



Financial Information & Service Center, Inc.
dba: CCCS of Northeastern Wisconsin
800-366-8161
www.fisc-cccs.org

FINANCIAL INTAKE FORM

A certified financial counselor will help you assess your financial situation and provide available options.

Get Started Now

Choose one of these 3 easy options:

Option 1—Go ONLINE

This is the quickest and easiest way.

1. Go to www.fisc-cccs.org.
2. Click “Get Out Of Debt Now” button.
3. Please note the computer will time out after 30 minutes of inactivity. If you get locked out simply use your Client ID and PIN number to continue.
4. Follow directions on screen and submit.
5. Someone will contact you within 1 business day of submitting your information about scheduling a free consultation.

Option 2—Call 1-800-366-8161

Call us to schedule a FREE CONSULTATION.

Option 3—Fill out this form and:

Send to:

FISC
PO Box 335
Menasha, WI 54952

Drop off in person:

FISC
Goodwill Campus
1800 Appleton Rd
Menasha, WI 54952

For ONLINE BANKRUPTCY

1. Go to www.fisc-cccs.org
2. Click “Get Started Now” tab
3. Drop down menu choose “Bankruptcy”
4. Scroll down and choose “Pre-Filing” or Pre-Discharge” option.

FEES

\$25 FINANCIAL COUNSELING APPOINTMENT

If you pursue financial counseling, \$25 will be collected at this counseling appointment which will include the Debt Management Plan fee, if applicable. If you believe you are unable to pay, a counselor will determine if the fee can be waived. Counseling is offered without regard to a debtor’s ability to pay.

Acceptable forms of payment: cash, debit card or money order only.

BANKRUPTCY RELATED FEES

Pre-Filing Counseling—\$50 **non-refundable** fee per person.

Pre-Discharge Education—\$25 **non-refundable** fee per person.

Cash or money order only payable to **FISC**
Fees are the same whether in person or online.

HOUSING COUNSELING

No fees apply

DEBT MANAGEMENT PLAN FEES

The monthly fee for debt management plans is 10% of the amount paid to your creditors with a maximum monthly fee of \$50.

Your financial counselor will determine your need for this program.

Appointment Date: _____

Appointment Time: _____

Counselor: _____

Payment Date _____ Collect Fee ____

FISC is a program of Goodwill NCW

Goodwill^{NCW}
Serving North Central Wisconsin Communities



Applicant: (Please Print)

First Name: _____
Last Name: _____
Gender: M F Birth date: ____/____/____
Social Security #: _____
Daytime Phone: _____
Evening Phone: _____
E-mail: _____
Address: _____
City/State/Zip: _____
County: _____
Number of Dependents: ____ Number in Household: ____
Marital Status: S M Div Sep Widow
Education Level: Elem HS College
Veterans/Active Duty/Reserves: Yes No
Ethnic group:
 White (not of Hispanic origin)
 Black/African American
 Hispanic/Latino
 Asian
 American Indian or Alaskan Native
 Native Hawaiian or other Pacific Islander
Other (please specify) _____

Co-Applicant: (Please Print)

First Name: _____
Last Name: _____
Gender: M F Birth date: ____/____/____
Social Security #: _____
Daytime Phone: _____
Evening Phone: _____
E-mail: _____
Education Level: Elem HS College
Veterans/Active Duty/Reserves: Yes No
Ethnic group:
 White (not of Hispanic origin)
 Black/African American
 Hispanic/Latino
 Asian
 American Indian or Alaskan Native
 Native Hawaiian or other Pacific Islander
 Other (please specify) _____

Housing: Own Rent Buying Other
Type of financing: _____
Months Delinquent? _____ Lender _____
Home Equity Loan? Yes No

| | <u>Present Value</u> | <u>Amount Owed</u> | | <u>Present Value</u> | <u>Amount Owed</u> |
|--------------------|-----------------------------|---------------------------|---------------|-----------------------------|---------------------------|
| Auto Loan #1 | \$ _____ | \$ _____ | Cottage/Cabin | \$ _____ | \$ _____ |
| Auto Loan #2 | \$ _____ | \$ _____ | Other | \$ _____ | \$ _____ |
| Mortgage Loan | \$ _____ | \$ _____ | Other | \$ _____ | \$ _____ |
| 2nd Mortgage | \$ _____ | \$ _____ | Other | \$ _____ | \$ _____ |
| Rec Vehicles | \$ _____ | \$ _____ | Savings Acct | \$ _____ | |
| Land | \$ _____ | \$ _____ | Checking Acct | \$ _____ | |
| Student Loans | \$ _____ | \$ _____ | | | |
| State Taxes owed | \$ _____ | | | | |
| Federal Taxes owed | \$ _____ | | | | |
| | | | | | |
| | | | | | |

