

Consumer Credit Counseling Service of the Black Hills
Rushmore Consumer Credit Resource Center
111 St. Joseph Street * Rapid City, SD 57701
Phone: 1-800-568-6615 or 605-348-4550 * Fax: 605-348-0107* www.ccsbh.com

You May Participate in Pre-Filing Bankruptcy Counseling in One of Three Ways

Group In-Person Counseling

- Bankruptcy Group Counseling is held Thursday nights from 5:30 PM to 7:00 PM MST.
- Bring a Driver's License or government issued picture ID and **\$25 for each person in cash or money order. We do not accept Personal Checks for payment.** Services are available for free or at a reduced rate based on your ability to pay. The fee is waived with proof that your income is at or below the poverty level according to US Census figures or if your filing fees will be waived.
- You will sign an affidavit verifying your identity.
- Bring a list of your living expenses and your creditor statements. You must stay for the entire counseling. It will be approximately 90 minutes in length.
- During the group counseling you will complete the budget forms and sign the Statement of Bankruptcy Counseling Services and turn them into the counselor as the end of the session.
- The day following the session, the counselor will review all of your individual information, including the factors/problems, assets, debts, and budget. The counselor will develop a personalized action plan based on your situation and the best options available to you. Once the action plan is complete we will be able to issue your certificate. You may pick up your action plan and certificate or we will mail or fax them to you in 3 business days.

Individual In-Person Counseling

- Individual bankruptcy sessions are available during the day by appointment.
- Bring with you your Driver's License or government issued picture ID.
- The cost is **\$25 for each person payable in cash or money order. We do not accept Personal Checks for payment.** Services are available for free or at a reduced rate based on your ability to pay. The fee is waived with proof that your income is at or below poverty level according to US Census figures or if your filing fees will be waived.
- You will sign an affidavit verifying your identity.
- The counseling will last about 90 minutes.
- Bring a list of your living expenses and your creditor statements.
- The counselor will review the forms, develop a personalized action plan, and issue a certificate.

Individual Telephone Counseling

- Call 348-4550 x 101 or 1-800-568-6615 x 101 to register for the individual phone appointment and registration packet can be faxed or emailed to you.
- Once you return your payment of **\$25 for each person payable by cash or money order**, along with your signed affidavit (**also signed by your attorney**), copy of your driver's license and all the paperwork marked PLEASE COMPLETE & RETURN we will schedule an appointment for you. **We do not accept Personal Checks for payment.** Services are available for free or at a reduced rate based on your ability to pay. The fee is waived with proof that your income is at or below poverty level according to US Census figures or if your filing fees will be waived.
- The counselor will call you at your schedule appointment time. Have your list of living expenses and creditor statements by the phone. The counselor will review your budget form.
- Your counselor will develop a personalized action plan and mail this and your certificate within 3 business days.

Revised 10-22-08

Approved to issue certificates evidencing completion of a budget and credit counseling service in compliance with the Bankruptcy Code. Approval does not endorse or assure the quality of a Provider's services.

CONSUMER CREDIT COUNSELING



111 St. Joseph Street * PO Box 817 * Rapid City, SD 57709
Phone: 605-348-4550 * 1-800-568-6615 * Fax: 605-348-0107

Statement of Bankruptcy Counseling Services

Please read the following statements carefully so that you will understand the procedures for this session. Please sign your name at the bottom of this form after you have read this information.

Consumer Credit Counseling has over 30 years of experience helping people struggling with financial issues. Our role is not to be judgmental, but to help you see options that best fit your situation. Specifically, we will do a budget analysis that will examine your financial situation, discuss the factors that may be the cause of your problems, and explore your options, and develop an action plan for dealing with them. We will provide you with very basic bankruptcy information. If you are seeking detailed information about bankruptcy you will want to visit with an attorney that practices bankruptcy law. At the conclusion of this session, you will be provided with a certificate that you will need, should you decide to file for bankruptcy. As an approved provider, this certificate is valid for 180 days after the date and time the counseling is completed.

This agency is a member of the National Foundation for Credit Counseling (“NFCC”) The NFCC has high standards for quality credit counseling and financial education, and this agency complies with those standards. In addition, this agency is accredited by the Council on Accreditation (“COA”), an independent third-party organization that reviews and monitors entities that provide social services. We are a non-profit agency. We are organized and operate in accordance with Section 501(c)(3) of the Internal Revenue Code.

