



Consumer Credit Counseling Service
of Northeastern Pennsylvania
A Non-Profit Community Service Agency

Dear Client:

Thank you for contacting CCCS of NE PA, Inc for your required pre-filing Bankruptcy counseling. In order to complete your session, you must complete the enclosed paperwork:

- General Information Worksheet.
- Statement of Counseling Services
- Bankruptcy Disclosure

There is a \$50.00 fee for our counseling service. No personal checks will be accepted. Upon completion of your counseling and budget analysis, a certificate will be issued to you.

If you have not yet scheduled an appointment with our agency, please call (800) 922-9537 to schedule this appointment. **YOU MUST BRING THIS COMPLETED PAPERWORK WITH YOU TO YOUR APPOINTMENT.** Or, mail all information to: **CCCS of NE PA, Inc., P O Box 531, Pittston PA 18640 Attn: Counseling Department.** Please provide us with a daytime phone number to contact you.

We look forward to assisting you.

Sincerely,

Consumer Credit Counseling Services of NE PA, Inc.

**Consumer Credit Counseling
Service of Northeastern PA®**

General Information Worksheet

Please print legibly and COMPLETE all applicable sections CCCS # _____

PERSONAL INFORMATION

Last Name	First Name	Middle/Maiden	Date of Birth	Social Security Number
Spouses Last Name	First Name	Middle/Maiden	Date of Birth	Social Security Number
Current Address No./Street	City	State	Zip	Home Phone
Previous Address No./Street	City	State	Zip	E-Mail address
Applicant Cell _____	Spouse's Cell _____	Check here if we can contact you by cell or e-mail: _____		

INCOME PER MONTH

Gross Pay (Monthly)	Take Home Pay (Monthly)	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly	<input type="checkbox"/> Semimonthly <input type="checkbox"/> Monthly	Employer: _____
Total each pay period: \$			Position/Rank: _____	Telephone: _____
Deduction each pay period: \$ (insurance, loans, savings, etc.)			Ext: _____	

SPOUSE

Gross Pay (Monthly)	Take Home Pay (Monthly)	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly	<input type="checkbox"/> Semimonthly <input type="checkbox"/> Monthly	Employer: _____
Total each pay period: \$			Position/Rank: _____	Telephone: _____
Deduction each pay period: \$ (insurance, loans, savings, etc.)			Ext: _____	

Other Income:

Counselor Remarks (for counselor use only)

FOR COUNSELOR USE ONLY

CLIENT NUMBER

CLIENT NAME:

Creditor	Account #	Secured (Y/N)	Current Balance	# Mos. Past Due	Monthly Payment	STMT		DMP		EST		CTA		ACCT NAME
						APR		PYMT		APR		CTAH		
1.														
Creditor Address:														
2														
Creditor Address:														
3														
Creditor Address:														
4														
Creditor Address:														
5														
Creditor Address:														
6														
Creditor Address:														
7														
Creditor Address:														
8														
Creditor Address:														
9														
Creditor Address:														
10														
Creditor Address:														
11														
Creditor Address:														
12														
Creditor Address:														
13														
Creditor Address:														

FOR COUNSELOR USE ONLY

Total Debt: _____ Total DMP Debt: _____ Current Mo. Payments _____ DMP Payment: _____

Instructions: Fill in your estimated monthly expenses in the column marked "estimate". For your expenses, use recent monthly bills to average your expenses. Calculate flexible and periodic expenses on a monthly basis. Be sure not to write in shaded areas.

