



## Instruction Sheet

*Please complete all information in black ink. Thank You.*

**Thank you for choosing Consumer Credit Counseling Service (CCCS)** as your financial counseling provider. To make our services effective as possible, we ask you to take the following steps:

- Please complete the forms as accurately as possible. Be assured that the information you provide us is confidential. We cannot release any information to a third party without your written permission. If you have any problems completing the forms, call our office at (336) 373-8882.
- If you have a scheduled appointment and are unable to keep your appointment, please call at least 24 hours in advance to reschedule and/or cancel.
- If a creditor referred you to us, let them know that you have made the appointment and thank them for the referral. If you are behind on your credit obligations, write your creditors and let them know that you have sought counseling and why. Your creditors support the work of CCCS and will be pleased to hear that you have taken steps to get your financial affairs in order.

### **Please keep these items in mind:**

- CCCS needs the most recent billing statements that you have received from your creditors. They contain information to help us evaluate your financial situation. It is very important to have your statements with you when you speak with your counselor. It would also benefit you to get copy of your credit report. You can call (877) 322-8228 to acquire a credit report.
- If you have any debts that are co-signed, please inform your counselor of these. In any discussion of the options presented to you, we will consider the rights and responsibilities of the co-signer.
- We ask that you provide a recent paycheck stub from each job that you hold. Be sure to disclose all sources of income to your counselor, including part-time work, child support, Social Security benefits, etc. Please be able to document additional sources of income as well.
- If you own a home please bring a copy of your closing documents with you, in case any housing issues arise during the session.
- Please list your monthly expenses on the forms provided. We know that all expenses do not occur each month. Please try to estimate these expenses in a monthly average.

- Your first appointment will last approximately 1 to 1 ½ hours (Reverse Mortgages are a mandatory 2 hours) so please be available for the entire time. This is the most important contact you will have with your counselor.
- If you are meeting for the Mortgage Payment Program, both husband and wife must attend. For all other sessions, it is not mandatory but highly recommended. Childcare is not available.
- Make sure that you have completed the forms before your appointment. Clients without completed forms may be asked to reschedule.

You choose to receive services:

☐ Telephone    ☐ In-Person

### **Receiving Services by Phone:**

- Complete all forms and have your forms and most recent creditor statements ready when your counselor calls for your phone appointment.
- Please read the statement of counseling services. Your verbal acknowledgement is sufficient for your first contact with your counselor, but further services will require you to return the signed form to our offices.
- You will be called at the appointed time and at the phone number that you provided us when you made your appointment. It will take an hour for the first phone call and we may need another call if the counselor needs time to consider your options and provide you with an action plan.
- If a CCCS administered Debt Management Program is an option you will be provided additional materials to complete and return to our office.
- Please remember that an in-person meeting with your counselor is always an option. It is common to begin counseling services by phone and meet with a counselor for follow-up services.

### **Receiving Services In-Person:**

- Complete all forms and have your forms and most recent creditor statements ready when your counselor calls for your phone appointment.
- Please read the statement of counseling services. We cannot provide services to you without your signature on this form.
- Your counselor will review all your financial information with you; it may take up to an hour or more so please plan your time accordingly. The counselor will provide you with an action plan and a summation of your options.

- If a CCCS administered Debt Management Program is one of your options, you will be provided with additional materials for your consideration.
- Please remember that future services can be provided via the phone or mail. Many families will meet with their counselor for the first review and then find it more convenient to use mail or phone for any follow up services.

**For additional information**  
**Tel: (336) 373-8882**  
**Toll Free Tel: 1-888-755-2227**

**Consumer Credit Counseling Service**  
**315 East Washington Street**  
**Greensboro, NC 27401**  
**[www.fspcares.org](http://www.fspcares.org)**



## Statement of Counseling Services

*Please read the following statements carefully so that you will understand the procedures for the counseling session. Initial the line next to each statement to indicate your understanding of that provision.*

