

## **Pre-Bankruptcy Filing Certification** **Credit Counseling DISCLOSURE AGREEMENT**

Thank you for contacting *Comprehensive Credit Counseling* of Rural Services of Indiana, Inc. for you Pre-Bankruptcy Filing Certification. Our credit counseling is available for those anticipating filing bankruptcy in most midwestern states. We strive to make your financial future successful by providing you with a comprehensive analysis of your financial information. The comprehensive Credit counseling package consists of information gathering and analysis in the area of budget development. It focuses on your overall budget and requires the gathering of several financial documents. You will need to gather the following documents:

1. **Pay stubs for all those in the household.**
2. **Documentation on all income received in the household, i.e. Social Security, food stamps, utility assistance, child support, etc.**
3. **Average or budget amounts for all utilities paid per month.**
4. **Balance and payment information on all debts whether or not you intend to include the debt in the Bankruptcy proceeding.**
5. **Monthly insurance premiums not deducted from your pay stub.**

Our counselors shall provide you with a *Comprehensive Credit Counseling* Budget Analysis. This analysis shall include 90 minutes of data entry, review of information provided and discussion. At the conclusion of your counseling session, you will receive a Certificate of Completion that may be filed with the U.S. Bankruptcy Court and a copy of your personal Budget Analysis containing income and expense information and analysis for your personal use or that of your bankruptcy attorney or representative.

Let's start with some preliminary matters so that you can get to know us.

### **I. I UNDERSTAND THAT:**

- Comprehensive Credit Counseling of Rural Services of Indiana, Inc is a non-profit agency that is funded in part by grants. This agency is prohibited from paying or receiving referral fees.
- The financial counselors are trained specifically to provide credit counseling. Their qualifications are available upon request.
- Opportunity to negotiate alternative payment schedules regarding unsecured debt will be discussed even though, this agency is NOT providing me with any Debt Management Plan services in which the agency would maintain a client trust account for the purpose of distribution or creditor payments.
- Any inquiry on my credit report may negatively alter my credit score.
- This agency will provide services without regard to race, color, religion, national origin, age, sex, disability, personal appearance, or any other basis prohibited by law. If I feel I have been discriminated against, I may file a complaint with the Office of Equal Opportunity within 6 days of the discriminating act.
- Under this agreement, the agency will not withhold a completed certificate of counseling because of inability to pay.
- I will provide the agency with requested information and otherwise cooperate with the agency in order to effectuate the financial counseling I have sought or the agency will not be able to proceed with my Comprehensive Credit Counseling.

- To the extent Comprehensive Credit Counseling of RSI is approved as a nonprofit budget and credit counseling agency pursuant to 11 U.S.C. 111(c), the United States Trustee has reviewed those credit counseling services. Therefore, there is a potential disclosure of client information for such periodic review.
- Comprehensive Credit Counseling of RSI does not house the resources to provide services to limited English proficiency participants but will make referrals when needed based on the United States Trustee list of providers with such resources.

## II. FEES AND FEE REDUCTIONS:

Our Standard Fee is \$50 per certificate HOWEVER,

- Fee Reductions are available based on the Household Gross Income. **For Households with Gross Income of 100% to 150% of the Current Published HHS Poverty Guidelines THE FEE IS \$25 PER CERTIFICATE**
- A total fee waiver is available for those whose Household Gross Income falls below 100% of the Current Published HHS Poverty Guidelines Contact Comprehensive Credit Counseling at 1-800-288-6581.
- Review the Current Published HHS Poverty Guidelines enclosed
- **Fees are payable at this time by debit, credit card or by mailing a cashier's check or money order.**

**Phone 1-800-288-6581 if you believe your household income exceeds 150% of the HHS Poverty Guidelines for a Detailed Income Review or for assistance applying for our services.**

## III. REFUND POLICY

If a participant provides written notice that they are no longer interested in completing the certification process with Comprehensive Credit Counseling of RSI prior to the commencement of the financial review they are entitled to a full refund of their purchase price. However, once Comprehensive Credit Counseling has begun the financial review on their behalf, they will no longer be entitled to a refund.

## READY TO BEGIN?

If you are ready to begin this process, please acknowledge that you have read this Disclosure by signing below.

**I HAVE READ THIS AGREEMENT, OR HAVE HAD IT READ TO ME, AND UNDERSTAND AND AGREE TO ITS TERMS.**

Date \_\_\_\_\_

\_\_\_\_\_  
Client Signature(s)

\_\_\_\_\_

## BUDGET ANALYSIS INPUT FORM

This form compiles income and expense information for your Budget Analysis.

Please fill in the dollar amounts and indicate the time period covered when necessary. YOU MUST FILL IN ALL PAGES OF THE FORM.

### Personal Information:

First Name: \_\_\_\_\_ Initial: \_\_\_\_ Last Name: \_\_\_\_\_  
Sex: Male \_\_\_ Female \_\_\_ Marital Status: Married filing single \_\_\_ Married filing jointly \_\_\_ Single \_\_\_  
Total number in household: \_\_\_\_\_ Total Adults: \_\_\_\_\_ Total Children: \_\_\_\_\_

### Address / Phone:

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
Primary Email: \_\_\_\_\_

### Spouse Information (fill in ONLY if filing married)

Spouse First Name: \_\_\_\_\_ Initial: \_\_\_\_ Last Name: \_\_\_\_\_

### Attorney Information:

Filing County: \_\_\_\_\_  
Attorney Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**If you and your spouse are completing a joint credit counseling session you must both be on the phone review at the same time. For the convenience of spouses who cannot be at the same location at the same time of the review, we have the capability to conference both of you if you provide an additional phone number. Please provide phone number below if different from above.**

