

Credit Report Review Intake Form

PERSONAL INFORMATION

CCCS of Kern & Tulare Counties must confirm positive, current identification.

Applicant #1

Name _____ MI _____ Birthdate _____ SSN _____

Current Address _____ City _____ Zip _____ How Long? _____

Previous Address _____ City _____ Zip _____ How Long? _____

Daytime contact phone _____ Home phone _____ Work phone _____

Marital Status () Single () Married () Separated () Divorced () Widowed

FOR OFFICE USE ONLY

Identification Type _____ Number _____ State _____ Expires _____

Applicant #2

Name _____ MI _____ Birthdate _____ SSN _____

FOR OFFICE USE ONLY

Identification Type _____ Number _____ State _____ Expires _____

CREDIT REPORT REQUEST

Both spouses must be present for a joint file. Fees: \$50.00 for an individual report, \$75.00 for both spouses with same last name.

CREDCO Credit Report: Individual _____ Both Spouses _____

FOR OFFICIAL USE ONLY

TYPE OF PAYMENT: () Cash () Money Order () Cashier's Check () Personal Check

Received by _____

APPOINTMENT DATE: _____ TIME _____

Client notified by _____ Date: _____

AUTHORIZATION

I/We authorize Consumer Credit Counseling Service of Kern & Tulare Counties and Premiere Information Systems to obtain my/our credit report(s) for the sole purpose of financial counseling. I will be provided with a credit report review session and printed information pertaining to the report.

The information provided in this statement is true and correct to the best of my/our knowledge. I/We agree to hold Consumer Credit Counseling Service of Kern & Tulare Counties, its employees, officers, and agents harmless from any claim, suit, action, or demand of ourselves or any other person arising from the financial counseling session herewith presented. In addition, I/We agree to hold Premiere Information Systems, its employees, officers and agents harmless from any claim, suit, action, or demand of ourselves or any other person arising from the Confidential Credit Report provided as part of the financial counseling session herewith presented. Nothing herein shall apply to actions or claims under the provisions of the United States Bankruptcy Code, 11 U.S.C. 101 et seq.

Applicant #1 Signature _____ Date _____

Applicant #2 Signature _____ Date _____

FOR OFFICE USE ONLY

Client # _____ Counselor _____ Date _____