



Application Information Sheet

GENERAL INFORMATION

Name: _____ Social Security: # _____ - _____ - _____
 Spouse: _____ Social Security: # _____ - _____ - _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Telephone: (____) _____ - _____ Work Telephone: (____) _____ - _____
 Dependents in Household: _____ E-Mail Address: _____

MONTHLY BUDGET ANALYSIS

(Required by creditors)

Expenses	Total Net Income																						
Rent Payment \$ _____	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Applicant</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Co-Applicant</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Retirement</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Social Security</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Child Support Income</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>AFDC</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Food Stamps</td><td style="text-align: right;">\$ _____</td></tr> <tr><td style="text-align: right;">TOTAL</td><td style="text-align: right;">\$ _____</td></tr> <tr><td style="text-align: right;">Less (subtract) Expenses</td><td style="text-align: right;">\$ _____</td></tr> <tr><td style="text-align: right;">Estimated HCCS Min Payment</td><td style="text-align: right;">\$ _____</td></tr> <tr><td style="text-align: right;">Available Balance</td><td style="text-align: right;">\$ _____</td></tr> </table>	Applicant	\$ _____	Co-Applicant	\$ _____	Retirement	\$ _____	Social Security	\$ _____	Child Support Income	\$ _____	AFDC	\$ _____	Food Stamps	\$ _____	TOTAL	\$ _____	Less (subtract) Expenses	\$ _____	Estimated HCCS Min Payment	\$ _____	Available Balance	\$ _____
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Insurance: Life \$ _____																							
Mortgage Payment \$ _____																							
Auto \$ _____																							
Automobile: Payments \$ _____																							
Home \$ _____																							
Gasoline/Oil \$ _____																							
Medical \$ _____																							
Household (grocery) \$ _____																							
Medical Expenses \$ _____																							
Utilities: Gas \$ _____																							
Child Support \$ _____																							
Electric/Cable \$ _____																							
Childcare/Daycare \$ _____																							
Water/Sewage \$ _____																							
Misc./Charities \$ _____																							
Phone/Cellular \$ _____																							
Total Monthly Expense \$ _____																							

Reason for Debt Management Program: (MUST Check most appropriate)

Poor management Divorce Death in family Reduced income Medical/Disability Confidential

Balance of Unsecured Debt \$ _____ Regular Monthly Payments \$ _____

Balance of ALL Secured Debt \$ _____ Est. Assets \$ _____ Est. Liabilities \$ _____

Instructions:

- Complete **BOTH** this application and the creditor form.
- For verification of accuracy, include CURRENT COPIES of most recent creditor statements
- Sign the Credit Management Agreement,
- **SPECIAL NOTE:** You may need to change the due dates and cancel credit card insurance to avoid increases in fees and finance charges. Your account advisor will assist you in selecting the most appropriate payment date.
- Enclose your estimated Total Monthly Payment Amount, and **return** all of the above information either by mail or fax.
- If **FAXING** these documents, you must immediately follow with a check or money order for the estimated HCCS amount. Print your name and social security number clearly with your payment. Please *note that checks require a 10 day holding period before dispersing.*
- **Remember, in a debt management plan** you are required to close all existing accounts (except those needed for business purposes).
- You must avoid additional debt.

Payment Information:

- Your initial payment is to be made by either check or Money Order payable to HCCS TRUST. Your name and social security number must be clearly printed. Processing for your Debt Payment Plan application can *not* begin until your Estimated Total Monthly payment is received.