.....**deferred Y__ N__**
Estimated Amount of last year's State Refund \$ _____
Estimated Amount of last year's Federal Refund \$ _____

Applicant's Employment F/T P/T Employer: _____
Occupation: _____ Gross Pay Check \$ _____ Net Pay Check \$ _____
Salaried or Hourly (circle one) SSI Income/Pension/Other _____
Pay Period: Weekly/ Bi-weekly/Semi-Monthly/Monthly (circle one)
Additional Employment? _____ Additional Income \$ _____

Co-Applicant's Employment F/T P/T Employer: _____
Occupation: _____ Gross Pay Check \$ _____ Net Pay Check \$ _____
Salaried or Hourly (circle one) SSI Income/Pension/Other _____
Pay Period: Weekly/ Bi-weekly/Semi-Monthly/Monthly (circle one)
Additional Employment? _____ Additional Income \$ _____

Debt List
 (Do **NOT** Include Mortgage, Car Payments or Student Loans)

| Creditor Name | Account Number | Balance | Minimum Pmt | Interest Rate |
|---------------|----------------|---------|-------------|---------------|
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MENASHA

Located on the Goodwill Campus
 1800 Appleton Rd
 PO Box 335
 Menasha, WI 54952
 920-886-1000
 800-366-8161
receptionist@fisc-cccs.org
 Mon. - Thur. 8 a.m. - 5 p.m.
 Fri. 8 a.m. - 3 p.m.

GREEN BAY

Located in Goodwill Store
 1660 W Mason St
 Green Bay, WI 54303
 800-366-8161
 920-569-1598
receptionist@fisc-cccs.org
 Mon. - Thurs. 8:30 a.m. - 5 p.m.

OSHKOSH

Located in Goodwill Store
 1600 W. 20th Street,
 Oshkosh, WI 54902
 800-366-8161
receptionist@fisc-cccs.org
 Please call for times

STURGEON BAY

57 N. 12th Avenue
 Sturgeon Bay, WI 54235
fiscdk@sbcglobal.net
 920-743-1862
 Mon. — Thurs.
 Please call for times

WAUPACA

Located in Goodwill Store
 805 W. Fulton St
 Waupaca, WI 54981
 800-366-8161
receptionist@fisc-cccs.org
 Please call for times

Your Monthly Living Expenses

(Round to the nearest dollar)

| | |
|--------------------------------------|--|
| Rent or Mortgage | |
| 2 nd Mortgage/Equity Line | |
| Property Tax | |
| Heat | |
| Electricity | |
| Phone Land/Cell | |
| Internet/Cable TV | |
| Water/Sewer/Trash | |
| Home Maintenance/Improvement | |
| Food | |
| Lunches/Snacks | |
| Paper & Cleaning Products | |
| Pet Food and Expenses | |
| Laundry | |
| Dry Cleaning | |
| Gas/Bus Fare | |
| Auto Maintenance/Repair | |
| License & Registration | |
| Car Payment 1 | |

| | |
|-----------------------------|--|
| Car Payment 2 | |
| Vehicle Insurance | |
| Home Owner/Rental Insurance | |
| Child Care/Babysitting | |
| Doctor/Dentist/Ortho | |
| Prescriptions | |
| Clothing/Shoes | |
| Tuition/Student Loans | |
| Books/Papers/Magazines | |
| Church Tithes/Dues | |
| Major Holidays/Gifts/Cards | |
| Hair Care/Personal Care | |
| Tobacco/Alcohol | |
| Vacations | |
| Entertainment | |
| Gambling | |
| Other/ | |
| Other/ | |
| Other/ | |

Please describe your financial concerns and what you are hoping to obtain from financial counseling.