A certified consumer credit counselor will be conducting this session. While he/she has expertise in helping those with financial problems, he/she cannot provide you with legal advice. In fact, this session is designed to provide you with information and alternatives; it is not intended to take the place of a consultation with an attorney to explore your legal rights and options.

In order to assist you, it is essential that you provide us with information that is as accurate and complete as possible. For that reason, we may ask you to authorize us to access your credit history. Rest assured that the information concerning your financial condition and status that you provide during this session is strictly confidential. Such information would include, but is not limited to, income, debts, credit accounts, earnings, assets, and employment data. We will not disclose any such information that you provide orally or in writing to anyone, except as authorized by you in writing or as required by law, such as in response to a subpoena. We may compile data and aggregate information that you give us, but this information will not be disclosed in any manner that would personally identify you. This agency will not disclose or provide any information about this session to a credit reporting agency. If you should decide to enter into a Debt Management Plan (“DMP”) (which will be explained in the course of this session) you will be provided with separate agreement and disclosure forms.

To help cover the cost of providing this session to you, this agency charges a fee of \$25.00 for each person. Payment can be made by cash, money order, or debit card. We do not take personal checks. Services are also available for free or at a reduced rate based on your ability to pay. The fee will be waived upon proof that your income is at or below the poverty level or if your filing fees will be waived.

If you choose to file for bankruptcy, you should know that your bankruptcy will affect your credit report. A bankruptcy does not delete accurate information off of your credit report regarding your past delinquencies. A bankruptcy is a matter of public record and will be reported in the public record section of your credit report. A bankruptcy will have a negative effect on your credit report and credit score. A potential creditor, landlord, or employer in the future may view this negatively. Depending on the type of bankruptcy you file, a bankruptcy may remain on your credit report for 7 to 10 years.

If, after your session, you choose to enroll in a Debt Management program, participation in a debt management program may change information which is already on your credit report. If your credit report shows that you have paid your accounts as agreed in the past, a Debt Management Program could have a negative impact on a creditworthiness decision by a potential creditor, landlord, or employer in the future.

This agency also receives funding in the form of grants from state and government agencies as well as support from the United Way. A significant portion of funding for this agency comes from voluntary contributions from creditors who participate in DMPs. Since creditors have a financial interest in having debts repaid, some are willing to make a contribution

to help fund the overall services of this agency. These contributions are usually calculated as a percentage of payments that are made through a DMP. Again, should you decide to enter into a DMP, you will receive specific information on how the plan works and how the agency is funded.

If you are dissatisfied with the service provided by our agency you can utilize the Complaint Resolution Process.

Signature: _____
Printed Name: _____
Date: _____

Signature: _____
Printed Name: _____
Date: _____

Affidavit/Certification for Bankruptcy Education

Return to: CCCS, PO Box 817, Rapid City, SD 57709 or Fax to 348-0107

My full legal name is _____
(First) (Middle) (Last) (Jr. Sr.III)

My full legal name is _____
(second filer only) (First) (Middle) (Last)

My current address is _____
Street City State Zip

My email address is _____

My daytime phone number is _____

My evening phone number is _____

My attorney is _____

My bankruptcy case number is _____

Other _____

___ In person registration: State or government issued picture ID presented and verified.

___ Registration by fax or mail: A copy of your state or government issued picture ID must accompany this form. You must have your attorney sign this form to verify your identity. If you do not have an attorney, please contact our office for a form to be filled out by a notary who will notarize your signature.

By signing this form you certify the following:

I certify that all the information on this affidavit is true, correct and complete and made in good faith. I also certify that I personally will complete the education program. I understand that knowingly making a false or fraudulent statement or misrepresentation about my identity or completion of the education program is a violation of the requirements of Federal law.

Signature

Signature

Date

Date

CONSUMER CREDIT COUNSELING IN THE CREDIT RESOURCE CENTER

MAIN OFFICE: 111 ST. JOSEPH STREET * P.O. BOX 817
RAPID CITY SD 57709
LOCAL PHONE: (605) 348-4550 * OUT OF AREA: 1 (800) 568-6615

COUNSELOR:	APPLICANT #:
REFERRAL FROM:	
CAUSE CODE:	COUNSELING TYPE:
HOW LONG MARRIED?	HOW LONG DIV. OR SEP.?

