

419-865-2333

Community Credit Counseling Specialists, Inc.

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A Non-Profit Community Service

BUDGET INFORMATION (Please Print)

DATE: _____

Last Name (Primary Applicant)	First Name (Primary Applicant)	Middle Name/Initial	Spouse Name
Home Address	City	State	Zip Code
E-Mail Address			
Renting _____ Buying _____	CHECK ONE	Ages of Children in Home: _____	
	# of Dependents: _____	Marital Status: (CIRCLE ONE) Married Single Divorced	
Home Phone # _____	Cell Phone # _____	# of Exemptions (on taxes): _____	

PRIMARY APPLICANT EMPLOYMENT		Gross Monthly Wages:	\$
		ENTER -Payroll Taxes Withheld:	\$
		AMOUNT IF -Loan Payments, Savings:	\$
Name of Employer	Employer Phone #	APPLICABLE -Child Support, Other:	\$
Can we contact you at work? Yes No		Net Monthly Income A.	\$

SPOUSE EMPLOYMENT		Gross Monthly Wages:	\$
		ENTER -Payroll Taxes Withheld:	\$
		AMOUNT IF -Loan Payments, Savings:	\$
Name of Employer	Employer Phone #	APPLICABLE -Child Support, Other:	\$
Can we contact you at work? Yes No		Net Monthly Income B.	\$

C. Other Monthly Income (Please circle if applicable): Welfare, Child Support, Alimony, Social Security, Pension, Disability:	C.	\$
D. TOTAL NET MONTHLY INCOME (A+B+C):	D.	\$

COMPLETION OF THIS SECTION IS CURRENTLY OPTIONAL	Total Value of Other Assets (Home Equity, Auto, Savings, Stocks, etc.):	\$
	-Total Liabilities of Other Assets (Mortgage, Auto, Secured Loans, etc.):	\$
	TOTAL NET ASSETS:	\$

AVERAGE MONTHLY LIVING EXPENSES (NOT INCLUDED IN PAYROLL DEDUCTIONS)						ESTIMATED TOTALS	
1. HOME EXPENSES:							
MORTGAGE BALANCE:	\$	MORTGAGE:	\$	RENT:	\$		
2ND MORTGAGE BAL:	\$	2ND MORTGAGE:	\$	LOT RENT:	\$		
		AMT. PAST DUE:	\$	TAXES:	\$	TOTAL(1): \$	
2. UTILITIES:							
		GAS:	\$	WATER:	\$		
INTERNET:	\$	ELECTRIC:	\$	CABLE:	\$		
		PHONE:	\$	CELL/PAGER:	\$	TOTAL(2): \$	
3. FOOD/GROCERIES:							
		GROCERIES:	\$	WORK/SCHOOL:	\$		
		DINING OUT:	\$	TOBACCO:	\$	TOTAL(3): \$	
4. AUTO EXPENSES:							
AUTO LOAN1 BALANCE:	\$	CAR PAYMENT(1):	\$	FUEL:	\$		
AUTO LOAN2 BALANCE:	\$	CAR PAYMENT(2):	\$	MAINTENANCE:	\$		
		AMT. PAST DUE:	\$	OTHER:	\$	TOTAL(4): \$	
5. INSURANCE EXPENSES							
		AUTO:	\$	LIFE:	\$		
		HOME:	\$	HEALTH:	\$	TOTAL(5): \$	
6. MEDICAL EXPENSES:							
		MEDICATIONS:	\$	DR. VISITS:	\$	TOTAL(6): \$	
7. CHILD EXPENSES:							
		CHILD SUPPORT:	\$	DAYCARE:	\$	TOTAL(7): \$	
8. OTHER EXPENSES:							
OTHER: \$		GIFTS/DONATIONS:	\$	CLOTHING:	\$		
		SCHOOL TUITION:	\$	LAUNDRY:	\$	TOTAL(8): \$	
7. OTHER INSTALLMENT LOANS:							
		SECURED LOAN(S):	\$	STUDENT LOAN:	\$	TOTAL(9): \$	
TOTAL MONTHLY INCOME (D.)	\$	TOTAL MONTHLY EXPENSES (TOTALS 1-9):				E.	\$
-TOTAL MONTHLY EXPENSES (E.)	-\$	+PROPOSED CCCS PAYMENT:				+F.	\$
AVAILABLE FOR CCCS PAYMENT (F.)	\$	TOTAL MONTHLY EXPENSES INCLUDING CCCS:					\$

This section for CCCS use: Counselor: _____ Date Counseled: _____
 Form A9a-2 Revised 01/07/2008 Referred by: _____
 Counselor Comments: CCCS counselor will determine and enter CCCS Payment (F)

