



PO BOX 10266
SPRINGFIELD MO 65808
PHONE 417-889-7474
FAX 417-8817713

Enclosed with this letter is an application for Mortgage Delinquency Counseling. Please complete the enclosed forms (including unsecured debt payments) to the best of your ability. **Your counselor must have the required paperwork back, prior to your appointment, with the following documentation:**

- 1) The most recent letter or statement from your mortgage lender
- 2) The most recent two months bank statements (checking, savings, CDs, MMA)
- 3) The two most recent pay check stubs **or** verification of other sources of income for all persons in the household over age 18
- 4) Applicants' picture ID
- 5) The most recent signed tax return
- 6) Other income documentation (including child support, social security, renter income, government assistance)
- 7) Evidence of paid property taxes
- 8) Copy of hazard insurance statement and paid receipt

Our counselors are booked in advance. Your appointed time is scheduled just for you. Rescheduling is difficult and may prevent someone else from an appointment. Please come in at your scheduled time. Your appointment date and time is on the information sheet and will last approximately one hour. Please plan appropriately. We look forward to meeting with you.

Sincerely,

CCCS of Springfield¹

¹ Revised 09/24/09



TWO LOCATIONS IN SPRINGFIELD

1515 S. Glenstone
417-889-7474

1410 E. KEARNEY, SUITE F
417-831-0888

BRANCH OFFICES

3130 WISCONSIN, STE 4
JOPLIN, MO 64804
417-782-6830

1524 PORTER WAGONER BLVD.
WEST PLAINS, MO
417-256-4082

SATELLITE OFFICES

Branson, MO Pittsburg, KS
Lebanon, MO Mountain Home, AR
Nevada, MO Monett, MO
Thayer, MO Mtn. View, MO
Houston, MO Buffalo, MO
Fort Leonard Wood, MO

1-800-882-0808

Client # _____

(FOR OFFICE USE ONLY)

1st Payment
Date _____

Location _____

Counselor _____

INFORMATION SHEET—PLEASE PRINT

Your appointment time _____
(if unable to keep appointment please call to cancel or reschedule)

IMPORTANT INSTRUCTIONS

It is vital that this form be completed in full before your first appointment. Without complete information your counselor will be unable to accurately evaluate your financial situation and will therefore be unable to best advise you.

Name (Full)		Birthdate ___/___/___		Spouse's Name		Birthdate ___/___/___	
Present Address				City		State	
County		Zip Code		Phone #			
Marital Status		Number of Dependents		Ages of Children			
Social Security #				Spouse's Social Security #			
Present Employer				Spouse's Employer			
Address				Address			
Payday		Working Hours		Payday		Working Hours	
(Please bring recent paystub)				(Please bring recent paystub)			
Gross Income		Net Income		Gross Income		Net Income	
Position		Phone		Position		Phone	
Other Income Source				Other Income Source			
(Please bring recent paystub)				(Please bring recent paystub)			
Gross Income		Net Income		Gross Income		Net Income	
Payday		Working Hours		Payday		Working Hours	
Do You Own Home <input type="checkbox"/>		Buying <input type="checkbox"/>		Renting <input type="checkbox"/>		Live with Parents <input type="checkbox"/>	
Have you ever filed chapter 7 or chapter 13 bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, give date _____			
Rent or Mortgage Paid To		Due Date _____		Approximate Balance of Mortgage \$ _____		Today's Value _____	
Second Mortgage Paid To		Due Date _____		Approximate Balance \$ _____			

OPTIONAL

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Education Level <input type="checkbox"/> Elementary <input type="checkbox"/> College		Education Level <input type="checkbox"/> High School <input type="checkbox"/> Graduate	
Ethnic Group <input type="checkbox"/> White <input type="checkbox"/> American Indian		Ethnic Group <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	

