

Budget Information Worksheet

Appointment Date _____ **Time** _____

\$25.00 counseling fee

Name (please print) _____ **Age** _____ **Social Security Number** _____

Name (please print) _____ **Age** _____ **Social Security Number** _____

Address _____

City _____ **State** _____ **Zip Code** _____

Phone Number _____ **E-Mail Address** _____

MONTHLY LIVING EXPENSES		Actual Monthly Expenses	For Counselor's Use Only	EMPLOYMENT:
Housing	Rent /Mortgage			Occupation: _____
	Second Mortgage			Employer/Address/Phone: _____
	Association Dues			_____
	Property Taxes			_____
	Lot Rent			_____
Automobile	Gasoline			_____
	Maintenance			What day are you paid: _____
	Registration/Taxes			Gross Income/Pay Day: _____
Food	Groceries			Net Income/Pay Day: _____
	Dining Out			
	Food at Work			Spouse:
	School Lunches			Occupation: _____
Utilities	Electric/Gas			Employer/Address/Phone: _____
	Water/Sewer/Trash			_____
	Telephone			_____
	Pager/Cellular Phone			_____
	Internet Service			_____
	Cable TV/Satellite			_____
Clothing	Work/School			What day are you paid: _____
	Dry Cleaning/Laundry			Gross Income/Pay Day: _____
Insurance	Automotive			Net Income/Pay Day: _____
	Medical			
	Life			Other Sources of Income:
	Home/Renter			Pension: _____
Healthcare	Prescriptions			Social Security: _____
	Doctor Visits			Unemployment: _____
	Dentist Visits			Welfare/Gov't Support: _____
	Optical/Eye Glasses			Child Supp./Alimony: _____
Childcare	Daycare/Babysitting			Other: _____
	Allowance			(explain) _____
	Activities			_____
	Diapers			TOTAL NET MONTHLY INCOME _____
	Child Support			
TOTAL MONTHLY EXPENSES (page 1)				

How did you hear about our service? _____



CCCS, Inc. is an accredited, non-profit community service.
 Satellite locations: Hays, Hutchinson, Garden City

Monthly Living Expenses Continued

MONTHLY LIVING EXPENSES		Actual Monthly Expenses	For Counselor's Use Only	Number of Dependents: _____
Installment Loans	Car Payment			Ages: _____
	Student Loans			
	Cosigned Loans			
	Bank Account Deductions			RESIDENCE: How long at address: _____ How long in area: _____ Choose one: _____ Own Home _____ Buying _____ Renting _____ Furnished Room _____ Other: explain _____ _____ _____
	Taxes			
	Business Cards/Loans			
	Other			
Charitable Donations	Tithes			
	Other			
Education	Tuition			
	Books			
	Supplies			
Leisure	Books, Newspapers, etc.			
	Movies, Entertainment			
	Gifts/Holiday			
	Travel			
	Alcohol/Tobacco			
Job Related Expense	Tools/Clothes			
	Other			
Miscellaneous	Home Maintenance			
	Home Cleaning			
	Parking/Bus Pass			
	Personal Care			
	Postage			
	Bank Charges			
	Pets			
TOTAL MONTHLY EXPENSES (page 2)				

(for counselor's use only)

Total Monthly Expenses - page 1	
Total Monthly Expenses - page 2	
Total Monthly Living Expenses	

(for counselor's use only)

Total Monthly Net Income	
Total Monthly Living Expenses	
Balance Left to Make Monthly Payments	

We hereby request the Consumer Credit Counseling Service, to attempt to budget our outstanding accounts and obligations, granting them full authority to adjust, rearrange, change, satisfy and settle any or all of our debts, obligations, liabilities, or commitments in credit transactions as they may determine to be necessary, and with the cooperation of our creditors.

We agree further that the Consumer Credit Counseling Service may disclose information pertaining to the amount, nature and other particulars of our debts, liabilities and obligations, together with information as to our financial status, income, prospects and other data in attempting to achieve the ends for which we have applied for the services; and

We agree to hold the Consumer Credit Counseling Service, its employees, officers and agents harmless from any claim, suit, action or demand of our creditors, ourselves or any other person arising out of our application herewith presented.

When the plural is used herein, it shall include the singular if appropriate. Dated this _____ day of _____, 20_____.

Signature

Signature