Monthly Living Expenses	Estimate	Counselor Use Only			
Fixed Expenses (Monthly)	\$	\$	\$	\$	\$
Rent/Mortgage Payment.					
Second/Third Mortgage Pymt(s)					
Renter/Homeowner Insurance					
Car Payment #1					
Car Payment #2					
Child Care					
Tax Installments					
Child Support/Alimony					
Savings					
Total Fixed Expenses					
Flexible Expenses (Monthly)	\$	\$	\$	\$	\$
Groceries/Food					
Meals Out					
School Lunches					
Electricity					
Oil/Gas/Coal/Other Heating					
Water/Sewage/Garbage					
Telephone/Beeper/Cellular					
Family Clothing					
Occupational Expenses					
Dry Cleaning/Laundry					
Home Cleaning Supplies					
Gasoline					
Bus /Parking/Subway/Tolls					
Diapers/Formula/Baby Supplies					
School-Tuition/Supplies					
Allowances					
Hair/Personal Care					
Books/Magazines/Newspapers					
Movies/Sports/Entertainment					
Gifts/Parties/Holiday's					
Cigarettes/Tobacco/Alcohol					
Baby Sitter					
Hobbies/Club Dues					
Medical					
Dental/Optical					
Drugs/Medication					
Church/Charities					
Postage					
Pet Care					
Home Maintenance					
Lawn/Pool Maintenance					
Cable T.V./Internet					
Lottery					
Other					
Total Variable Expenses					
Periodic Expenses (Monthly)	\$	\$	\$	\$	\$
Property Taxes					
Homeowner Assn Dues					
Life Insurance					
Health & Accident Insurance					
Auto Insurance					
Auto Tags/Inspection					
Car Maintenance/Oil/Lube/Tires					
Total Periodic Expenses					

COMMENTS	
<input type="checkbox"/> Single	<input type="checkbox"/> Married
<input type="checkbox"/> Divorced	<input type="checkbox"/> Widow
<input type="checkbox"/> Domestic Partner	
<input type="checkbox"/> Renting	<input type="checkbox"/> Buying
<input type="checkbox"/> Own	<input type="checkbox"/> Other _____
1 st Mortgage Paid to: _____	
Mortgage Balance _____	
2 nd Mortgage Paid to: _____	
Mortgage Balance _____	
Are Rent or Mortgages Delinquent?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Months: _____ Amount: \$ _____	
Type of Loan:	
<input type="checkbox"/> Conventional # _____	
<input type="checkbox"/> FHA # _____	
<input type="checkbox"/> VA # _____	
Vehicle Information:	
1. _____	Year _____
Make _____	Year _____
Balance _____	Leased? _____
2. _____	Year _____
Make _____	Year _____
Balance _____	Leased? _____
3. _____	Year _____
Make _____	Year _____
Balance _____	Leased? _____
Total Assets (inc. home, auto, retirement, Personal belongings)	
\$ _____	
Dependents: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Age: _____	Relation: _____

TOTAL EXPENSES:	
\$ _____	

Statement of Counseling Services

**Consumer Credit Counseling Service of
Northeastern Pennsylvania, Inc.**

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 that Consumer Credit Counseling Service of NE PA, Inc. (CCCS) 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 professional counselor. All action plans, not conducted by a certified credit counselor, will be reviewed by a certified consumer credit counselor.

_____ I understand that in the event, we are dissatisfied, I can utilize the Complaint Resolution Process.

_____ I understand that most of your agency funding comes from voluntary contributions from creditors who participate in the Debt Management Program (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 the 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 CCCS.

_____ I hold CCCS of NE PA, its employees, agents and volunteers harmless from any claim, suit, action or demand of my creditors, myself or any other person resulting from advice of 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.
- b.) I may choose to enroll in CCCS of NE PA's Debt Management Program. Our DMPs serve the dual role of helping you repay your debts and helping the creditors to receive the money owed to them.
While CCCS may obtain a credit report and/or inform any credit reporting agency of my participation in the DMP, the agency has no responsibility or obligation for any past, present, or future credit rating I receive. In certain circumstances, a DMP may affect my credit rating negatively. In the event that the counselor suggests a Debt Management Program, I will receive complete details of the operations, requirements, and responsibilities.
- 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 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 the other services of CCCS or another agency or agencies as appropriate that may be able to assist with particular problems that have been identified.

