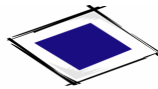


# CONSUMER CREDIT COUNSELING



111 St Joseph Street \* Rapid City \* SD \* 57701  
1-800-568-6615 \* 605-348-4550 \* Fax: 605-348-0107  
www.cccsoftheblackhills.com

## Statement of Counseling Services

*Please read the following statements carefully so that you will understand the procedures for the counseling session. Initial the line next to each statement to indicate understanding of that provision. For simplification the singular is used even when the plural may apply.*

\_\_\_\_\_ I understand that Consumer Credit Counseling Service of the Black Hills (CCCS/BH) will provide a one-on-one confidential comprehensive personal money management interview.

\_\_\_\_\_ I understand that the interview will be conducted by a certified consumer credit counselor or qualified professional counselor.

\_\_\_\_\_ I understand there is no charge for financial counseling due to United Way and community support.

\_\_\_\_\_ I understand that in the event I am dissatisfied, I can utilize the Complaint Resolution Process.

\_\_\_\_\_ I understand that CCCS funding comes from a variety of sources: United Way, grants, set-up fees, monthly administrative fees, and fair share/grants from creditors who participate in the DMP at a rate of 0 to 15%. **I.4.01-a**

\_\_\_\_\_ I understand my participation in a debt repayment program may change information, which is already on my credit report. If my credit report reflects that I have paid creditors 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. **I.4.01-b**

\_\_\_\_\_ I understand that a Debt Management Program is not suitable for all clients; therefore a full array of options will be discussed. I will be given a written assessment outlining a suggested action plan, which will be based on the following options: I will handle any financial concerns on my own, I may choose to enroll in the Agency's Debt Management Program, I will be referred to other services of the organization or another agency as appropriate, I should also be aware that debts to creditors I repay through the plan may be able to be discharged through bankruptcy. Counselors cannot provide legal advice.

However, the receipt of counseling services does not automatically guarantee participation in debt management programs.

\_\_\_\_\_ I understand that I may choose to enroll in the Agency's Debt Management Program however; the receipt of counseling services does not automatically guarantee participation in debt management programs. The DMP serves the dual role of helping me repay my debts and helping creditors receive the money owed to them. In addition, creditors may report that I am on a Debt Management Program and am not paying as originally agreed although they have accepted the reduced payment. **I.4.01-c**

\_\_\_\_\_ I understand that the creditor fair share funding comes from voluntary contributions from creditors who participate in Debt Management Programs (DMP). Since creditors have a financial interest in getting paid, most are willing to make a contribution to help fund the Agency. These contributions are usually calculated as a percentage of payments I make through my DMP. Contributions from creditors range from 0% to 15% or are given as a grant. However, my accounts with my creditors will always be credited with one hundred percent (100%) of the amount I pay through CCCS and will work with all my creditors regardless of whether they contribute to the Agency. **I.4.01-d**

\_\_\_\_\_ I understand that I as the client have the responsibility to alert CCCS or our Accounts Processing Center to any discrepancies between the organization's statement sent to me and the amount posted on the statement from the creditor. **I.5.05-c**

\_\_\_\_\_ I understand DMPs are used for unsecured debt; they can be used for a secured debt in very rare instances.

I further understand that if I choose to go forward with a DMP that I am granting CCCS permission to contact my creditors to verify obligations and to negotiate adjustments and payments schedules and with the proposal sent to the creditor to develop a payment schedule and reduced budget for the repayment period. **Debt Management I.5.01 a&b**

\_\_\_\_\_ I understand that DMPs are meant to serve a dual role in helping me the client repay my debts and helping the creditors receive the money owed to them. **Debt Management I.5.04-c**

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

\_\_\_\_\_ At sometime in the future, my information may be used for confidential research, quality assurance/training purposes, and/or a neutral third party may contact me to request an evaluation of the Agency's services.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Counselor

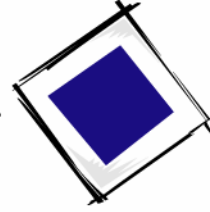
\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

Revised 3-13-08



# CONSUMER CREDIT COUNSELING



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1-800-568-6615\* 605-348-4550 \* Fax: 605-348-0107  
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## Statement of Housing Services

*Housing clients please read the following statements carefully. For all other clients please turn to the other side of this paper. For simplification the singular is used even when the plural may apply.*

I understand that the purpose of the home ownership assessment, counseling and education programs offered by Consumer Credit Counseling Service of the Black Hills (CCCS) is to counsel me regarding qualifying for a home mortgage and informing me about the home purchase and financing process. I understand that CCCS may make recommendations to me regarding lenders, which may suit my needs.

