

HOUSING & CREDIT COUNSELING, INC.

Counseling Worksheet

PERSONAL INFORMATION

Last Name	First	Middle/Maiden	Birth Date	Social Security Number
Address No./Street	City	State	Zip Code	Residence Telephone
E-Mail Address				
Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other				
Spouse Name	First	Middle/Maiden	Birth Date	Social Security Number

COMPOSITION OF HOUSEHOLD (IN ADDITION TO NAMES ABOVE)

Name	Age	Name	Age	Name	Age	Total Number _____
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	

INCOME PER MONTH

1) Name:

Gross Pay (Monthly)	Take Home Pay (Monthly)	Payroll Deduct Ins. \$ _____ Loans \$ _____ Savings \$ _____ Other \$ _____	Paid <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	Employer: _____ Position/Rank: _____ Telephone: _____ How long employed: _____
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2) Name:

Gross Pay (Monthly)	Take Home Pay (Monthly)	Payroll Deduct Ins. \$ _____ Loans \$ _____ Savings \$ _____ Other \$ _____	Paid <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	Employer: _____ Position/Rank: _____ Telephone: _____ How long employed: _____
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3) Other Employment – Name:

Gross Pay (Monthly)	Take Home Pay (Monthly)	Payroll Deduct Ins. \$ _____ Loans \$ _____ Savings \$ _____ Other \$ _____	Paid <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	Employer: _____ Position/Rank: _____ Telephone: _____ How long employed: _____
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4) Other Sources of Income – Name:

Child Support \$ _____	Disability Comp \$ _____	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Total Household Income \$ _____ </div>
Alimony \$ _____	Scholarships/Grants \$ _____	
Soc. Sec/Pension \$ _____	Rentals/Boarders \$ _____	
Welfare/Food Stamps \$ _____	Allotment \$ _____	
Unemployment \$ _____	National Guard \$ _____	

COUNSELOR USE ONLY

Date	HC	Y/N
Counselor	R	
Client #		
HUD	Y/N	
Case Status	CAUSE	

Referred By: _____

Life Insurance? _____	Value \$ _____
Retirement/Savings? _____	Value \$ _____
Ever Bankrupt? _____	Year _____
To HCCI Before? _____	Year _____

	CREDITOR NAME & ADDRESS	ACCOUNT NUMBER	BALANCE	MONTHLY PAYMENT	# OF MONTHS DELINQ	COMMENTS SECURED OR CO-SIGN YES/NO	DMP	DMP REVISED
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
	TOTAL							
	SET UP FEE	<i>(CIRCLE ONE)</i> CASH CHECK						
	BUFFER							
	HCCI COUNSELING FEE	<i>(CIRCLE ONE)</i> CASH CHECK HUD WAIVE E.A.P. with DMP OTHER						
	MONTHLY MAINTENANCE							
	FIRST DEPOSIT							
	MONTHLY PAYMENT							

HOUSEHOLD EXPENSE SHEET

INSTRUCTIONS: Fill in your estimated monthly expenses in the first column. Be sure not to write in the "COUNSELOR USE ONLY" box.

MONTHLY EXPENSES	MONTHLY AMOUNT	AMOUNT BEHIND	
HOUSING			
Rent			
First Mortgage			
Second Mortgage			
Association Dues			
Property Taxes			
Lot Rent			
Home Maintenance			
AUTOMOBILE			
Gasoline			
Maintenance – Oil/Lube/Tires			
Auto Tags/Inspection			
FOOD			
Groceries			
Meals Out			
School Lunches			
Food/Snacks at Work			
UTILITIES			
Electric/Gas/Oil/Propane			
Water/Sewer/Garbage			
Telephone/Cell Phone/Beeper			
Cable TV/Internet			
CLOTHING			
INSURANCE			
Automobile			
Medical			
Life			
Renters/Homeowners			
HEALTHCARE			
Drugs/Medication			
Office Visits/Deductible			
Dental			
Optical			
CHILDCARE			
Daycare/Babysitter			
Allowances/Kid's Stuff			
Diapers/Formula/Baby Supplies			
Child Support			
INSTALLMENTS			
Car Payment #1			
Car Payment #2			
Student Loans			
Tax Installments – State/Federal			
Other			
CHARITABLE DONATIONS			
Church/Charities			
EDUCATION			
School – Tuition/Supplies			
LEISURE			
Books/Newspapers/Magazines			
Movies/Sporting Events/Entertainment			
Gifts/Parties/Holidays/Cards			
Vacations/Travel			
Alcohol			
Cigarettes/Tobacco			
Hobbies/Clubs			
Lottery/Casinos/Bingo			
MISCELLANEOUS			
Work Tools/Clothes/Occupational Dues			
Dry Cleaning/Laundry			
Home Cleaning Supplies			
Bus Fares/Ride Shares/Parking			
Personal Care – Shampoo/Toothpaste/Haircuts			
Bank Service Charges/Postage			
Pet Care/Vet/Food/Medications			
Lawn/Pool Maintenance/Home Security			
Savings/Reserve			
TOTAL			

HOUSING INFORMATION:

Rent Family
 Own/Buying Other

 House Mobile Home
 Townhouse Apt.
 Room Duplex
 Are You Current?
 Yes No
 Months Behind: _____
 Amount Behind: _____

HOME LOAN INFORMATION:

Conventional FHA
 VA Other _____
 Value of Home _____
 Mortgage Bal. _____
 Interest Rate _____

 Mortgage Paid to (↗) _____
 2nd Mortgage Paid to (↗) _____
 2nd Mortgage Bal. _____

VEHICLE INFORMATION:

(1) Year _____ Make _____
 Payment _____
 Mileage _____
 Balance _____
 Condition: Good Fair Poor

 (2) Year _____ Make _____
 Payment _____
 Mileage _____
 Balance _____
 Condition: Good Fair Poor

Additional Vehicles:

OTHER ASSETS:

Snowmobile RV
 Tractor Boat
 ATV Motorcycle
 Other _____

TOTAL EXPENSES AFTER BUDGETING