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: ❑ Single ❑ Married ❑ Divorced ❑ Widowed ❑ Separated ❑ Other

Spouse Name	First	Middle/Maiden	Birth Date	Social Security Number

COMPOSITION OF HOUSEHOLD (IN ADDITION TO NAMES ABOVE) Total Number _____

Name	Age	Name	Age	Name	Age

INCOME PER MONTH

1) Name:

Gross Pay (Monthly)	Take Home Pay (Monthly)	Payroll Deduct	Paid	
		Ins. $_____ Loans $_____ Savings $_____ Other $_____	❑ Weekly ❑ Biweekly ❑ Semi-Monthly ❑ Monthly	Employer: _____ Position/Rank: _____ Telephone: _____ How long employed: _____

2) Name:

Gross Pay (Monthly)	Take Home Pay (Monthly)	Payroll Deduct	Paid	
		Ins. $_____ Loans $_____ Savings $_____ Other $_____	❑ Weekly ❑ Biweekly ❑ Semi-Monthly ❑ Monthly	Employer: _____ Position/Rank: _____ Telephone: _____ How long employed: _____

3) Other Employment – Name:

Gross Pay (Monthly)	Take Home Pay (Monthly)	Payroll Deduct	Paid	
		Ins. $_____ Loans $_____ Savings $_____ Other $_____	❑ Weekly ❑ Biweekly ❑ Semi-Monthly ❑ Monthly	Employer: _____ Position/Rank: _____ Telephone: _____ How long employed: _____

4) Other Sources of Income – Name:

Child Support	$ _____	Disability Comp	$ _____
Alimony	$ _____	Scholarships/Grants	$ _____
Soc. Sec/Pension	$ _____	Rentals/Boarders	$ _____
Welfare/Food Stamps	$ _____	Allotment	$ _____
Unemployment	$ _____	National Guard	$ _____

Total Household Income

$

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 _____

MAIN OFFICE: 1195 SW Buchanan, Suite 101 • Topeka, Kansas 66604-1183 • (785) 234-0217 • Email: hcci@hcci-ks.org • Web: www.hcci-ks.org

LAWRENCE (785) 749-4224 • MANHATTAN (785) 539-6666 • EMPORIA (620) 342-7788

CREDITOR/DEBT WORKSHEET

NAME: _____

DATE: _____

Please bring your statements with you.

	CREDITOR NAME & ADDRESS	ACCOUNT NUMBER	BALANCE	MONTHLY PAYMENT	# OF MONTHS DELINQ	OFFICE USE ONLY COMMENTS SECURED OR CO-SIGN YES/NO	DMP	DMP REVISED
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

	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	*(CIRCLE ONE)* CASH CHECK						
	BUFFER							
	HCCI COUNSELING FEE	*(CIRCLE ONE)* 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.*

MONTHLY EXPENSES	MONTHLY AMOUNT	AMOUNT BEHIND	
HOUSING			
Rent			
First Mortgage			
Second Mortgage			
Association Dues			
Property Taxes			
Lot Rent			
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			
Home Maintenance			
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