Please Fill Out Accurately and Completely

Monthly Living Expenses	Monthly	Counselor Use	Please Complete	
1. Rent or Mortgage			ASSET LIST: Home(s) Equity _____ Auto(s) Equity _____ Savings Savings Account _____ CD's _____ Retirement Accts. _____ Stock/Bonds _____ Insurance Cash Value _____ Trailer, Boat, RV, Motorcycle, Etc. _____ TOTAL ASSETS \$ _____	
2. Second Mortgage				
3. Vehicle				
4. Vehicle				
5. Electricity				
6. Gas or Heating				
7. Water				
8. Telephone / Internet / Cell				
9. Garbage				
10. Cable Television / Satellite				
11. Food for Family Of: <small>(Be Accurate)</small>			LIABILITIES LIST: Home Mortgage(s) Loan Balance _____ Autos(s) Loan Balance _____ Bank Loan(s) Balance _____ Finance Co. Loan(s) Balance _____ Student Loans _____ Furniture Loans _____ Other Unsecured Debt _____ Other _____ OFFICE USE ONLY CCCS Debt _____ TOTAL LIABILITIES \$ _____	
12. Food At Work				
13. Eating Out				
14. Gasoline				
15. Car Repair/Maintenance (Average)				
16. Medication/Prescription Drugs				
17. Personal Items				
18. Hospital Insurance				
19. Life Insurance				
20. Car Insurance				
21. Homeowners/Renters Insurance			COUNSELOR USE ONLY	
22. Laundry (Laundromat or Dry Cleaning)				
23. Barber Shop/Beauty Shop				
24. Tobacco/Alcohol				
25. Newspaper/Magazine				
26. Tuition/School Books/Student Loans				
27. School Lunches				
28. Children's Allowance				
29. Alimony/Child Support (Paid Out)				
30. Child Care				
31. Savings			Income	
32. Recreation				Income
33. Church/Charity Contribution			Income	
34. Doctor/Dentist				Total
35. Clothing			Living Expense	
36. Property Tax License				Available for Creditors
37. Misc. Expenses				
38.				
39.				
40.				
41.				
42.				
43.				
44.				
45.				
TOTAL				

NATIONAL FORECLOSURE MITIGATION COUNSELING PROGRAM

Privacy Agreement

CCCS of Springfield-Joplin West Plains (“the Agency”) is an IRC 501(c)(3) nonprofit financial and credit counseling agency. Through its membership in the National Foundation for Credit Counseling (“NFCC”), the Agency is participating in the National Foreclosure Mitigation Counseling Program (“NFMCP”). The NFMCP is a program created and funded by Congress and administered by NeighborWorks America (“NWA”). By participating in the NFMCP, the Agency is able to provide you with assistance and counseling in dealing with your mortgage concerns. However, in order to provide you with the NFMCP assistance and counseling, it is necessary to collect nonpublic personal information about you and your financial situation (“Personal Information”), and to submit that information to the NFCC and NWA for purposes of administering the program. Accordingly, we are required to ask your consent to the following:

- I understand that the Agency receives funds appropriated by Congress for the National Foreclosure Mitigation Counseling Program (“NFMCP”) to NeighborWorks America (“NWA”) as part of the National Foundation for Credit Counseling (“NFCC”) Intermediary.
- I understand that through the NFMCP, the Agency provides mortgage and foreclosure mitigation counseling services. As part of the counseling services, I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other entities as may be appropriate.
- As a condition of participation in the NFMCP, I understand that the Agency is required to collect and share some or all of my Personal Information with the NFCC, NWA, their administrators, program monitors, and agents for purposes of program monitoring, compliance and evaluation of this federal program.
- I acknowledge that I have received a document entitled “Privacy Principles” which outlines the types of Personal Information that the Agency will collect and may share, and with whom that information may be shared.
- As part of the NFMCP, I authorize the Agency to collect my Personal Information, as defined in the Privacy Principles, and to disclose or share it with the National Foundation for Credit Counseling (“NFCC”), NeighborWorks America (“NWA”), or their administrators, subsidiaries, program monitors and agents.
- I understand that this consent to the disclosure or sharing of my Personal Information will remain in effect until it is revoked or modified by me, and that this revocation or modification may occur at anytime by contacting the Agency at **417-889-7474 or 800-882-0808**.
- I understand that the revocation or modification of my consent will result in the termination of the NFMCP mortgage and foreclosure mitigation counseling services provided to me because the Agency cannot provide NFMCP services without disclosing my Personal Information as outlined.
- I give permission for NFMCP administrators and/or their agents to pull my credit report up to two additional times between now and June 30, 2010 and authorize them to follow-up with me between now and June 30, 2010 as necessary for the purposes of program evaluation.
- I understand that other services offered by the Agency may be recommended, or that I may be referred to other entities, as appropriate, 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.
- I understand that the Agency’s counselors may answer questions and provide information, but not give legal advice. If legal advice is required, I may be referred for appropriate assistance.

