

\$ \_\_\_\_\_  
BUDGET AMOUNT

NAME \_\_\_\_\_

**PLEASE COMPLETE THE SECTION BELOW**

OFFICE USE ONLY

LIST ALL CREDIT CARDS, OTHER UNSECURED DEBTS (STUDENT OR SIGNATURE LOANS, MEDICAL, ETC.), JUDGEMENTS AND GARNISHMENTS

TYPE OF CREDITOR	CREDITOR NAME	CURRENT BALANCE	PAYMENT AMOUNT	AMOUNT PAST DUE	DUE DATE	CREDIT CARD APR	DATE LAST CHARGE	EST. PAYMENT
	ACCOUNT NUMBER-FIRST 6 DIGITS ONLY							CR. CODE
		\$	\$	\$		%		\$
		\$	\$	\$		%		\$
		\$	\$	\$		%		\$
		\$	\$	\$		%		\$
		\$	\$	\$		%		\$
		\$	\$	\$		%		\$
		\$	\$	\$		%		\$
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		\$	\$	\$		%		\$
		\$	\$	\$		%		\$
		\$	\$	\$		%		\$
		\$	\$	\$		%		\$
		\$	\$	\$		%		\$

TOTALS: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL CREDIT CARD PAYMENTS: \$ \_\_\_\_\_  
 TOTAL CREDIT CARD BALANCES: \$ \_\_\_\_\_  
 TOTAL INSTALLMENT PAYMENTS: \$ \_\_\_\_\_  
 TOTAL UNSECURED DEBT: \$ \_\_\_\_\_

SIGNED: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 SIGNED: \_\_\_\_\_  
 DATE: \_\_\_\_\_