## Income from Pay Stubs

Gather a pay stub from each employed member of the household and complete the following:

**Note: Child Support paid and received will be entered on another page.  
Social Security and other pension income will be reported on page 2.**

	Pay Stub 1	Pay Stub 2	Pay Stub 3
Employee Name:	_____	_____	_____
Employer:	_____	_____	_____
Pay Date on Check (MM/DD/YYYY):	_____	_____	_____
Number of Pay Periods (per year): (Monthly=12; 2 times per month =24; Every other week = 26; Weekly = 52)	_____	_____	_____
Gross Income (FOR THIS PAY PERIOD):	_____	_____	_____
<b>Deductions (FOR THIS PAY PERIOD):</b>			
Federal Taxes:	_____	_____	_____
State Taxes:	_____	_____	_____
Local Taxes:	_____	_____	_____
Medicare:	_____	_____	_____
Social Security:	_____	_____	_____
<b>Other Payroll Deductions:</b>			
Medical Insurance:	_____	_____	_____
Dental Insurance:	_____	_____	_____
Vision Insurance:	_____	_____	_____
Life Insurance:	_____	_____	_____
Disability & Other Insurance:	_____	_____	_____
401 (k) Contribution:	_____	_____	_____
Pension & Other Retirement Accounts:	_____	_____	_____
Union Dues:	_____	_____	_____
<b>Other Income:</b>			
Income received from job without pay stub (average per month take home):	_____		
Unemployment Income (per week):	_____		
<b>Retirement Income:</b>			
Social Security (Net amount after Medicare deduction):	_____	Pension:	_____
Other:	_____	Please explain:	_____

**Disability Income:**

Social Security of SSI: \_\_\_\_\_ Private Insurance: \_\_\_\_\_

**Government Assistance Received:**

Food Stamps: \_\_\_\_\_ Utility Allowance: \_\_\_\_\_ Other: \_\_\_\_\_ Please explain: \_\_\_\_\_

**Child Support received on ALL CHILDREN**

Support (calculate as monthly): \_\_\_\_\_

**Expenses**

**Housing**

**Balance**

**Monthly Payment**

**Are you current?**

Mortgage: \_\_\_\_\_ Yes\_\_\_\_ No \_\_\_\_

Second Mortgage: \_\_\_\_\_ Yes\_\_\_\_ No \_\_\_\_

Insurance (annual if not escrowed): \_\_\_\_\_ House / apartment rent (monthly): \_\_\_\_\_

Taxes (annual if not escrowed): \_\_\_\_\_ Mobile home lot lease (monthly): \_\_\_\_\_

Home owner association dues: \_\_\_\_\_ Renters Insurance (monthly): \_\_\_\_\_

Are you planning on surrendering home in bankruptcy? Yes \_\_\_\_ No \_\_\_\_

**Utilities (Monthly)**

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Gas / LP: \_\_\_\_\_ Type of Plan: \_\_\_\_\_ Average: \_\_\_\_\_ Budget: \_\_\_\_\_

Electric: \_\_\_\_\_ Type of Plan: \_\_\_\_\_ Average: \_\_\_\_\_ Budget: \_\_\_\_\_

Trash / Recycling: \_\_\_\_\_ Water: \_\_\_\_\_ Sewer: \_\_\_\_\_ Internet: \_\_\_\_\_ Cable / Satellite: \_\_\_\_\_

**Transportation Costs**

**Balance**

**Monthly Payment**

**Are you current?**

Vehicle Loan 1: \_\_\_\_\_ Yes\_\_\_\_ No \_\_\_\_

Vehicle Loan 2: \_\_\_\_\_ Yes\_\_\_\_ No \_\_\_\_

Vehicle Loan 3: \_\_\_\_\_ Yes\_\_\_\_ No \_\_\_\_

Recreation Loan: \_\_\_\_\_

Number of cars: \_\_\_\_\_ Repair / Maintenance (monthly): \_\_\_\_\_ Public Transportation (monthly): \_\_\_\_\_

Gasoline (weekly, all vehicles): \_\_\_\_\_ Insurance (monthly, all vehicles): \_\_\_\_\_ Plates /Tags (annually, all vehicles): \_\_\_\_\_

Additional transportation costs (monthly): \_\_\_\_\_

**Insurances Medical/Dental/Life (monthly – additional policy not deducted from pay)**

Medical: \_\_\_\_\_ Dental: \_\_\_\_\_ Vision: \_\_\_\_\_ Life: \_\_\_\_\_

Other Insurance (LTD, AD&D, etc.): \_\_\_\_\_ Medical co-pays (per doctor visit-answer in dollars): \_\_\_\_\_

Prescriptions: \_\_\_\_\_ Additional medical costs: \_\_\_\_\_



**Loans (Installment, Personal, Utility Debt)**

Creditor

Balance Remaining

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Retirement Loans**

**Balance**

**Monthly Payment**

Retirement Loan 1:

\_\_\_\_\_

\_\_\_\_\_

Retirement Loan 2:

\_\_\_\_\_

\_\_\_\_\_

**Other Debt**

**Balance**

**Monthly Payment**

Other Debt:

\_\_\_\_\_

\_\_\_\_\_

**Federal Tax Liens – Year**

**Balance**

**Monthly Payment**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**State Tax Liens – Year**

**Balance**

**Monthly Payment**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Child Support for ALL CHILDREN (enter as ordered to be paid, calculate as monthly)**

Child Support: \_\_\_\_\_

**Student Loans – Creditor**

**Balance**

**Monthly Payment**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_