I understand that CCCS is not an agent for any lender. I understand that even if CCCS believes I may not qualify for a loan, I have the right to submit an application to any lender.

I understand that completion of CCCS home ownership assessment, counseling, and education programs does not guarantee that a lender will approve any loan application submitted by me to a lender.

I also understand that completion of CCCS home ownership assessment, counseling, and education programs, and CCCS referral to a lender is not a commitment by the lender to make me a loan. I understand that only the lender can make such a commitment after receipt of a loan application completed by me.

I understand that in the event I am dissatisfied with this service I can utilize the Complaint Resolution Process.

I understand that CCCS receives funding from various sources including HUD grants, Debt Management revenue, the United Way, Creditor Fair Share and community support.

At sometime in the future, my information may be used for confidential research, quality assurance/training purposes, and/or a neutral third party may contact me to request and evaluation of the organization's services.

\_\_\_ I give permission for CCCS to share information about my situation to \_\_\_\_\_  
for a period of \_\_\_\_\_ months.

Client: \_\_\_\_\_

Date: \_\_\_\_\_

Client: \_\_\_\_\_

Date: \_\_\_\_\_

Also sign the other side of this form.

# 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:
-------------------------	-------------	-----------	------	-------------------------	-------------	-----------	------

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: _____
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------

SOC. SEC. #: _____ APPLICANT #1	SOC. SEC. #: _____ APPLICANT #2	FAMILY SIZE VERIFIED <input type="checkbox"/>
---------------------------------	---------------------------------	-----------------------------------------------

PRESENT ADDRESS:

CITY:	STATE:	ZIP:	HOW LONG?	PHONE NO.
-------	--------	------	-----------	-----------

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"/>
--------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

RENT / MORTGAGE: CURRENT  DELINQUENT

APPLICANT #1 EMPLOYED BY: ADDRESS: CITY: STATE: ZIP:	HOW LONG?	PHONE NO.
------------------------------------------------------------	-----------	-----------

JOB TITLE:	PAYDAY ON:	NEXT PAYCHECK DATE:
------------	------------	---------------------

APPLICANT #2 EMPLOYED BY: ADDRESS: CITY: STATE: ZIP:	HOW LONG?	PHONE NO.
------------------------------------------------------------	-----------	-----------

JOB TITLE:	PAYDAY ON:	NEXT PAYCHECK DATE:
------------	------------	---------------------

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:
-----------------------------------------	-----------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------

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

<b>CCCS Budget Worksheet</b>			
Date:			
Client Name:			
Client Number:			
<b>Income</b>	<b>Type</b>	<b>Initial amount</b>	<b>Adjusted amount</b>
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		
<b>Total</b>			

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

<b>Expenses</b>	<b>Type</b>	<b>Initial Amount</b>	<b>Adjusted Amount</b>
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		
<b>Total Expenses</b>			

# Questionnaire

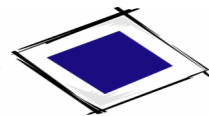
Client Number \_\_\_\_\_

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?<br>If yes, for how many months or years? _____                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | 10 Have adult children moved back into your home<br>in the past few years?                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 If the past few years have you changed<br>employment?                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | 11 Do you have custody or are you taking care of<br>your grandchildren?                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 In the past few years has your rate of pay<br>decreased?                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | 12 Are you providing ongoing financial assistance to<br>adult children or relatives?                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Is someone in your household self-employed?<br>If yes, has this business experienced a slow<br>down?___ If yes, for how many months?_____                                  | <input type="checkbox"/> | <input type="checkbox"/> | 13 Does anyone in your household frequently use<br>alcohol or drugs?                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Have you or someone in your household recently<br>retired?                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | 14 Does anyone in your household frequently<br>gamble?                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 In the past few years have you gone through a<br>divorce or the end of a relationship?                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | 15 Do you charge items on your credit card without<br>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<br>who lived in your household?                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | 16 Does anyone in your household have a spending<br>problem?                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 In the past few years have you or someone in<br>your household experienced a medical problems?<br>If so, what would you estimate the cost of these<br>medical bills? _____ | <input type="checkbox"/> | <input type="checkbox"/> | 17 Have you made some poor financial decisions<br>in the past few years?                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 In the past few years have you taken into your<br>home an aging parent to care for?                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | 18 Are you experiencing financial stress?<br>If yes, what do you think is the major reason for<br>your financial stress/problems? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                              |                          |                          | 19 What are your major financial concerns?<br>_____                                                                                     |                          |                          |

Thank you for filling out this form.