Please tell us how you heard about FISC: Attorney Friend/Family Billboard EAP Bankruptcy Attorney Creditors Employer Co-Worker NFCC Referral Pay Day Lender Credit Union/Bank Phone Book Church Other Agency _____

FACTS

WHAT DOES DO WITH YOUR PERSONAL INFORMATION?

Why?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and
- _____ and
- _____ and

When you are *no longer* our customer, we continue to share your information as described in this notice.

How?

All financial companies need to share _____ personal information to run their everyday business. In the section below, we list the reasons financial companies can share their _____ personal information; the reasons _____ chooses to share; and whether you can limit this sharing.

| Reasons we can share your personal information | Does _____ share? | Can you limit this sharing? |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------|
| For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus | | |
| For our marketing purposes— to offer our products and services to you | | |
| For joint marketing with other financial companies | | |
| For our affiliates' everyday business purposes— information about your transactions and experiences | | |
| For our affiliates' everyday business purposes— information about your creditworthiness | | |
| For our affiliates to market to you | | |
| For nonaffiliates to market to you | | |

Questions?

Call _____

Who we are**Who is providing this notice?****What we do****How does protect my personal information?**

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

How does collect my personal information?

We collect your personal information, for example, when you

- or
- or
-

Why can't I limit all sharing?

Federal law gives you the right to limit only

- sharing for affiliates' everyday business purposes—information about your creditworthiness
- affiliates from using your information to market to you
- sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing.

Definitions**Affiliates**

Companies related by common ownership or control. They can be financial and nonfinancial companies.

-

Nonaffiliates

Companies not related by common ownership or control. They can be financial and nonfinancial companies.

-

Joint marketing

A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

-

Other important information

CCCS of Northeastern Wisconsin

P.O. Box 335
Menasha, WI 54952
920-886-1000

1660 W Mason St
Green Bay, WI 54311
920-569-1598

57 N 12th Ave
Sturgeon Bay, WI 54235
920-743-1862

1600 W. 20th
Oshkosh, WI 54901
920-966-1200

805 W. Fulton St.
Waupaca, WI 54981
715-942-1599

**Sign
and
Return**

PRIVACY POLICY: Financial Information & Service Center, Inc./dba Consumer Credit Counseling Service (CCCS) of Northeastern Wisconsin asks clients to describe their personal financial information so that we can provide services to our clients.

1. We do not disclose non-public personal information about our clients or former clients to anyone, except as permitted by law.
2. We may compile aggregate information that you give us, but do not disclose this in a way that would identify you.
3. We may disclose some information that we collect, as described in the CCCS Privacy Form, to creditors or third parties who need this information to assist you after a counseling session, or to put you on a Debt Management Program (DMP).
4. We may disclose some information to contracting, auditing, licensing and contracting personnel who need this information.
5. Our Privacy Practices are explained on the CCCS Privacy Form.

Release: I acknowledge receiving the CCCS Privacy Form. I authorize this Consumer Credit Counseling Service to release non-public personal information it obtains about me to 1) my creditors, 2) any third parties necessary to resolve the matters discussed during my counseling sessions, and 3) auditing, contracting, licensing and accrediting personnel. I authorize all of my creditors to provide non-public personal information about me to this Consumer Credit Counseling Service.

Consumer _____ Date _____

Consumer _____ Date _____

CCCS OF NORTHEASTERN WISCONSIN

P.O. Box 335
Menasha, WI 54952
920-886-1000

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Green Bay, WI 54311
920-569-1598

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920-743-1862

1600 W. 20th
Oshkosh, WI 54901
920-966-1200

805 W. Fulton St.
Waupaca, WI 54981
715-942-1599



AGREEMENT FOR SERVICES

THE SINGULAR IS USED EVEN WHEN THE PLURAL MAY APPLY

I hereby authorize CCCS of Northeastern Wisconsin, a business conducted by FISC (CCCS), a non-profit agency, its employees, agents and volunteers to counsel and advise me on its money management and budgeting pertaining to my financial situation. Our counselors are trained and certified in accordance with the National Foundation for Credit Counseling (NFCC).