APPLICANT #1 LAST NAME:	FIRST NAME:	INITIAL :	DOB:	APPLICANT #2 LAST NAME:	FIRST NAME:	INITIAL :	DOB:
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RACE / NATIONAL ORIGIN: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> White, not of Hispanic Origin <input type="checkbox"/> Other (specify): _____ SEX: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	FAMILY SIZE: NO. OF CHILDREN: _____ AGES: _____ NO. OF OTHER DEPENDENTS: _____
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SOC. SEC. #: _____ APPLICANT #1	SOC. SEC. #: _____ APPLICANT #2	FAMILY SIZE VERIFIED <input type="checkbox"/>
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PRESENT ADDRESS:

CITY:	STATE:	ZIP:	HOW LONG?	PHONE NO.
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RENT: <input type="checkbox"/> OWN: <input type="checkbox"/> BUYING: <input type="checkbox"/> OTHER: <input type="checkbox"/> DATE LAST PAID: _____	LANDLORD OR MORTGAGE COMPANY AND ADDRESS: FHA LOAN <input type="checkbox"/> VA LOAN <input type="checkbox"/> CONVENTIONAL LOAN <input type="checkbox"/> HUD <input type="checkbox"/> OTHER <input type="checkbox"/>
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RENT / MORTGAGE: CURRENT DELINQUENT

APPLICANT #1 EMPLOYED BY: ADDRESS: CITY: STATE: ZIP:	HOW LONG?	PHONE NO.
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JOB TITLE:	PAYDAY ON:	NEXT PAYCHECK DATE:
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APPLICANT #2 EMPLOYED BY: ADDRESS: CITY: STATE: ZIP:	HOW LONG?	PHONE NO.
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JOB TITLE:	PAYDAY ON:	NEXT PAYCHECK DATE:
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APPLICANT #1 EDUCATION GRADE COMPLETED:	APPLICANT #2 EDUCATION GRADE COMPLETED:	HAVE YOU EVER FILED A BANKRUPTCY PETITION? YES <input type="checkbox"/> NO <input type="checkbox"/> DID BOTH FILE? YES <input type="checkbox"/> NO <input type="checkbox"/>	MONTH & YEAR:
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COUNSELOR NOTES:



NAME:	STREET OR PO BOX	CURRENT BAL.	PYMT REQUIRED	SECURITY		
ACCT. NO.	CITY STATE ZIP	PHONE NO.	DATE LAST PAID	DATE ACCT OPEN/REFIN		
NAME:	STREET OR PO BOX	CURRENT BAL.	PYMT REQUIRED	SECURITY		
ACCT. NO.	CITY STATE ZIP	PHONE NO.	DATE LAST PAID	DATE ACCT OPEN/REFIN		
NAME:	STREET OR PO BOX	CURRENT BAL.	PYMT REQUIRED	SECURITY		
ACCT. NO.	CITY STATE ZIP	PHONE NO.	DATE LAST PAID	DATE ACCT OPEN/REFIN		
NAME:	STREET OR PO BOX	CURRENT BAL.	PYMT REQUIRED	SECURITY		
ACCT. NO.	CITY STATE ZIP	PHONE NO.	DATE LAST PAID	DATE ACCT OPEN/REFIN		
NAME:	STREET OR PO BOX	CURRENT BAL.	PYMT REQUIRED	SECURITY		
ACCT. NO.	CITY STATE ZIP	PHONE NO.	DATE LAST PAID	DATE ACCT OPEN/REFIN		
NAME:	STREET OR PO BOX	CURRENT BAL.	PYMT REQUIRED	SECURITY		
ACCT. NO.	CITY STATE ZIP	PHONE NO.	DATE LAST PAID	DATE ACCT OPEN/REFIN		
NAME:	STREET OR PO BOX	CURRENT BAL.	PYMT REQUIRED	SECURITY		
ACCT. NO.	CITY STATE ZIP	PHONE NO.	DATE LAST PAID	DATE ACCT OPEN/REFIN		
NAME:	STREET OR PO BOX	CURRENT BAL.	PYMT REQUIRED	SECURITY		
ACCT. NO.	CITY STATE ZIP	PHONE NO.	DATE LAST PAID	DATE ACCT OPEN/REFIN		
ESTIMATED MONTHS TO COMPLETE _____		CCCS SERVICE DEBTS		SECURED NO.	AMOUNT NEEDED TO PAY	
		\$			\$	
		UNSERVICED DEBTS		UNSECURED NO.	MONTHLY FEE	
		\$			\$	
		TOTAL DEBTS		TOTAL CREDITORS	TOTAL PAYMENT	
		\$			\$	

If you need additional sheets, print this page again.