*For simplification, the singular is used, even when the plural may apply.*

- \_\_\_\_\_ I understand the agency will provide a comprehensive personal money management interview.
- \_\_\_\_\_ I understand that a certified consumer credit counselor or qualified professional counselor will conduct the interview. A certified consumer credit counselor will review all recommendations, not made by a certified consumer credit counselor.
- \_\_\_\_\_ I understand that in the event, I am dissatisfied, I can utilize the Complaint Resolution Process.
- \_\_\_\_\_ I hold the agency, its employees, agents and volunteers harmless from any claim, suit, action or demand of my creditors, myself or any other person resulting from advice or counseling.
- \_\_\_\_\_ I will be given a written assessment outlining a suggested client action plan, which will be based on the following options:
- I will handle any financial concerns on my own.
  - I may choose to enroll in the agency's Debt Management Plan (DMP). Under the DMP, the agency serves as a neutral third party in negotiating with creditors to liquidate financial obligations.
  - While the agency seeks to negotiate repayment terms advantageous to my credit rating, the agency has no responsibility or obligation for any past, present, or future credit rating I receive. In certain circumstances, a Debt Management Plan may affect my credit rating negatively. In the event that the counselor suggests a Debt Management Plan, I will receive complete details of the operations, requirements, and responsibilities.
  - A counselor may answer questions about bankruptcy, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance. While an attorney can make a recommendation to file bankruptcy, it is a personal choice based on individual circumstances. I will inform the agency of the decision, if I file bankruptcy.
  - I will be referred to the other services of the organization or another agency or agencies, as appropriate that may be able to assist with particular problems that have been identified.
- \_\_\_\_\_ At some time in the future, a neutral third party may contact me to request a confidential evaluation of the agency's services.
- \_\_\_\_\_ Receipt of financial counseling services does not automatically guarantee participation in a Debt Management Plan.

**Notice to Clients Who Might Desire a Debt Management Plan:** Most of our funding comes from voluntary contributions from creditors who participate in Debt Management Plan (DMP). Since creditors have a financial interest in getting paid, most are willing to make a contribution to help fund our agency. These contributions are usually calculated as a percentage of payments you make through your DMP—up to fifteen percent (15%) of each payment received. However, your accounts with your creditors will always be credited with 100% of the amount you pay through us and we will work with all your creditors, regardless of whether they contribute to our agency.

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**Applicant**

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**Counselor**

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**Applicant**

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**Date**

# Statement of Counseling Services

## CLIENT BILL OF RIGHTS

We pledge that our clients have the right:

- To prompt counseling services for managing money based on their financial situation;
- To treatment with dignity and respect;
- To be actively involved in a comprehensive assessment of their financial situation including and appropriate action plan;
- To express dissatisfaction through a Complaint Resolution Process;
- To discontinue their relationship with our agency at any time; and
- To ask questions and to have concerns addressed.

## COMPLAINT RESOLUTION PROCESS

*We are committed to providing you with high quality professional services. However, if you are not satisfied with the services provided or if you want to make a complaint, please follow the guidelines below.*

- Step One: Try to resolve the issue with the staff member involved giving him or her specific information about your complaint.
- Step Two: If step one is not possible or the issue is not resolved to your satisfaction, write Director, Consumer Credit Counseling Service, 315 East Washington Street, Greensboro, NC 27401.
- Step Three: The Director of Consumer Credit Counseling Service may request a meeting with you (phone or in-person) or seek more information from a staff person. The agency will respond within 15 days.
- Step Four: If your issue is still unresolved, you may appeal in writing directly to Family Service of the Piedmont by writing Chief Executive Officer, Family Service of the Piedmont, 902 Bonner Drive, Jamestown, NC 27282. After additional fact finding a concluding decision will be provided to you within 15 days.

## NON-DISCRIMINATION POLICY

Our agency serves all members of the community. We do not engage in the practices of discrimination in the selection and participation of clients in our programs or services with the respect to age, race, religion, color, gender, sexual preference, national origin, or disability.

