

CONSUMER CREDIT COUNSELING SERVICE OF KERN & TULARE COUNTIES
Main Office: 5300 Lennox Ave. Suite 200, Bakersfield, CA 93309-1662
GENERAL INFORMATION WORKSHEET

Complete as much information as possible. Please Print.
 Please call for an appointment at one of our convenient locations.
 Bakersfield (661) 324-9628 Visalia (559) 732-CCCS Outlying Areas 1-800-272-2482

PERSONAL INFORMATION

Name:		Client Number:	
Date of birth:	SSN:	Phone:	
Single	Married	Divorced	Separated
(please circle)			
Current address:		Cell Phone:	
City:	State:	ZIP Code:	
Previous address:		ZIP Code:	
City:	State:	ZIP Code:	
Number of Dependents Living in Home:	EMAIL ADDRESS:		

EMPLOYMENT INFORMATION

Current employer:		
Employer address:	How long?	
Phone:	Monthly Gross: \$	Monthly Net: \$
City:	State:	ZIP Code:
Any Other Income Source:	Monthly Amount: \$	

SPOUSE INFORMATION, IF FOR A JOINT ACCOUNT

Name:		
Date of birth:	SSN:	Phone:

EMPLOYMENT INFORMATION (SPOUSE)

Current employer:		
Employer address:	How long?	
Phone:	Monthly Gross: \$	Monthly Net: \$
City:	State:	ZIP Code:
Any Other Income Source:	Monthly Amount: \$	

HOUSING INFORMATION

Own	Rent	(Please circle)	How long?	Monthly payment or rent: \$
Property Value: \$			Rent/Mortgage paid to: Account Number (REQUIRED):	
Is your rent or mortgage delinquent?			If yes how many months?	
Type of Loan: FHA Conventional (Please circle)			Mortgage Loan Balance: \$ Monthly Payment:\$	
Second Mortgage paid to?				
Is your second mortgage delinquent?			If yes how many months?	
Type of Loan: FHA Conventional (Please circle)			Mortgage Loan Balance: \$ Monthly Payment:\$	

MONTHLY EXPENSE INFORMATION

Expense	Monthly Amount	Expense	Monthly Amount
Gas/ Electricity	\$	Clothing/Gifts	\$
Water/Sewer/Trash	\$	Subscriptions	\$
Phone/Cell Phone	\$	Tobacco/Alcohol/Cigarettes	\$
Cable TV/ Internet	\$	Insurance (Auto/Life/Health)	\$
Groceries	\$	Dinner Out/Entertainment	\$
Work/ School Lunches	\$	Child Care/ Gardener	\$
Gasoline	\$	Health Care/ Prescriptions	\$