# CONSUMER CREDIT COUNSELING



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1-800-568-6615\* 605-348-4550 \* Fax: 605-348-0107  
www.cccsoftheblackhills.com

## CREDIT REPORT REVIEW – ORDER FORM –NO CHARGE-Individual Report

To get a copy of your credit report and have a personal review session with a CCCS counselor, please read & complete this form.

### What to bring with to your appointment:

- this completed form
- valid photo-identification

<b>Please Print</b>	
Full Name: _____	
SSN: _____	Date of Birth: _____
Current Address: _____	
Previous Address: _____	
Home Phone: _____	Work Phone: _____
<b>Please Read &amp; Initial each</b>	
<input type="checkbox"/> I authorize Consumer Credit Counseling Service of the Black Hills (CCCS) to obtain a credit report from one or more Credit Reporting Agency (CRA) for the sole purpose of financial counseling at my request. The information I have provided is truthful and accurate. I will be asked to verify financial data for the CRA for identification purposes.	
<input type="checkbox"/> I agree to hold CCCS, its employees, officers and agents harmless from any claim, suit, action or demand arising from the counseling session provided to me. In addition, I agree to hold the CRA, its employees, officers and agents harmless from any claim, suit, action or demand arising from the credit report provided to me.	
<input type="checkbox"/> I understand that a consumer-initiated, or "soft" inquiry will appear on my credit report as a result of this service.	
<input type="checkbox"/> I understand that CCCS is not in any way attempting or promising to affect my personal credit report at any CRA in any manner, and that CCCS is acting solely as an interpreter of the credit information supplied to them. I agree that CCCS is not responsible for the accuracy of the information provided, and cannot make any guarantees regarding any dispute I may file regarding the credit information provided by the CRA. I will be informed how to file a dispute and provided with helpful resources for doing such, but I understand that CCCS cannot file a dispute for me.	
<input type="checkbox"/> I understand that the information I provide with respect to name, address, social security number, date of birth, and employment used to verify my identify will be updated on my credit files if that information is different from existing information on my file.	
<input type="checkbox"/> I authorize CCCS to pull my credit report one additional time between 9 and 24 months from now. I can rescind in writing this authorization as long as I do so within 60 days of signing this form.	
<input type="checkbox"/> I understand I will only receive my copies of my credit reports when I participate in financial counseling or credit report review counseling.	
_____	_____
<i>Signature</i>	<i>Date</i>
<b>For Office Use</b>	
Form of ID: _____	Expires: _____
Verified by: _____	Date: _____



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

### **Foreclosure Mitigation Counseling Agreement**

1. I understand that Consumer Credit Counseling Service of the Black Hills (CCCS/BH) provides foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances, including referrals to other housing agencies as appropriate.
2. I understand that CCCS/BH receives Congressional funds through the National Foreclosure Mitigation Counseling program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. I understand that my information may also be used for confidential research, quality assurance/training purposes, and/or a neutral third party may contact me to request an evaluation of the organization's services.
4. I give permission for NFMC program administrators and/or their agents to pull my credit report up to two additional times between now and June 30, 2010 and to give authorization for NFMC program administrators and/or their agents to follow-up with me between now and June 30, 2010 for the purposes of program evaluation.
5. I acknowledge that I have received a copy of CCCS/BH's Privacy Policy.
6. I may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
7. A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.
8. I understand that CCCS/BH provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from CCCS/BH in no way obligates me to choose any of these particular loan products or housing programs.
9. I understand that in the event I am dissatisfied with this service I can utilize the Complaint Resolution Process.
10. I give CCCS/BH permission to share information about my situation to \_\_\_\_\_ (my mortgage lender or servicer).

Date \_\_\_\_\_ Client # \_\_\_\_\_ Credit Score (s) \_\_\_\_\_  
Client name (s) \_\_\_\_\_  
Client signature (s) \_\_\_\_\_  
Social Security number (s) \_\_\_\_\_