Client fees for the counseling program include:

- **FREE INITIAL ASSESSMENT (up to 30 minute session with a certified credit counselor by phone, online or in person to help you assess your financial situation and provide available options)**
- **\$25 FINANCIAL COUNSELING APPOINTMENT (which includes a DMP set-up fee, if applicable) If you pursue financial counseling, the \$25 will be collected at the first counseling appointment.**
- **PRE-BANKRUPTCY COUNSELING: \$50 per person. This fee will be waived if your household income is at or below 150% of poverty level.**

In addition to client fees this agency receives financial support from the United Way, Goodwill Industries of North Central Wisconsin, the community (corporate, professional, church and individual) and grantors. A portion of funding comes from voluntary contributions from creditors who participate in DMPs. Since creditors have a financial interest in having debts repaid, most are willing to make a contribution to help fund the overall services of the agency.

I hereby hold CCCS, its employees, agents and volunteers harmless from any claim, suit, action, or demand of my creditors, myself or any other person arising out of or connected with said advice or counseling. Nothing herein shall apply to actions or claims under the provisions of the United States Bankruptcy Code, 11 U.S.C. 101 et seq.

Furthermore, I understand that bankruptcy is a legal matter and that CCCS does not give legal advice. If I am referred to an attorney by CCCS, I understand that this is only to obtain legal advice and not a recommendation to file bankruptcy. If I am referred to an attorney, I will contact CCCS, and inform CCCS of the outcome of the advice given.

In the event I have an FHA (HUD) mortgage, I hereby authorize CCCS, a non-profit agency, its employees, agents and volunteers to contact my mortgage company for the purpose of requesting our FHA Case Number.

I hereby authorize CCCS, a non-profit agency, its employees, agents and volunteers:

1. To act for me in a plan to liquidate my financial obligations.
2. To communicate with my creditor(s), asset holder(s) and others for the purpose of obtaining information about my account(s), including, but not limited to verifying balances, payments, interest rates and late charges.
3. To provide my creditor(s), asset holder(s) and others with such information as is deemed necessary, in the sole discretion of CCCS, for my creditor(s), asset holder(s) and others to implement the plan, and providing my creditor(s) and others with my personal information, including but not limited to, home address(es), telephone number(s), employment information, income, assets and debts.
4. To make necessary arrangements with my creditors and others to aid in the solution of my financial problems.
5. To obtain a credit report from and/or to inform any credit reporting agency of my participation in the repayment plan. A Debt Management Plan may affect my credit report either favorably or unfavorably according to a creditor's policy with respect to a DMP and my payment history prior to and during my participation in a DMP.
6. To contact, cooperate and exchange information with any law enforcement, prosecuting agency or collection agency.

Further, I authorize any collection agency to release and continue to release, any and all information in its files to CCCS until I revoke authorization to the collection agency in writing.

I further agree:

1. To cooperate with present creditor(s) on my/our behalf until a repayment plan can be set up through CCCS and to perform my obligation as agreed upon in such a plan.
2. That CCCS has no responsibility or obligation for any past, present or future credit rating to the client by any of his or her creditors.
3. To hold CCCS, its employees, agents and volunteers harmless from any claim, suit action or demand of my creditor(s), myself or any other person arising out of or connected with said establishment and implementation of such a plan. Nothing herein shall apply to actions or claims under the provisions of the United States Bankruptcy Code, 11 U.S.C. 101 et seq.

Date _____

Applicant _____

Counselor _____

Co-Applicant _____

Counselor _____

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715-942-1599



STATEMENT OF COUNSELING SERVICES

Please read the following statements carefully to understand CCCS procedures. Please initial next to each statement to indicate understanding of that provision.

