

Please Provide complete information and bring to appointment along with creditor statements and pay stubs

Consumer Credit Counseling Service Tennessee River Valley

Chattanooga
2245 Olan Mills Drive
Chattanooga, TN 37421
(800) 459-2227
(423) 490-5620

Huntsville
522 Wynn Drive Suite 522
Huntsville, AL 35816
(888) 381-8178
(256) 881-1000

APPLICATION FOR DMP SERVICES

Appointment Date: _____ Counselor: _____

Client No. _____ Due Date: _____/16/_____ DMP Deposit Amount: _____

PERSONAL INFORMATION

LAST NAME _____ FIRST _____ MIDDLE _____

BIRTH DATE ____/____/____ SOCIAL SECURITY NUMBER ____-____-____

SPOUSE INFORMATION

LAST NAME _____ FIRST _____ MIDDLE _____

BIRTH DATE ____/____/____ SOCIAL SECURITY NUMBER ____-____-____

ADDRESS _____ CITY _____ STATE ____ ZIP _____

HOW LONG AT CURRENT ADDRESS _____ HOME PHONE (____)-____-____

RENT OWN BUYING OTHER Are you current ? Yes No (No. of months behind) _____

No. In Family: _____ Marital Status: Single Separated Married Divorced Widowed

HAVE YOU BEEN COUNSELED BY CCCS PREVIOUSLY? **YES NO**

EMPLOYMENT INFORMATION

EMPLOYER _____ HOW LONG? _____

ADDRESS _____ CITY _____ STATE ____ ZIP _____

TELEPHONE (____) ____-____ **Pay Periods:** Weekly Bi-Weekly Semi-Monthly Monthly

OCCUPATION _____ No. of Exemptions on W4 _____

SPOUSE EMPLOYER INFORMATION

EMPLOYER _____ HOW LONG? _____

ADDRESS _____ CITY _____ STATE ____ ZIP _____

TELEPHONE(____) ____-____ **Pay Periods:** Weekly Bi-Weekly Semi-Monthly Monthly

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OCCUPATION _____ No. of Exemptions on W4 _____

CREDITOR INFORMATION

Please list all outstanding debts, **excluding** mortgages, auto loans and utilities. Include credit card accounts, credit unions bank loans, delinquent taxes, student loans, doctor and hospital balances, and finance accounts. It is important to list all debts, whether you are up to date with the payments or not.

PLEASE BRING YOUR MOST RECENT CREDITOR STATEMENTS.

IF THE ACCOUNT IS WITH A COLLECTION AGENCY OR LAWYER, PLEASE LIST THE NAME AND ADDRESS OF THE AGENCY OR LAWYER IN THE SPACE PROVIDED.

CREDITOR INFORMATION

CREDITOR 1

NAME: _____ SECURED YES NO

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

ACCOUNT NO. _____ CREDITOR NO. _____

PHONE(_____) _____ - _____ MO. PAYMENT _____ LAST DATE PAID _____

TOTAL BALANCE OWING _____ PLAN AMOUNT _____

COUNSELOR NOTES: _____

CREDITOR 2

NAME: _____ SECURED YES NO

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

ACCOUNT NO. _____ CREDITOR NO. _____

PHONE(_____) _____ - _____ MO. PAYMENT _____ LAST DATE PAID _____

TOTAL BALANCE OWING _____ PLAN AMOUNT _____

COUNSELOR NOTES: _____

CREDITOR 3

NAME: _____ SECURED YES NO

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

ACCOUNT NO. _____ CREDITOR NO. _____

PHONE(_____) _____ - _____ MO. PAYMENT _____ LAST DATE PAID _____

TOTAL BALANCE OWING _____ PLAN AMOUNT _____

COUNSELOR NOTES: _____

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CREDITOR 4

NAME: _____ SECURED YES NO

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

ACCOUNT NO. _____ CREDITOR NO. _____

PHONE(_____) _____ - _____ MO. PAYMENT _____ LAST DATE PAID _____

TOTAL BALANCE OWING _____ PLAN AMOUNT _____

COUNSELOR NOTES: _____

CREDITOR 5

NAME: _____ SECURED YES NO

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

ACCOUNT NO. _____ CREDITOR NO. _____

PHONE(_____) _____ - _____ MO. PAYMENT _____ LAST DATE PAID _____

TOTAL BALANCE OWING _____ PLAN AMOUNT _____

COUNSELOR NOTES: _____

CREDITOR 6

NAME: _____ SECURED YES NO

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

ACCOUNT NO. _____ CREDITOR NO. _____

PHONE(_____) _____ - _____ MO. PAYMENT _____ LAST DATE PAID _____

TOTAL BALANCE OWING _____ PLAN AMOUNT _____

COUNSELOR NOTES: _____

CREDITOR 7

NAME: _____ SECURED YES NO

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

ACCOUNT NO. _____ CREDITOR NO. _____

PHONE(_____) _____ - _____ MO. PAYMENT _____ LAST DATE PAID _____

TOTAL BALANCE OWING _____ PLAN AMOUNT _____

COUNSELOR NOTES: _____

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CREDITOR 8

NAME: _____ SECURED YES NO

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

ACCOUNT NO. _____ CREDITOR NO. _____

PHONE(_____) _____ - _____ MO. PAYMENT _____ LAST DATE PAID _____

TOTAL BALANCE OWING _____ PLAN AMOUNT _____

COUNSELOR NOTES: _____

CREDITOR 9

NAME: _____ SECURED YES NO

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

ACCOUNT NO. _____ CREDITOR NO. _____

PHONE(_____) _____ - _____ MO. PAYMENT _____ LAST DATE PAID _____

TOTAL BALANCE OWING _____ PLAN AMOUNT _____

COUNSELOR NOTES: _____

CREDITOR 10

NAME: _____ SECURED YES NO

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

ACCOUNT NO. _____ CREDITOR NO. _____

PHONE(_____) _____ - _____ MO. PAYMENT _____ LAST DATE PAID _____

TOTAL BALANCE OWING _____ PLAN AMOUNT _____

COUNSELOR NOTES: _____

of Creditors on DMP:

Creditor Payment \$: _____

Monthly Fee: _____

Total Monthly Deposit: _____

Signature

Date

Co-Applicant Signature

Date