*Consumer Credit Counseling Service is a division of*



**Family Service**  
OF THE PIEDMONT



File #: \_\_\_\_\_

Date: \_\_\_\_\_

(CCCS Use Only)

## INTAKE AND INFORMATION

*All information contained in this set of forms will be held in strict confidence. Consumer Credit Counseling Service (CCCS) 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.*

### PERSONAL INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Race: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### EMPLOYER INFORMATION

Employer Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Job Title: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Hours Worked Per Week: \_\_\_\_\_

Monthly Gross Income: \_\_\_\_\_ Monthly Net Income: \_\_\_\_\_

Additional Monthly Income: \_\_\_\_\_

### SPOUSE INFORMATION (If applicable)

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Race: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Hours Worked Per Week: \_\_\_\_\_

Monthly Gross Income: \_\_\_\_\_ Monthly Net Income: \_\_\_\_\_

Additional Monthly Income: \_\_\_\_\_

## MARITAL AND FAMILY STATUS

\_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Widowed

# of Dependents: \_\_\_\_\_ Ages: \_\_\_\_\_

Are you a veteran or active military?: \_\_\_\_ Yes \_\_\_\_ No

## RESIDENCE INFORMATION

How long have you lived at your current address? \_\_\_\_ Years \_\_\_\_ Months

Are you: \_\_\_\_ Renting \_\_\_\_ Buying \_\_\_\_ Own \_\_\_\_ Other

Name of Mortgage Company or Landlord: \_\_\_\_\_

If buying, is your loan: \_\_\_\_ FHA \_\_\_\_ Conventional \_\_\_\_ VA \_\_\_\_ FMHA

Loan#: \_\_\_\_\_ FHA/VA#: \_\_\_\_\_

Estimated Home Value: \_\_\_\_\_ Estimated Mortgage Balance: \_\_\_\_\_

Do you have a second mortgage or equity line?: \_\_\_\_ Yes \_\_\_\_ No

If yes, name of Mortgage Company: \_\_\_\_\_

Loan#: \_\_\_\_\_ Estimated Mortgage Balance: \_\_\_\_\_

## FINANCIAL INFORMATION

Have you ever filed bankruptcy? \_\_\_\_ Yes \_\_\_\_ No If yes, when? \_\_\_\_\_

Have you ever been sued by a creditor? \_\_\_\_ Yes \_\_\_\_ No

If yes, who and when? \_\_\_\_\_

Do you have any stocks, bonds securities? \_\_\_\_ Yes \_\_\_\_ No

Do you have cash value life insurance? \_\_\_\_ Yes \_\_\_\_ No

Do you own any other type of investment? \_\_\_\_ Yes \_\_\_\_ No



**VEHICLE(S) INFORMATION**

Make and year of vehicle #1: \_\_\_\_\_

Who financed the vehicle?: \_\_\_\_\_

Vehicle's current value: \_\_\_\_\_ Balance of loan: \_\_\_\_\_

Make and year of vehicle #2: \_\_\_\_\_

Who financed the vehicle?: \_\_\_\_\_

Vehicle's current value: \_\_\_\_\_ Balance of loan: \_\_\_\_\_

Make and year of your boat, RV, other: \_\_\_\_\_

Who financed the vehicle?: \_\_\_\_\_

Vehicle's current value: \_\_\_\_\_ Balance of loan: \_\_\_\_\_

**Please list your monthly expenses below.**

FIXED EXPENSES	
Rent/Mortgage	\$
2 <sup>nd</sup> Mortgage/equity line	\$
Property Taxes	\$
Property/Renters Insurance	\$
Electricity	\$
Gas/Oil Heat	\$
Water/Garbage	\$
Cable/Satellite	\$
Phone/Mobile	\$
Home Maintenance/Alarm System	\$
HOUSEHOLD EXPENSES	
Toiletries/Cosmetics/Cleaning	\$
Dry Cleaning/Laundry	\$
Hair Care	\$
Pet Care	\$
Clothing (adults and children)	\$
FOOD EXPENSES	
Groceries	\$
Work Lunches	\$
School Lunches	\$
Eating Out	\$
CHILD/CHILDREN EXPENSES	
Child Support	\$
Child Care	\$
Diapers/Formula/Supplies	\$
Allowances	\$

<b>AUTOMOBILE EXPENSES</b>	
Car/Lease Payment	\$
Car/Lease Payment	\$
Car Insurance	\$
Gas/Fares/Parking	\$
Car Maintenance/Oil/Wash	\$
<b>MEDICAL EXPENSES</b>	
Medical/Life Insurance	\$
Medical/Eye Care	\$
Dental/Counseling	\$
Prescriptions/Vitamins/Medicine	\$
<b>MISCELLANEOUS EXPENSES</b>	
Entertainment	\$
Tobacco/Alcohol	\$
Subscriptions	\$
Memberships/Dues/Spas	\$
Gifts (Holidays, Birthdays, etc.)	\$
Offerings/Donations/Tithes	\$

