



PO Box 10266 • Springfield, MO 65808-0266
Phone 417-889-7474 • Fax 417-881-7713

Enclosed with this letter is an application for Mortgage Delinquency Counseling. Please complete the enclosed forms (including unsecured debt payments) to the best of your ability. If you are set up for a phone-counseling session, we must have the required paperwork prior to your appointment. Please bring the following documentation with you:

- 1) The most recent letter or statement from your mortgage lender
- 2) The two most current pay check stubs **or** verification of other sources of income for all persons in the household over age 18
- 3) Applicants' picture ID

Our counselors are booked in advance. Your appointment date and time is on the information sheet and will last approximately one hour. Please plan appropriately. We look forward to meeting with you.

Sincerely,

CCCS of Springfield¹

¹ Revised 06/08/10

TWO LOCATIONS IN SPRINGFIELD



ORGANIZED 1964

1515 S. GLENSTONE
(417) 889-7474

1055 S. CAMPBELL
(417) 889-7474

Client # _____

BRANCH OFFICES

3130 WISCONSIN, STE. 4
JOPLIN, MO
(417) 782-6830

1524 PORTER WAGONER BLVD.
WEST PLAINS, MO
(417) 256-4082

SATELLITE OFFICES

Branson, MO Pittsburg, KS
Lebanon, MO Mountain Home, AR
Nevada, MO Monett, MO
Thayer, MO Mountain View, MO
Houston, MO Buffalo, MO
Fl. Leonard Wood, MO

(FOR OFFICE USE ONLY)

1st Pmt Due _____

Location _____

Counselor _____

INFORMATION SHEET - PLEASE PRINT

Your Appointment Time _____
(if unable to keep appointment, please call to cancel or reschedule)

1-800-882-0808

IMPORTANT INSTRUCTIONS

It is vital that this form be completed in full before your first appointment. Without complete information your counselor will be unable to accurately evaluate your financial situation and will therefore be unable to best advise you.

Name _____ Birthdate ____/____/____		Spouse Name _____ Birthdate ____/____/____	
Mailing Address _____		City _____ State _____	
County _____	Zip Code _____	Phone # _____	E-mail _____ OK to E-mail <input type="checkbox"/>
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Domestic Partners		# Dependents _____	# in Household _____
Social Security # _____		Spouse Social Security # _____	
Employer _____		Spouse Employer _____	
Address _____		Address _____	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed Pay Period <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly (Please bring recent paystub)		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed Pay Period <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly (Please bring recent paystub)	
Gross Income _____ Net Income _____		Gross Income _____ Net Income _____	
Position _____ Phone # _____		Position _____ Phone # _____	
Other Income Source _____		Other Income Source _____	
(Please bring recent paystub) Gross Income _____ Net Income _____		(Please bring recent paystub) Gross Income _____ Net Income _____	
Own Home <input type="checkbox"/> Buying <input type="checkbox"/> Renting <input type="checkbox"/> Other <input type="checkbox"/>		Have you ever filed Chapter 7 <input type="checkbox"/> Yes _____ Date filed _____ or Chapter 13 Bankruptcy? <input type="checkbox"/> No	
Rent or Mortgage Paid to _____		Mortgage Past Due? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of months past due _____	
Second Mortgage Paid to _____		Mortgage Past Due? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of months past due _____	

OPTIONAL

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Education Level <input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Graduate School		Education Level <input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Graduate School	
Ethnic Group <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pac Island		Ethnic Group <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pac Island	

Please Fill Out Accurately and Completely

Monthly Living Expenses	Monthly	Counselor Use	Please Complete	
1. Rent or Mortgage			ASSETS: Value of Home _____ Value of Auto _____ Checking Acct _____ Savings Acct _____ CD's _____ Retirement Accts _____ Stocks/Bonds _____ Insurance (Cash Value) _____ Recreational Vehicles _____ TOTAL ASSETS \$ _____ LIABILITIES: Mortgage Loan(s) Balance _____ Auto Loan(s) Balance _____ Bank Loan(s) Balance _____ Finance Co. Loan(s) Balance _____ Student Loans _____ Furniture Loans _____ Other _____ CCCS Debt (Office Use Only) _____ TOTAL LIABILITIES _____ COUNSELOR USE ONLY	
2. Second Mortgage				
3. Real Estate Taxes (Not Escrowed)				
4. Vehicle				
5. Vehicle				
6. Electricity				
7. Gas or Heating				
8. Water				
9. Telephone/Internet/Cellular				
10. Garbage				
11. Cable Television/Satellite				
12. Food for Family of:				
13. Food at Work				
14. Eating Out				
15. Gasoline/Transportation				
16. Car Repair/Maintenance (Average)				
17. Medication/Prescription Drugs				
18. Personal Items				
19. Health Insurance (Not Payroll Deduct)				
20. Life Insurance				
21. Car Insurance				
22. Homeowners/Renters Insurance				
23. Laundromat/Dry Cleaning				
24. Barber Shop/Beauty Shop				
25. Tobacco/Alcohol				
26. Newspaper/Magazine Subscription				
27. Tuition/Books/Student Loans				
28. School Lunches				
29. Children's Allowance				
30. Alimony/Child Support (Paid)				
31. Child Care				
32. Savings				
33. Recreation				
34. Church/Charity Contribution				
35. Doctor/Dentist				
36. Clothing				
37. Personal Property Taxes				
38. Home Repairs/Hshld. Expenses				
39. Livestock/Pet Care				
40. Misc. Expenses (Please specify)				
41.				
42.				
43.				
44.				
45.				
Total			Income	
			Income	
			Total	
			Living Expenses	
			Available for Creditors	



