



120 EAST 1000 SOUTH
 PO BOX 657
 BRIGHAM CITY, UT 84302
 PHONE (435)723-5231

Member Information

Present Address: _____
 Time at this address: _____ Years Rent Buying Own
 Home Phone# _____ Work Phone # _____ Cell Phone # _____
 Best Number & Time to reach you: _____
 # of Dependents _____ Ages of Dependents _____ Do they live with you? Yes No

Briefly explain what your financial goals are and why you are seeking financial counseling _____

Employment Information

Name & Address of Employer:		Name & Address of Employer:	
Position: _____ # of years _____		Position: _____ # of years _____	
Filing Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other (Specify) _____ # of Exemptions: _____		Filing Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other (Specify) _____ # of Exemptions: _____	
Gross Annual Salary: \$ _____	Take Home Pay: <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Other:	Gross Annual Salary: \$ _____	Take Home Pay: <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Other:
Source of other Income: \$ _____		Source of other Income: \$ _____	

Rent or Mortgage Information

Paid to:	Since:																		
Balance:	Estimated Present Value: \$ _____																		
If a "Yes" answer is given to a question, explain under the comments section.	To whom: (Name of Creditors):																		
<table border="0"> <tr> <td>Yes</td> <td>No</td> <td></td> </tr> <tr> <td>1. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Are there any unpaid judgments against you?</td> </tr> <tr> <td>2. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Have you ever filed bankruptcy?</td> </tr> <tr> <td>3. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Are you a co-maker or co-signer on any loan?</td> </tr> <tr> <td>4. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Are your wages being garnished?</td> </tr> <tr> <td>5. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Are any of your accounts in the hands of an attorney?</td> </tr> </table>	Yes	No		1. <input type="checkbox"/>	<input type="checkbox"/>	Are there any unpaid judgments against you?	2. <input type="checkbox"/>	<input type="checkbox"/>	Have you ever filed bankruptcy?	3. <input type="checkbox"/>	<input type="checkbox"/>	Are you a co-maker or co-signer on any loan?	4. <input type="checkbox"/>	<input type="checkbox"/>	Are your wages being garnished?	5. <input type="checkbox"/>	<input type="checkbox"/>	Are any of your accounts in the hands of an attorney?	Comments:
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Assets

Real Estate (address):	Fair Market Value: \$ _____
Automobiles, Boats, Trucks, Etc (Year, Make, Model)	Fair Market Value: \$ _____
Stocks, Bonds, 401k plans, Pension Plans, Etc:	Fair Market Value: \$ _____
Insurance Company & Coverage:	

Where the money goes: **Average monthly** expenses

Category	Expense	Monthly	Adjusted Monthly
Housing	Rent/Mortgage/Lot Space		
	2nd Mortgage		
	Heat/Gas		
	Electricity		
	Water, Sewer		
	Garbage		
	Telephone/Cell Phone		
	Household Expenses (supplies, etc)		
	Repair/Improvements		
	Cable/Internet		
	Other (List)		
Transportation	Vehicle Payment		
	Vehicle Payment (2)		
	Fuel		
	Licensing		
	Maintenance		
	Other (List)		
Insurance	Homeowners/Renters		
	Auto		
	Health		
	Life		
	Other (List)		
Food	Groceries		
	Dining Out		
	School lunch		
	Other (List)		
Personal	Clothing		
	Gifts (Christmas, Birthday, etc)		
	Child Support/Alimony		
	Child Care		
	Allowance/Spending Money		
	Donations		
	Haircuts		
	Tobacco/Alcohol		
	Pets		
	Other (List)		

Where the money goes: **Average monthly** expenses

Category	Expense	Monthly	Adjusted Monthly
Health Care	Doctor/Dentist/Eye Care		
	Prescriptions		
	Other (list)		
Education	Tuition/School Fees		
	Lessons (Music, Dance, Sports, etc)		
	Student Loans		
	Other (list)		
Entertainment	Videos		
	Sports/Hobbies		
	Vacations		
	Newspaper/Magazines/Books		
	Gym		
	Other (list)		
Other	Bank Charges (NSF fees, etc)		
	Taxes		
	Dues (Unions, Clubs, etc)		
	Taxes		
	Miscellaneous		
	Total		

DO NOT FILL OUT PAST THIS LINE

NET INCOME	\$
LIVING EXPENSES	\$
AMOUNT LEFT TO PAY BILLS	\$
BILLS	\$
SURPLUS OR DEFICIT	\$

The following information must be listed **completely** and **accurately**. If exact figures are unknown, please call the creditors and get the needed information. All debts must be listed-including those to friends & relatives.

Please bring this **completed** form on your next visit, along with:

The most recent statement from all creditors

Any letters sent to you by creditors

Creditor	Account #	Address & Phone #	Balance	Monthly Payment	Amount Past Due	Purpose/ Collateral
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						