



CONSUMER CREDIT  
COUNSELING SERVICE  
of the Savannah Area, Inc.

Your name	
Street address	
City	
State & Zip	
Phone	
E-mail	
Social Security #	Race:
Age	Date of birth
Your employer	
Job title	
Monthly gross income	
Monthly net income	
Additional monthly income	
Number of exemptions of your most recent federal tax return?	
How many dependents?	
(Circle one) Single Married Separated Divorced Widowed	
Spouse name	
Social Security #	Race:
Age	Date of birth
Your employer	
Job title	
Monthly gross income	
Monthly net income	
Additional monthly income	
Are you? Renting Buying Own Other	
Mortgage company:	
Is your loan? FHA Conventional VA Rural	
Loan #	Interest Rate :
Are you current on your mortgage?	
Estimated Home Value:	
Estimated Mortgage Balance:	
Is your rate? Fixed Adjustable Interest Only	
Do you have a second mortgage or Equity Line Yes No	
Second Mortgage Company:	
Loan #	

What do you hope to accomplish /goal of the visit?
Have you ever filed Bankruptcy? When?
Are you currently working with an attorney?
Description of and amount owed for garnishments and judgments:
Have you ever been to CCCS?
How did you hear about CCCS?
Are you currently participating in a DMP, if so with whom?

**What to know about this financial packet and how to fill it out.**

*All information contained in this set of forms will be held in strict confidence. CCCS of the Savannah Area, Inc. does not report to the credit reporting agencies, or make any information a matter of public record. We honor your right to privacy.*

*If there is any information you feel is uncomfortable in providing, discuss it with the counselor. We seek only to understand your situation and to serve you better.*

*CCCS of the Savannah Area, Inc. is working to provide a financially healthy community.*

*CCCS encourages you to submit your financial information by visiting our website at [www.cccsavannah.org](http://www.cccsavannah.org). The client login button will give you access to our online system, use your e-mail address or your client id number as your login and your pin number as your password. Remind your counselor on the day of your appointment that you have filled out this information online! If you have questions about the online process please call our office at 1-800-821-4040 and our call*



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Monthly Payment	
Rent / Mortgage	
Second Mortgage / Equity Loan	
Property Taxes	
Land, Lot Rent, Association Fees	
Home Maintenance / Home Security	
Car Payment #1	
Car Payment #2	
Secured Loan	
Student Loan	
Back Tax Payments	
Gasoline	
Auto Tags / Inspections	
Car Maintenance/Oil/Lube/Tires	
Bus Fare/Ride Share/Parking	
Electricity	
Home Oil/Gas	
Water/Sewage/Garbage	
Telephone/Cell Phone	

Monthly Payment	
Cable TV/Internet	
Groceries/Home Cleaning Supplies	
Meals Out	
School Lunches	
Personal Care/Toiletries	
Cigarettes/Tobacco/Alcohol	
Child Care/Child Support	
School Tuition/School Supplies	
Diapers/Formula/Baby Supplies	
Baby Sitter	
Medical/Dental/Optical	
Drugs/Medication	
Life Insurance/Health Insurance	
Renter/Homeowner Insurance	
Auto Insurance	
Movies/Sporting/Entertainment	
Barber/Beauty Shop	
Books/Newspaper/Magazines	
Church/Charities	
Bank Service Charges	
Postage	
Family Clothing	
Occupational Expenses	
Allowances	
Gifts/Parties/Holidays	
Pet Care	
Dry Cleaning/Laundry	
Lottery	
Vacations/Travel	
Savings	

Creditors to participate in the DMP	Account Number	Minimum Payment	Balance	APR
Creditors <i>not to</i> participate in the DMP				