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MEMBER

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Pre-bankruptcy Counseling Application

Thank you for selecting Consumer Credit Counseling Service to assist you with your Pre-Bankruptcy Counseling. During your session our certified counselors will review your present financial status, discuss the various types of bankruptcies and explore alternatives to assist you in making an informed decision. At the conclusion of your session you will receive a Pre-filing Bankruptcy Certificate. There is a \$50.00 (individual), \$75.00 (couple) fee, payable at the time of your appointment. If you are unable to make your scheduled appointment, please give a 24 hour notice of cancellation by calling us toll free at 877-494-2227. Thank you.

Prior to your appointment time, please complete the attached Application, Assets and Liabilities Worksheet and the Monthly Living Expense Budget. At the time of your appointment, have the completed worksheets and your income documentation (payroll check stubs) available.

Last Name _____ First Name _____ Middle Initial _____
Social Security # _____ -- _____ -- _____ Gender: M F Date of Birth _____
Marital Status S M D W Number of Dependents _____ Education Level Grade School High School College
Employer _____ Gross Income \$ _____ Net Income \$ _____
Ethnicity Black or African-American Hispanic or Latino White or Caucasian
Native American/Alaskan Native Asian/Pacific Islander Other/specify _____

****Co-Applicant**

Last Name _____ First Name _____ Middle Initial _____
Social Security # _____ -- _____ -- _____ Gender: M F Date of Birth _____
Education Level Grade School High School College
Employer _____ Gross Income \$ _____ Net Income \$ _____
Ethnicity Black or African-American Hispanic or Latino White or Caucasian
Native American/Alaskan Native Asian/Pacific Islander Other/specify _____

****Housing**

Address _____ City/town _____ State _____ Zip _____
County _____ Housing status Own Rent
Home Telephone # () _____ - _____ Cell Phone # () _____ - _____
Fax # () _____ - _____ E-mail _____

****Cause of Financial Difficulties**

Over Obligation Accident/Disability/Medical Unemployment
Death in Family Reduced Income Divorce/Separation Other (please specify) _____

****Attorney Referral Firm**

Attorney Last name _____ First name _____
Phone number # () _____ --- _____ Extension # _____

OMAHA . LINCOLN . GRAND ISLAND . NORTH PLATTE . NORFOLK
COUNCIL BLUFFS . DES MOINES
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