Applicant

Consumer Credit Counseling Service of NE PA, Inc.

Applicant

Date

Statement of Counseling Services, cont.

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 have their concerns addressed.

Complaint Resolution Process

We are committed to providing you with high quality professional service. However, if you are not satisfied with the services provided or 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 the Vice President at (800) 922-9537 or (570) 602-2227.
- **Step Three:** CCCS of NE PA may request a meeting with you (phone or face-to-face) or seek more information from a staff person. The agency will respond within 15 days.
- **Step Four:** If your issue is still unresolved, you may appeal in writing directly to the President of CCCS of NE PA, Inc. After additional fact finding, the President will provide a concluding decision to you within 15 days.

Non-Discrimination Policy

CCCS of NE PA, Inc. serves all members of the community. We do not engage in the practice of discrimination in the selection and participation of clients in our programs or services with respect to race, religion, age, color, gender, national origin, or handicap.



Consumer Credit Counseling Service
of Northeastern Pennsylvania
A Non-Profit Community Service Agency

BANKRUPTCY COUNSELING DISCLOSURE

Welcome. We understand that you are experiencing financial problems and that you may be considering filing for bankruptcy and that you are required to receive counseling before you file for bankruptcy.

CCCS of Northeastern PA. has over 27 years of experience in helping with financial difficulties. Our role is not to be judgmental, but to provide assistance to you. Specifically, we will do a budget analysis that will examine your financial situation, discuss the factors that may be the cause of your problems and explore options for developing a reasonable plan for dealing with them. We will provide you with information about bankruptcy, including its process and possible consequences. We will also provide alternatives to bankruptcy. It is our view that the purpose of this session is provide you with the information that so 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 bankruptcy. The certificate is valid for up to 180 days after its issuance.

CCCS of Northeastern PA. is a member of the National Foundation for Credit Counseling ("NFCC"). The NFCC has high standards for quality credit counseling and financial education. We are accredited by the Council on Accreditation ("COA"), an independent third-party organization that reviews and monitors social service agencies. We are a non-profit agency in accordance with Section 501 (c) (3) of the IRS code.

The credit counselor conducting or supervising this session has been trained and certified in accordance with NFCC standards. Our counselors have expertise in helping those with financial problems but they cannot provide you with legal advice. 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.

In order to assist you, it is essential that you provide us with information that is accurate. For that reason, we may ask you to authorize us to access your credit history. Please be assured that any information concerning your financial condition that you provide during the session will be held in the strictest confidence. Such information would include, but not limited to, income, debts, credit accounts, earnings, assets and employment data. We will not disclose any 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. 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. We will not disclose or provide any information about this session to a credit-reporting agency. If you should decide to enter a Debt Management Plan ("DMP") you will be provided a separate agreement and disclosure forms.

To help cover the cost of providing this counseling session to you, CCCS of Northeastern PA. charges a fee of \$50.00. This fee may be waived due to financial hardship.

CCCS of Northeastern PA. receives funding from various sources. A significant portion of our funding comes from voluntary contributions from creditors who participate in the DMP. Since creditors have a financial interest in having debts repair, some make a contribution to help fund the services of our agency. These contributions are usually calculated as a percentage of payments that are made through a DMP.

I have read and understand the disclosures made above.

Signature: _____ Printed Name: _____ Date _____

Signature: _____ Printed Name: _____ Date _____



Consumer Credit Counseling Service
of Northeastern Pennsylvania
A Non-Profit Community Service Agency

DEBIT AUTHORIZATION

I/we hereby authorize Consumer Credit Counseling Service of Northeastern PA, Inc. to make a one-time withdrawal from my checking/savings account for the purpose of payment for Pre-Filing Bankruptcy Credit Counseling, OR Pre-Discharge Debtor Education, if applicable.

Client Number _____ **Certificate No. #** _____

Name(s)

Address

City, State, Zip

Debit Account Number (Visa/MC) **Exp. Date**

Signature(s)

Rev. 11.2010