Federal Tax ID # 43-1483251
PO Box 10266 • Springfield, MO 65808-0266
Phone 417-889-7474 • Fax 417-881-7713

AUTHORIZATION TO SEND & RELEASE INFORMATION

I hereby authorized Consumer Credit Counseling to send and receive information from:

- 1) Lender _____ Phone () _____ Fax () _____
2) Other: _____ Phone () _____ Fax: () _____

The following types of information could potentially be disclosed:

- Information concerning financial counseling, Debt Management Plan, and/or Financial Education course(s) including, but not limited to all signed agreements and authorizations, creditor account information, payment receipt and disbursement history, payment amount and date due, and file history. Any current member of the Agency staff may provide this information at the time of a request made by the person(s) authorized herein unless otherwise designated in client account file.
- Information regarding mortgage account history and financial status, credit information, work history and any and all information obtained for the purpose of a successful mortgage resolution. The information required will be disclosed to me beforehand.
- I understand that CCCS receives Congressional funds through the National Foreclosure Mitigation Counseling Program (NFMCP) and is required to share some personal information with the NFMCP program administrators and their agents for program monitoring, compliance and evaluation purposes. Further, I give permission for CCCS, NFMCP program administrators and their agents to pull my credit report up to 2 additional times between now and June 30, 2010 for counseling and program evaluation.

Time Limit & Right to Revoke Authorization

Except to the extent that action has already been taken in reliance on this authorization, at any time I can revoke this authorization by submitting a notice in writing to CCCS at the above address. Unless revoked, this authorization will expire one year from the date of signature unless otherwise specified.

Re-disclosure

I understand that once information is released to the above names person(s), my information is subject to re-disclosure by the recipient and will no longer be protected by the CCCS Privacy Policy.

This authorization covers information for all past, present and future periods. The person(s) authorized herein may use this information for purposes as I may direct. In signing this document, I am agreeing to allow CCCS, its employees & agents to advise me on my particular housing issue and hold them harmless from any claim, suit, action or demand.

Printed Name _____ Loan #: _____
Signature: _____ Date: _____
Last four digits of SS # _____ Property Address: _____

Client Name: _____

Client #: _____



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. The following are examples of how this data may be used:

ALL CLIENTS

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. In order to assure the quality and improvement of CCCS' service, an independent accreditation team may review its records and you may be contacted for an evaluation of the agency's services.

COUNSELING ONLY

3. For counseling only clients, we will confirm with your creditors if asked:
 - a) Verification of appointment
 - b) Date of counseling
 - c) Disposition: i.e.
 - 1) Client will handle affairs on their own
 - 2) Pending action

DEBT MANAGEMENT

4. For clients needing our intervention on your behalf through Debt Management, we will disclose the following to your creditors:
 - X Your address and home phone number if published
 - X Total debt information
 - X Income, net and gross
 - X Living expenses
 - X A list of your creditors
 - X Personal information concerning your financial circumstances, but not lifestyle or personal habits
 - X 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.**

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

1. 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.
2. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law.
3. 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.
4. 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).
5. 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.
6. We may collect nonpublic personal information about you from the following sources:
 - X Information we received from you on our applications or other forms you provide;
 - X Information about your transactions with us, your creditors, or others; and
 - X Information we receive from a credit reporting agency.
7. We may disclose the following kinds of nonpublic personal information about you:
 - X Information we receive from you on applications or other forms, such as your name, address, social security number, assets, and income;
 - X 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
 - X Information we receive from a credit reporting agency, such as your credit history.

RELEASE: I hereby authorize this Credit Counseling Agency to release all non-public information it obtains about me to (1) my creditors and (2) any third parties necessary to resolve the matter(s) discussed during my counseling session.

I further RELEASE and authorize all of my creditors to provide non-public information about me to this Credit Counseling Agency.

I can revoke this authorization by submitting a notice in writing to CCCS at PO Box 10266, Springfield, MO 65808. Unless revoked, this authorization will expire one year after my last counseling appointment or one year after discontinuation of a Debt Management Plan, whichever is later.

Signature(s) _____ Date _____

Client Rights & Responsibilities

We pledge that our clients have the right:

- To fair and equitable treatment;
- 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 an appropriate action plan;
- To expect confidentiality of information as outlined in the Privacy Policy;
- To be advised about any charges for services;
- To express dissatisfaction through a Complaint Resolution Process;
- To consent to or refuse services and to discontinue their relationship with our agency at any time;
- To ask questions and to have concerns addressed.

Clients have the responsibility:

- To give accurate information about their current financial situation;
- To notify the agency if scheduled appointments need to be changed;
- To work with staff in planning, reviewing, and updating their individual action plan;
- To inform staff immediately if they have any concerns or problems with the service they are receiving.

Normal office hours are 8am-5pm Monday-Friday.
Some services may be available outside of normal office hours.

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, we ask that you follow these guidelines.

- **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 to the: Director of Operations at: P.O. Box 10266, Springfield, MO 65808-0266 or call (417) 889-7474.
- **Step Three:** The agency may request a meeting with you (phone or face-to-face) 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 the President/CEO at P.O. Box 10266, Springfield, MO 65808-0266. After additional fact finding, this individual will provide a concluding decision to you within 15 days.
- **Step Five:** If your issue remains unresolved after this process, you may file a complaint with the local Better Business Bureau at <http://southwestmissouri.bbb.org/Consumer-Complaints> or (417) 862-4222

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 respect to race, color, national origin, religion, creed, age, gender, sexual orientation, or mental or physical disability.