**Please list your creditors below.**

[illegible]



## HUD DISCLOSURE STATEMENT

**Consumer Credit Counseling Service (CCCS)** is dedicated to delivering professional consumer credit education, confidential counseling, and debt reduction programs to all segments of the community regardless of the ability to pay. Unmanageable debt not only threatens the economic stability of a family, but also the economic vitality of the surrounding community. A family with uncontrollable debt cannot plan for retirement, send children to college, protect against the economic effects of a catastrophic illness, or buy a home.

CCCS provides a confidential and disciplined program of counseling and consumer education that supports them in their efforts to regain stability. CCCS complies with best practice standards as set forth by the Council on Accreditation (COA) and the National Foundation for Credit Counseling (NFCC) and counselor certification manuals. Additionally, CCCS examines other evidence to assist with best service approaches and modalities and examines outcomes by program, customer satisfaction surveys and community collaborative contracts and feedback.

**Clients are not obligated** to receive, purchase or utilize any other services offered by Family Service of the Piedmont, or its exclusive partners, in order to receive housing counseling services.

Housing counseling services provided by our agency include:

- **Financial Management/Budget Counseling** – Nationally certified counselors provide free professional advice on money management, maintenance of credit reports, and using credit wisely.
- **Mortgage Delinquency and Default Resolution Counseling** – help owners who are past due with their mortgage and determine options available to avoid foreclosure.
- **Pre-purchase Counseling** – service assisting in developing a personalized plan that explores options and resources to achieve homeownership.
- **Rental Housing Counseling** – service to assist individuals who are looking for rent by creating a budget and action plan so that they have a better idea on what is affordable.
- **Services for Homeless Counseling** – service to assist clients with emergency shelter, transitional housing and other referrals for programs within our community.

- **Pre-Purchase Homebuyer Workshops** – workshop which addresses the important aspects of the home buying process such as lending and home inspections.
- **Reverse Mortgage Counseling** – service to homeowners 62 years of age and older providing information on benefits, costs, and responsibilities of using this resource to access equity in their home.

## **PRIVACY POLICY**

Our agency is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. This data may be used:

1. To assist us in our work with you, our staff may seek supervision/consultation with professional colleagues within the agency and, where appropriate and necessary, with other resources in the community.
2. For the purpose of evaluating our services, gathering valuable research information and designing future programs, we may use aggregated case file information. Your anonymity will be maintained through the use of your client number or by using aggregate data in all circumstances.
3. For counseling only clients, we will confirm with your creditors if asked: (a) Verification of appointment (b) Date of counseling (c) Disposition, and
4. For clients needing our intervention on your behalf through a Debt Management Plan, we will disclose the following to your creditors: Your address and home phone number if published; Total debt information; Income, net and gross; Living expenses; A list of your creditors; Personal information concerning your financial circumstances, but not lifestyle or personal habits; Place of employment will be verified only.

In all other situations, your information may be released to appropriate individuals or agencies **ONLY UPON YOUR WRITTEN REQUEST OR when our staff has been served by a valid subpoena.**

## **PRIVACY PRACTICES**

**The following detail circumstances under which we will release your information to a third party:**

- We may compile data and aggregate information that you give to us, but this information may not be disclosed in a manner that would personally identify you in any way;
- We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law;
- We may disclose some or all of the information that we collect, as described below, to creditors, or third parties that you have authorized who need this information in order for us to assist you after a counseling session;

- We may disclose all of the information that we collect, as described below, to creditors and related financial institutions who need this information in order to put you on a Debt Management Plan (DMP);
- We restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information; and
- We collect nonpublic personal information about you from the following sources:
  - Information we received from you on our applications or other forms you provide;
  - Information about your transactions with us, your creditors, or others; and
  - Information we receive from a credit reporting agency.

We may disclose the following kinds of nonpublic personal information about you:

- Information we receive from you on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

***A copy of this disclosure statement is inserted into each client's file upon initial contact.***

I have read and understand the disclosures made above.

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**Housing Counselor**

**Date**

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**Client Signature**

**Date**

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**Client Name (Please Print)**

**Date**

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