

Budget Counseling Checklist

APPOINTMENT SCHEDULED: Please arrive 15 minutes prior to your appointment. If you are unable to make the appointment, please call (719) 526-4590 or (866) 804-8763 to reschedule.

Day/Date	Time	Staff Member

APPOINTMENT CHECKLIST

_____ Current LES and/or Pay Stubs

_____ FC Form 1397-1-E (Attached - Complete in pencil)

- a. Complete all personal information on the top section of the form.
- b. **DO NOT COMPLETE** information in the **INCOME** section. This information will be completed by your counselor from your most current LES, and proof of any additional sources of income (i.e., second job, spouse's employment, SSI, etc)
- c. Complete information in **ASSETS** section and provide a **REFERRAL SOURCE** (i.e., your Command Financial NCO, First Sergeant, etc)
- d. On the reverse side of the form fill in your estimated or average **MONTHLY** expenses. It is important for you to be as accurate as possible, so take your time completing this section.

_____ FC Form 1590 (Attached - Complete in pencil)

- a. Complete as much creditor information as possible, from old bills or contracts. Include only the name of the creditor. The address and account numbers are not required.
- b. List the actual reason for the debt. (Since personal loans are always requested for other purposes, we would like to know what those purposes were).
- c. Provide the balance due from your **LAST BILLING STATEMENT**.
- d. List **NORMAL** monthly payments **REQUIRED**.
- e. If you are behind on any of the listed payments please indicate the number of payments you are behind in the **BCS USE ONLY** section in the initial block.

_____ Any other statements from additional employment or sources of income

_____ Customer Intake Form (Filled out when you turn your packet in)

_____ If at all possible, married couples should attend together.

BUDGET COUNSELING DATA

DATE:

PRIVACY ACT STATEMENT

UNDER AUTHORITY OF TITLE 10 USC 3021, THE REQUESTED INFORMATION IS FOR USE IN THE BUDGETING COUNSELING, DEBT LIQUIDATION AND FINANCIAL MANAGEMENT SERVICE. DATA MAY BE DIVULGED TO CREDIT BUREAUS, FINANCE OR LOAN COMPANIES, COMMERCIAL BUSINESSES AND OTHER GOVERNMENT/CIVILIAN AGENCIES TO ASSIST IN PLANNING BUDGET MANAGEMENT, DISCLOSURE IS VOLUNTARY, BUT FAILURE TO DISCLOSE ALL OR OF REQUESTED INFORMATION MAY MAKE IT DIFFICULT OR IMPOSSIBLE TO PROVIDE THE REQUESTED ASSISTANCE. THE SSN WILL BE USED ONLY TO INSURE ACCURATE IDENTIFICATION.

PLEASE PREPARE IN PENCIL

YOUR NAME:

AGE:

SPOUSE'S NAME:

AGE:

Date of Birth (DD/MM/YYYY)

GRADE:

MARRIED:

YES

NO

PRIOR MARRIAGE:

HUSBAND

YES

NO

WIFE

YES

NO

PRESENT ADDRESS: (INCLUDING ZIP CODE)

TELEPHONE NUMBER:

WE ARE RENTING () BUYING () OWN CLEAR () HOME IS FURNISHED () UNFURNISHED ()

NUMBER OF CHILDREN:

AGES:

EDUCATION: (YEARS)

HUSBAND

WIFE

ORGANIZATION/UNIT:

ORGANIZATION TELEPHONE:

COMMANDER:

HAVE YOU EVER BEEN BANKRUPT:

YES

NO

HAD GOODS REPOSSESSED:

YES

NO

ARE THERE ADDITIONAL FAMILY PROBLEMS, MARITAL, ADJUSTMENT, ETC:

YES

NO

INCOME

ENTITLEMENTS		ALLOTMENT COLLECTIONS	OTHER COLLECTIONS		Monthly Take Home Pay \$
BASIC PAY	\$	1.	FEDERAL TAX	\$	
BAQ	\$	2.	STATE TAX	\$	
SEP RATS	\$	3.	FICA	\$	
CLOTHING	\$	4.	SGLI	\$	
HOUSING	\$	5.	SOLDIER'S HOME	\$	
OTHER	\$	6.	DEBT PAYMENT	\$	
TOTALS:	\$	\$		\$	

TOTAL MONTHLY INCOME \$ _____

ADDITIONAL INCOME (WELFARE, AID TO DEPENDENT CHILDREN, SHILD SUPPORT, RENTALS, PART-TIME EMPLOYMENT, WIFE'S SALARY, ETC.) EXPLAIN

ASSETS

AUTOS;	YEAR	MAKE	EST VALUE
			\$
			\$
OTHER (HOME, FURNITURE, APPLIANCES)			\$
TOTAL ASSETS			\$

REFERRAL SOURCE:

REMARKS:

TOTAL MONTHLY INCOME FROM FIRST PAGE	\$
MONTHLY LIVING EXPENSES FOR FAMILY	
RENT OR MORTGAGE PAYMENT (INCLUDING TAX AND INSUREANCE)	\$
GROCERIES	\$
OUT-OF –HOME FOOD COST	\$
UTILITIES (GAS, LIGHTS, WATER, GARBAGE, SEWER)	\$
INSURANCE (AUTO, LIFE, HOSPITAL, CHILDREN)	\$
MEDICAL AND DENTAL COST	\$
AUTO PAYMENT	\$
TRANSPORTATION EXPENSES (GAS, OIL, MAINTENANCE, REPPAIRS)	\$
SCHOOL COSTS (TUITION, BOOKS, LESSONS)	\$
FAMILY CLOTHING COSTS	\$
LAUNDRY AND DRY CLEANING COSTS	\$
SUBSCRIPTIONS (NEWSPAPERS, MAGAZINES, BOOKS)	\$
HAIRCUTS AND BEAUTY SHOP COSTS	\$
ALIMONY/CHILD SUPPORT PAYMENTS	\$
CHURCH/CHARITY	\$
ENTERTAINMENT (MOVIES, SPORTS, HOBBIES, BEER, SMOKES)	\$
OTHER NECESSARY EXPENSES	\$
TOTAL MONTHLY EXPENSES	\$
BALANCE FOR DEBT PAYMENT	\$
COMMENTS:	

BUDGET COUNSELING SERVICE CREDITORS LIST

PRIVACY ACT STATEMENT: UNDER THE AUTHORITY OF TITLE 10 U.S.C. 3021, THE REQUESTED PERSONAL INFORMATION IS FOR USE IN BUDGETING COUNSELING, DEBT LIQUIDATION AND FINANCIAL MANAGEMENT SERVICES. DATA MAY BE DIVULGED TO OTHER GOVERNMENT AGENCIES OR CREDIT BUREAUS TO ASSIST IN PLANNING BUDGET MANAGEMENT. DISCLOSURE IS VOLUNTARY, BUT FAILURE TO DISCLOSE ALL OR PART OF REQUESTED INFORMATION MAY MAKE IT DIFFICULT OR IMPOSSIBLE TO PROVIDE REQUESTED ASSISTANCE.

WE OWE THE FOLLOWING (PLEASE COMPLETE IN PENCIL)

NAME AND ADDRESS OF CREDITOR	PURPOSE OF DEBT OR COLLATERAL	BALANCE DUE	CONTRACTED MONTHLY PAYMENTS	Annual Percentage Rate	
				INITIAL	REGULAR
1.					
ZIP					
ACCT#					
2.					
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23.					
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COMMENTS					