Client’s signature _____ Date _____

May the administrators of the NFMCP contact you to follow-up for purposes of monitoring and evaluating the program?
YES _____ NO _____ **[Please note:** Participation in the follow-up is strictly voluntary, and is not required in order to provide you with services.]

I acknowledge receipt of the CCCS agency Privacy Policy. _____

NATIONAL FORECLOSURE MITIGATION COUNSELING PROGRAM

Privacy Principles *****PLEASE KEEP THIS FOR YOUR RECORDS. DO NOT RETURN*****

INTRODUCTION

CCCS of Springfield-Joplin West Plains (“the Agency”) is an IRC 501(c)(3) nonprofit financial and credit counseling agency. Through its membership in the National Foundation for Credit Counseling (“NFCC”), the Agency is participating in the National Foreclosure Mitigation Counseling Program (“NFMCP”). The NFMCP is a federal program created and funded by Congress and administered by NeighborWorks America (“NWA”). By participating in the NFMCP, the Agency is able to provide you with assistance and counseling in dealing with your mortgage concerns. However, in order to provide you with the NFMCP assistance and counseling, it is necessary to collect nonpublic personal information about you and your financial situation, and to submit that information to the NFCC and NWA for purposes of administering the program.

The Agency is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within the legal and ethical considerations and requirements of the NFMCP and in accordance with the policies described herein. If you have any questions about these policies, or our privacy practices, please contact us at **417-889-7474 or 800-882-0808**.

TYPES OF INFORMATION WE GATHER ABOUT YOU

We may collect the following types of nonpublic personal information from you (hereinafter referred to as “Personal Information”):

- Information that we receive from you orally or in writing, or on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balances, payment history, parties to transactions and credit usage;
- Account information, including account balances, payment history, and account usage;
- Information that we obtain from non-affiliated third parties about your transactions with them; and
- Information we receive from a credit reporting agency, such as your credit history.

CATEGORIES OF PERSONAL INFORMATION THAT WE DISCLOSE AND THE CATEGORIES OF NON-AFFILIATED THIRD PARTIES WITH WHOM WE SHARE THE INFORMATION

- As part of the NFMCP, we will disclose some or all of the Personal Information to the NFCC, NeighborWorks America (“NWA”), and their administrators, subsidiaries, program monitors, and agents. These disclosures are a requirement of our participation in the NFMCP, which makes our services possible.
- We may disclose some or all of the Personal Information to your creditors or other non-affiliated third parties, such as financial service providers or creditors, where we have determined (i) that it would be helpful to you, (ii) that it would aid us in providing our counseling services to you, (iii) in order to fulfill a service requested by you, (iv) or where it is a requirement of participation in the NFMCP. All non-affiliated companies that act on our behalf and receive Personal Information from us are contractually obligated to keep the information we provide to them confidential, and to use the Personal Information we share only to provide the services we ask them to perform.
- In order to provide our services to you, we also may share any of the categories of Personal Information within our organization, to subsidiaries, affiliates or other related entities.
- We may also disclose any Personal Information about you to anyone as permitted by law (e.g., if we are compelled by legal process) or in the good faith belief that such action is necessary in order to conform to the requirements of law or comply with legal process served on us, protect and defend our rights or property, including the rights and property of the Agency or act in urgent circumstances to protect the personal safety of consumers who use our services.
- We may also disclose any or all Personal Information to the following parties or in the following instances: (i) NFCC, NWA, or their administrators, subsidiaries, program monitors, and agents to the extent that it is a requirement of participation in the NFMCP, which make our services possible; (ii) non-affiliated third parties, such as financial service providers or creditors;

(iii) our organization, subsidiaries, affiliates or other related entities; (iv) or as permitted by law (e.g., if we are compelled by legal process).

In addition, the Agency reserves the right to disclose certain Personal Information that it does not currently disclose to the non-affiliated parties referenced above. From time to time, we may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs. This data is not personally identifiable.