- ___ 1. I understand the program will provide confidential, comprehensive personal money management interviews should I choose to pursue a one-on-one financial counseling arrangement. In addition to general financial counseling, CCCS of NE Wisconsin also provides counseling in specific areas such as housing, foreclosure prevention, bankruptcy as well as other services including Debt Management Plans and educational workshops. See reverse side for details. Clients are not obligated to receive or purchase any other services offered by FISC in order to receive counseling of any type, including but not limited to budget, housing or bankruptcy counseling.
- ___ 2. I understand that a certified consumer credit counselor or qualified consumer credit counselor will conduct the interview. All action plans not conducted by a certified consumer credit counselor will be reviewed by a certified credit counselor. Our counselors are trained and certified in accordance with the National Foundation for Credit Counseling ("NFCC"). A qualified consumer credit counselor has been trained but has not, as yet passed all of the required tests.
- ___ 3. I understand if I am dissatisfied, I can utilize the Complaint Resolution Process.
- ___ 4. I understand that financial counseling is offered without regard to a debtor's ability to pay. Bankruptcy counseling fees will be waived if your income is at or below 150% of poverty level. I understand that funding for the agency comes from various sources, which include, but are not limited to: United Way support, voluntary creditor contributions, client fees and voluntary contributions, general community support (corporate, professional, church, and individual), and grants from private foundations.
- ___ 5. I understand that most funding for the DMP program 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 made through the DMP, which can be up to fifteen percent (15%) of each payment received. However, all accounts with creditors will always be credited with one hundred percent (100%) of the amount paid through CCCS. CCCS will work with all creditors regardless of whether they contribute to the agency.
- ___ 6. I understand that the decisions I make regarding my financial concerns are ultimately the result of my own choices. Therefore, I agree to hold the agency, its employees and volunteers harmless from any claim, suit, action or demand of my creditors, myself or any other person resulting from advice or counseling. Nothing herein shall apply to actions or claims under the provisions of the United States Bankruptcy Code, 11 U.S.C 101 et seq.
- ___ 7. Should I choose to seek one-on-one counseling, I understand that, in that process, I will be given a written assessment outlining a suggested client action plan which will be based on the following options:
- A) I may choose to handle financial concerns on my own.
 - B) I may choose to enroll in the agency's Debt Management Program (DMP). A DMP serves a dual role of helping me repay my debts and helping creditors to receive the money owed to them.
 - 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 Repayment Plan could have a negative impact on a creditworthiness decision by a potential creditor, landlord, or employer in the future.
 - 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 understand the agency has no responsibility or obligation for any past, present, or future credit rating I receive.
 - C) I should also be aware that debts to creditors I repay through the plan may be able to be discharged through bankruptcy. Counselors may answer questions about bankruptcy, but cannot provide legal advice.
 - D) I may be referred to other services of the organization or another agency or agencies as appropriate that may be able to assist with particular problems that have been identified.
- ___ 8. I understand that receipt of financial counseling services does not automatically guarantee participation in the Debt Management Program.
- ___ 9. I understand that at some time in the future, my information may be used for confidential research and/or a neutral third party may contact me to request an evaluation of the program's services.

Applicant

Counselor

Co Applicant

Date



Sign
and
Return

INCOME DISCLOSURE STATEMENT

- The income information I have provided is accurate.
- I authorize FISC to verify any of the income information I have provided.
- FISC will share appropriate information with authorized representatives of other agencies.
- This authorization is valid for up to one year from this date. A copy is the same as the original.
- **Please sign, date, and circle your income level below or fill in dollar amount under the table.**

NOTE: If your income level is more than the amount listed in the first box, then move to the next box's income level. For example: You are a 1 person household and make \$18,000 per year. Circle \$24,950.

FY2014 HUD Income Limits Summary for Outagamie, Calumet and Winnebago Counties

| FY 2014 Income Limit Category | 1 Person | 2 Person | 3 Person | 4 Person | 5 Person | 6 Person | 7 Person | 8 Person |
|-----------------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Extremely Low (30%) Income Limits | \$14,950 | \$17,100 | \$19,250 | \$21,350 | \$23,100 | \$24,800 | \$26,500 | \$28,200 |
| Very Low (50%) Income Limits | \$24,950 | \$28,500 | \$32,050 | \$35,600 | \$38,450 | \$41,300 | \$44,150 | \$47,000 |
| Low (80%) Income Limits | \$39,900 | \$45,600 | \$51,300 | \$56,950 | \$61,550 | \$66,100 | \$70,650 | \$75,200 |

Above (Please fill in dollar amount) _____

Applicant name _____ Date _____

Applicant signature _____

Co-Applicant name _____ Date _____

Co-Applicant signature _____