

Agreement to Allow CCDCS to Provide Debt Management Services

Client Name _____ B'day _____ Soc.Sec.# _____ Hm Ph _____
e-mail _____ Net Income _____ Cell Ph _____
Spouse Name _____ B'day _____ Soc.Sec.# _____ CellPh _____
e-mail _____ Net Income _____ TOTAL net income _____
Address: Street and No. _____ City _____ State _____ Zip _____

<u>Liabilities</u>	<u>Per Month</u>	<u>Creditor</u>	<u>Account Number</u>	<u>\$\$ Owed</u>	<u>Int Rate</u>
Mortgage / Rent:	_____	_____	_____	_____	_____
Food / Grocery:	_____	_____	_____	_____	_____
Gas & Electric:	_____	_____	_____	_____	_____
Auto Fuel / Oil:	_____	_____	_____	_____	_____
Car Payment 1:	_____	_____	_____	_____	_____
Car Payment 2:	_____	_____	_____	_____	_____
Cable TV / Internet:	_____	_____	_____	_____	_____
Tithing / Donations:	_____	_____	_____	_____	_____
Support Payments:	_____	_____	_____	_____	_____
Child Care:	_____	_____	_____	_____	_____
Telephone:	_____	_____	_____	_____	_____
Clothes:	_____	_____	_____	_____	_____
Medical:	_____	_____	_____	_____	_____
Life Insurance:	_____	_____	_____	_____	_____
Health/Dental/Vision:	_____	_____	_____	_____	_____
Home / Renters Ins.:	_____	_____	_____	_____	_____
Auto Insurance:	_____	_____	_____	_____	_____
School Tuition:	_____	_____	_____	_____	_____
Beauty / Barber:	_____	_____	_____	_____	_____
Home Maintenance:	_____	_____	_____	_____	_____
Entertainment:	_____	_____	_____	_____	_____
Tobacco:	_____	_____	_____	_____	_____
Miscellaneous:	_____	_____	_____	_____	_____
Monthly ExpensesTOTAL:	_____	_____	_____	_____	_____
TOTAL Monthly Income:	_____	_____	_____	_____	_____
TOTAL Monthly Expenses:	_____	_____	_____	_____	_____
Available for Debt Reduction:	_____	_____	_____	_____	_____

I have read and understood both pages of this agreement, and the 'Client Info & Responsibilities' document, and will seek to fulfill my obligations to the best of my ability. Total Balance owed to Creditors (plus additional pages): \$ _____
Debt Management Estimated Monthly Payment: \$ _____

Client _____ Date _____ CCDCS / Authorized Agent _____
Spouse _____ Date _____ Date: _____