Return to: CCCS/BH
 PO Box 817 * Rapid City, SD 57709
 Fax 348-0107

CCCS Budget Worksheet			
Date:			
Client Name:			
Client Number:			
Income	Type	Initial amount	Adjusted amount
Client Income	Wages and Salary		
	Part time job/Overtime/Bonus		
	Pension/SSI/SSDI/Unemployment		
	Child Support/Alimony		
Co-Client Income	Wages and Salary		
	Part time job/Overtime/Bonus		
	Pension/SSI/SSDI/Unemployment		
	Child Support/Alimony		
Total			

Return to: CCCS/BH
 PO Box 817 * Rapid City, SD 57709
 Fax 348-0107

Expenses	Type	Initial Amount	Adjusted Amount
Housing	Rent		
	1st/2nd Mortgage		
	Association Dues/Lot Rent		
	Property Taxes		
Automobile	Gasoline/Maintenance		
	Registration/Taxes		
Food	Groceries		
	Dining Out		
	Food at work/School		
Utilities	Electric/Gas-Oil		
	Water/Sewer		
	Telephone/Cell Phone		
	Garbage/Recycling		
	Internet/Cable		
Clothing	Clothing		
Insurance	Automotive		
	Medical/Life		
	Home/Renter		
Healthcare	Prescriptions		
	Doctor/Dentist/Optical		
Childcare	Daycare/Babysitting		
	Allowance/Activities		
	Diapers		
	Child Support		
Installment Loans	Car Payment		
	Student Loan		
	Co-Signed		
	Bank Account Deduction		
	Taxes		
	Business Cards/Loans		
	Other		
Charitable	Tithe/Other		
Education	Tuition/Books/Supplies		
Leisure	Books/Newspapers/Mags		
	Entertainment/Recreation		
	Gifts/Holidays		
	Travel		
	Alcohol/Tobacco		
Job Exp.	Tools/Clothes/Other		
Miscellaneous	Laundry/Dry Cleaning		
	Home Maintenance		
	Home Cleaning		
	Parking/Bus Pass/Train		
	Personal Care		
	Postage		
	Bank Charges		
	Pets		
Total Expenses			

Questionnaire

Client Number _____

Please fill out this questionnaire and return it to CCCS, PO Box 817, Rapid City, SD 57709 or fax it to 348-0107.
Your answers will help us develop the best options for you.

- | | YES | NO | | YES | NO |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 1 In th past few years have you been unemployed?
If yes, for how many months or years? _____ | <input type="checkbox"/> | <input type="checkbox"/> | 10 Have adult children moved back into your home
in the past few years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 If the past few years have you changed
employment? | <input type="checkbox"/> | <input type="checkbox"/> | 11 Do you have custody or are you taking care of
your grandchildren? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 In the past few years has your rate of pay
decreased? | <input type="checkbox"/> | <input type="checkbox"/> | 12 Are you providing ongoing financial assistance to
adult children or relatives? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Is someone in your household self-employed?
If yes, has this business experienced a slow
down?___ If yes, for how many months?_____ | <input type="checkbox"/> | <input type="checkbox"/> | 13 Does anyone in your household frequently use
alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Have you or someone in your household recently
retired? | <input type="checkbox"/> | <input type="checkbox"/> | 14 Does anyone in your household frequently
gamble? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 In the past few years have you gone through a
divorce or the end of a relationship? | <input type="checkbox"/> | <input type="checkbox"/> | 15 Do you charge items on your credit card without
considering how long it will take to repay the bill? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 In the past few years has a loved one died
who lived in your household? | <input type="checkbox"/> | <input type="checkbox"/> | 16 Does anyone in your household have a spending
problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 In the past few years have you or someone in
your household experienced a medical problems?
If so, what would you estimate the cost of these
medical bills? _____ | <input type="checkbox"/> | <input type="checkbox"/> | 17 Have you made some poor financial decisions
in the past few years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 In the past few years have you taken into your
home an aging parent to care for? | <input type="checkbox"/> | <input type="checkbox"/> | 18 Are you experiencing financial stress?
If yes, what do you think is the major reason for
your financial stress/problems? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | 19 What are your major financial concerns?
_____ | | |

Thank you for filling out this form.