RIGHT TO OPT-OUT OF CERTAIN DISCLOSURES

- You have the right to opt-out or prevent us from making disclosures of your Personal Information to non-affiliated third parties such as your creditors or other parties we feel would be helpful to you or that would aid us in counseling you. If you choose to opt-out, we will not be able to answer questions from your creditors. To opt-out, please contact us at **417-889-7474 or 800-882-0808**.
- You have the right to opt-out or prevent us from making disclosures of your Personal Information to the NFCC, NWA, or their administrators, subsidiaries, program monitors, and agents; however opting-out will terminate the NFMCP counseling services provided to you because the Agency cannot provide these services to you without disclosing your Personal Information. To opt-out, contact us at **417-889-7474 or 800-882-0808**.
- If at any time, you wish to change your decision with regard to your opt-out, you may contact us at **417-889-7474 or 800-882-0808**.

THE CONFIDENTIALITY AND SECURITY OF YOUR INFORMATION

Within the Agency, we restrict access to Personal Information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Client Bill of Rights

We pledge that our clients have the right:

- X To prompt counseling services for managing money based on their financial situation;
- X To treatment with dignity and respect;
- X To be actively involved in a comprehensive assessment of their financial situation including an appropriate action plan;
- X To express dissatisfaction through a Complaint Resolution Process;
- X To discontinue their relationship with our agency at any time;
- X To ask questions and to have concerns addressed.

Complaint Resolution Process

We are committed to providing you with high quality professional services. However, if you are not satisfied with the services provided or if you want to make a complaint, we ask that you follow these guidelines.

- X **Step One:** Try to resolve the issue with the staff member involved giving him or her specific information about your complaint.
- X **Step Two:** If Step One is not possible or the issue is not resolved to your satisfaction, write to the: Director of Operations at: P.O. Box 10266, Springfield, MO 65808-0266 or call (417) 889-7474.
- X **Step Three:** The agency may request a meeting with you (phone or face-to-face) or seek more information from a staff person. The agency will respond within 15 days.
- X **Step Four:** If your issue is still unresolved, you may appeal in writing directly to the President/CEO at P.O. Box 10266, Springfield, MO 65808-0266. After additional fact finding, this individual will provide a concluding decision to you within 15 days.

Non-Discrimination Policy

Our agency serves all members of the community. We do not engage in the practices of discrimination in the selection and participation of clients in our programs or services with respect to race, religion, color, gender, national origin, or handicap.

*****PLEASE KEEP THIS FOR YOUR RECORDS. DO NOT RETURN*****



Federal Tax ID # 43-1483251
PO Box 10266 • Springfield, MO 65808-0266
Phone 417-889-7474 • Fax 417-881-7713

AUTHORIZATION TO SEND & RELEASE INFORMATION

I hereby authorized Consumer Credit Counseling to send and receive information from:

- 1) Lender _____ Phone () _____ Fax (____) _____
2) Other: _____ Phone () _____ Fax: (____) _____

The following types of information could potentially be disclosed:

- Information concerning financial counseling, Debt Management Plan, and/or Financial Education course(s) including, but not limited to all signed agreements and authorizations, creditor account information, payment receipt and disbursement history, payment amount and date due, and file history. Any current member of the Agency staff may provide this information at the time of a request made by the person(s) authorized herein unless otherwise designated in client account file.
- Information regarding mortgage account history and financial status, credit information, work history and any and all information obtained for the purpose of a successful mortgage resolution. The information required will be disclosed to me beforehand.
- I understand that CCCS receives Congressional funds through the National Foreclosure Mitigation Counseling Program (NFMCP) and is required to share some personal information with the NFMCP program administrators and their agents for program monitoring, compliance and evaluation purposes. Further, I give permission for CCCS, NFMCP program administrators and their agents to pull my credit report up to 2 additional times between now and June 30, 2010 for counseling and program evaluation.

Time Limit & Right to Revoke Authorization

Except to the extent that action has already been taken in reliance on this authorization, at any time I can revoke this authorization by submitting a notice in writing to CCCS at the above address. Unless revoked, this authorization will expire one year from the date of signature unless otherwise specified.

Re-disclosure

I understand that once information is released to the above names person(s), my information is subject to re-disclosure by the recipient and will no longer be protected by the CCCS Privacy Policy.

This authorization covers information for all past, present and future periods. The person(s) authorized herein may use this information for purposes as I may direct. In signing this document, I am agreeing to allow CCCS, its employees & agents to advise me on my particular housing issue and hold them harmless from any claim, suit, action or demand.

Signature: _____ Date: _____

Printed name _____ Loan# _____