



952-544-6800
 FAX 952-545-6046
 www.ccofminnesota.com

FOR OFFICE USE ONLY

Date: _____
 Counselor: _____
 Referral: _____
 Phone: _____ Office: _____

PLEASE INDICATE ONE MAIN REASON FOR REQUESTING AN APPOINTMENT:

- | | | |
|---|---|---|
| <input type="checkbox"/> Over-obligation (Excessive Spending) | <input type="checkbox"/> Unexpected Medical Costs | <input type="checkbox"/> Divorce/Separation |
| <input type="checkbox"/> Unemployment - Loss of Income | <input type="checkbox"/> Accident/Disability | <input type="checkbox"/> BK Certificate |
| <input type="checkbox"/> Reduced Income | <input type="checkbox"/> Gambling | <input type="checkbox"/> Other (Please Specify) |

IMPORTANT INSTRUCTIONS *It is vital that this form be completed in full before your first appointment.*

| | | | | | |
|---|-----------------------|---------------------------|---|------------------|------------|
| FULL NAME | | AGE | SPOUSE'S NAME | | AGE |
| PRESENT ADDRESS | | CITY | STATE | ZIP | HOW LONG |
| HOME PHONE | | NUMBER OF PERSONS IN HOME | | AGES OF CHILDREN | |
| E-MAIL ADDRESS | | | SPOUSE'S E-MAIL ADDRESS | | |
| SOC. SEC. NO. | | | SPOUSE'S SOC. SEC. NO. | | |
| EMPLOYER | | | SPOUSE'S EMPLOYER | | |
| POSITION | LENGTH OF EMPLOYMENT | POSITION | LENGTH OF EMPLOYMENT | | |
| TIMING OF PAYDAYS | TAKE HOME PAY \$ | TIMING OF PAYDAYS | TAKE HOME PAY \$ | | |
| PAYROLL DEDUCTIONS OTHER THAN TAXES AND SOCIAL SEC. | | | PAYROLL DEDUCTIONS OTHER THAN TAXES AND SOCIAL SEC. | | |
| \$ _____ FOR _____ | | | \$ _____ FOR _____ | | |
| \$ _____ FOR _____ | | | \$ _____ FOR _____ | | |
| WORK PHONE | Receive Calls (Y) (N) | WORK PHONE | Receive Calls (Y) (N) | | |
| OTHER INCOME SOURCES | AMT. \$ | OTHER INCOME SOURCES | AMT. \$ | | |
| HAVE YOU EVER FILED FOR BANKRUPTCY (Y) (N) YEAR | | | HAVE YOU EVER FILED FOR BANKRUPTCY (Y) (N) YEAR | | |
| VEHICLES: Make | Year | Payment \$ | VEHICLES: Make | Year | Payment \$ |
| AMOUNT OF LAST YEAR'S TAX REFUND \$ | | | CREDIT UNION MEMBER (Y) (N) | | |

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TOTAL NET INCOME \$ _____
 LIVING EXPENSES \$ _____
 CASH FLOW \$ _____
 LESS DMP \$ _____
 SHORTFALL/EXCESS \$ _____

MONTHLY LIVING EXPENSE REPORT

Please Fill Out Completely

| | | ESTIMATED | OFFICE USE ONLY |
|-----------------|--|-----------|-----------------|
| HOUSING | Rent or Mortgage (Specify) | | |
| | 2nd Mortgage or Lot Rent | | |
| | Energy (Gas, Oil, Electricity) | | |
| | Water, Trash | | |
| | Phone / Cell / Internet | | |
| | Home Maintenance & Repair | | |
| | Property Taxes (If Not In Pymt.) | | |
| GROCERIES | Food & Non Food Items | | |
| AUTO EXPENSES | Auto Loan 1 | | |
| | Auto Loan 2 | | |
| | Gas | | |
| | Oil Changes & Repair | | |
| | License Renewal | | |
| INSURANCE | Car | | |
| | Household | | |
| | Life (Term or Whole Life) | | |
| MEDICAL EXPENSE | Insurance (Unless Deducted) | | |
| | Doctor / Dentist / Eye Care | | |
| | Pharmacy | | |
| CLOTHING | Family | | |
| | Coin Laundry & Dry Cleaning | | |
| EDUCATION/WORK | Lunch Expenses | | |
| | Tuition / Books / Lessons | | |
| MISCELLANEOUS | Day Care | | |
| | Cable - T.V. | | |
| | Gifts Including Christmas | | |
| | Entertainment & Meals Out | | |
| | Personal (Church, Subscriptions, Health Clubs, Allowances, Pets, Barber, etc.) | | |
| | Alcohol, Tobacco, Gambling | | |
| | Other | | |
| SPECIAL | Child Support | | |
| | Student Loan | | |
| | Savings | | |
| | | TOTAL | |