets/Food/Vet Bills	
Association Dues/Condo Dues		Hobbies/Toys/Sports	
Home Maintenance/Repair		Entertainment	
Lawn & Garden		Newspapers/Magazines/Books	
Utilities		Vacations/Trips	
Electricity		Gifts/Christmas/Birthdays	
Heat		Smoking	
Garbage		Liquor	
Telephone/Cellular		Lottery/Gambling	
Water		Other	
Child Care Expenses		Contrib./Religious/Other	
Child Support Payment		Clothing/Shoes	
Day Care/Babysitting		Laundromat/Dry Clean	
Food		Barber/Beauty Shop	
Grocery Store		Club/Union Dues	
Food/Drinks at Work/Vending		Children Spend \$/Allowance	
School Lunches		Postage	
Going Out/Fast food		Miscellaneous (soap, etc)	
Transportation		Other	
Car Payment		Other	
2nd Car Payment		Other	
Car Insurance		Education	
Gasoline		Tuition/Fees	
Oil Change and Maintenance		Bank Charges/Checking/ATM	
Repairs		Student Loan	
Train/Parking/Tolls		Other Expenses	
License Plates		Other	
Health		SUMMARY	
Health Insurance Premiums		Monthly Income	
Life Insurance Premiums		Monthly Expenses	
Doctor		Excess or (Deficit)	
Chiropractor		Credit Card Debt on CCCS plan	
Dentist			
Medications			
Eye Doctor/Contacts			
Counseling			

= periodic expenses



Client # _____

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STATEMENT OF COUNSELING SERVICES

Please read the following statements carefully so that you will understand the procedures for the counseling session. 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.

I understand that the interview will be conducted by a certified consumer credit counselor or qualified counselor. All actions plans, not conducted by a certified consumer credit counselor, will be reviewed by a certified consumer credit counselor.

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

I understand that most of the agency 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, up to fifteen percent (15%) of each payment received. However, your accounts with your creditors will 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.

I will grant express authority to release any or all information to Consumer Credit Counseling Service to be given those who have legitimate interest in my finances.

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 any financial concerns on my own.
- B. I may choose to enroll in the agency's debt management plan. Our DMP's serve the dual role of helping you repay your debts and helping creditors to receive the money owed to them.
 - a. The agency has no responsibility or obligation for any past, present, or future credit rating I receive. In certain circumstances, a debt management plan may affect my credit rating negatively.
 - b. In the event that the counselor suggests a debt management plan, I will receive complete details of the operations, requirements, and responsibilities. (See Debt Management Program case closing criteria and Debt Management Agreement).
- C. A counselor may answer questions about bankruptcy, but not give 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. I will inform the agency of the decision if I file bankruptcy.
- D. I will be referred to other services or agencies as appropriate that may be able to assist with particular problems that have been identified. I further understand I have the right to reject other services provided by CCCS, including the Debt Management Program.

At some time in the future, a neutral third party may contact me to request an evaluation of the agency's services.

Please read the other side of this form carefully and sign the release on the bottom.

PRIVACY NOTICE

PRIVACY POLICY: Our Agency is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. 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 other 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 customers or former customers 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 who need this information in order to put you on a debt management program (DMP).
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 collect nonpublic personal information about you from the following sources:
 - Information we received from you on our applications or other forms you provide;
 - Information about your transactions with us, your creditors, or others; and
 - Information we 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 applications 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 receive from a credit reporting agency, such as your credit history.

Authorization: I understand that by participating in this counseling I am giving CCCS my permission to submit data to the Department of Housing and Urban Development (HUD), Hope Loan Portal (HLP) or other relevant entities to assist me in resolving my financial situation for the purposes of grant reimbursement and to allow HUD, the US Treasury, NeighborWorks or other entities access to my files and/or to contact me regarding the services received to ensure compliance with the terms of a grant and that all these disclosures have been made to me by CCCS.

Disclosure Statement:

- Consumer Credit Counseling Service of Northern Illinois, Inc. (CCCS) f/k/a Consumer Credit Counseling Service of McHenry County, Inc. offers budget & financial counseling, credit report review, debt management programs, pre-filing bankruptcy counseling and pre-discharge bankruptcy education, reverse mortgage counseling, pre purchase counseling and education, as well as foreclosure mitigation counseling, and "CheckWise" education. I understand I am not obligated to receive any of the other services provided by CCCS.
- CCCS and its employees have no conflict(s) of interest due to any other relationship with servicers, real estate agencies, mortgage lenders and/or other entities or industry partners and does not pay or accept referral fees.

RELEASE: I hereby authorize this Credit Counseling Agency to release all non-public 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 non-public information about me to this Credit Counseling Agency.

Applicant

Date

Applicant

Counselor



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COUNSELING
SERVICE® of Northern Illinois, Inc.

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AGENCY CLIENT POLICY

CLIENT BILL OF RIGHTS

We pledge that our clients have the right:

- To prompt counseling services for managing money based on their financial situation;
- To treatment with dignity and respect;
- To be actively involved in a comprehensive assessment of their financial situation including an appropriate action plan;
- To express dissatisfaction through a Complaint Resolution Process;
- To discontinue their relationship with our agency at any time.
- To ask questions and to have concerns addressed.

COMPLAINT RESOLUTION PROCESS

We are committed to providing you with high quality professional services. However, if you are not satisfied with the services provided or if you want to make a complaint, we ask that you follow these guidelines:

- **Step One:** Try to resolve the issue with the staff member involved giving him or her specific information about your complaint.
- **Step Two:** If Step One is not possible or the issue is not resolved to your satisfaction, write or call Executive Director, Virginia Peschke, at Consumer Credit Counseling Service of Northern Illinois, Inc.
- **Step Three:** Agency may request a meeting with client (phone or face-to-face). The agency will respond within 15 days.
- **Step Four:** If your issue is still unresolved, you may appeal in writing directly to the head of the agency, the President of the Board of Directors. After additional fact finding, this individual will provide a concluding decision to you within 15 days.

NON-DISCRIMINATION POLICY

Our agency serves all members of the community. We do not engage in practices of discrimination in the selection and participation of clients in our programs or services with respect to race, religion, color, gender, national origin, handicap or ability to pay.

REPORTING POLICY

Consumer Credit Counseling Service of Northern Illinois, Inc. does not report information to any Credit Reporting Agency.