



READ AND COMPLETE EACH SHEET INCLUDED IN THIS PACKET (check if pages are both sides)

How do you want your counseling session?

Keep in mind that an office counseling session is the most effective. We offer the following options from which to choose.

_____ **Office Visit:**

- Please bring the completed packet with you to your scheduled appointment along with your one-time fee of \$25
- On your appointment day bring **TWO RECENT PAY STUBS IN PAPER FORM** for each applicant and your most recent creditor statements
- To maintain our office cybersecurity, we cannot insert any outside device into our computers. Please make arrangements to print all of your own paperwork and documents and bring to your appointment.
- Due to our strict confidentiality policy, no one is allowed to record their appointments in any way with any device, either audio or video.

_____ **Telephone Conference:**

- Prior to telephone conference - complete the Monthly Expense Worksheet and complete the Debt List.
- Prior to telephone conference - send us the appropriate fee, signed Privacy Policy, Agreement for Services, the Statement of Counseling form, and a copy of all other forms.
- Have your completed Monthly Expense Worksheet and Debt List, your **LAST TWO PAYCHECK STUBS IN PAPER FORM**, and recent creditor statements in front of you during your phone counseling session

Please select the type of counseling you feel you need from the list below.

_____ **General Financial Counseling Fees:**

\$25 one-time assessment Fee*

***Counseling is offered without regard to a debtor(s) ability to pay.**

_____ **Debt Management Fees:**

\$25 set up fee

The fee for debt management plans is 10% of the amount paid to your creditors with a maximum monthly fee of \$55. Your Counselor will determine your need for this program

_____ **Bankruptcy-related Fees:**

Pre-filing counseling \$50 per person

Pre-Discharge education \$35 per person

***Bankruptcy fees will be waived if your income is at or below 150% of poverty level. Proof of income is required.**

_____ **Student Loan Counseling Fees:**

\$25 one-time assessment Fee*

***Counseling is offered without regard to a debtor(s) ability to pay.**

Please make checks payable to Money Management Counselors (MMC)

- We accept only cash or paper check for all fee payments made to this office. We do not have a debit card or credit card reader.

57 NORTH 12TH AVE. SUITE 104 STURGEON BAY, WISCONSIN 54235 (920) 743-1862
www.moneymanagementcounselors.com



CREDIT / DEBT COUNSELING

Our Counselors work with you to determine the best options for getting relief from the financial pressure you are experiencing. Offering solutions to your current financial problems as well as developing a personalized plan to help you prevent future difficulties. According to The Pew Charitable Trusts, a full 80% of Americans have some form of debt.

COUPLES FINANCING

Newly married, separated, divorced, we teach money management systems that can be adapted to your needs and style. Spousal death, elder care, estate plans all bring their own unique financial issues. We work with many multi-generational families through these life transitions

25% of households cannot pay all their current month's bills in full.



DEBT MANAGEMENT

For those with considerable debt problems, a financial counseling session is an effective first step toward learning to manage your finances better. Participation in a debt management plan will not have any negative effect on your credit score. It usually takes 3-5 years to complete payments under a debt management program, after which you may be able to reestablish credit.

HOUSING COUNSELING

Our Counselors work with you to determine the best options for getting relief from the financial pressure you are experiencing. Offering solutions to your current financial problems as well as developing a personalized plan to help you prevent future difficulties. *Almost half (49%) of the nearly four in five U.S. adults (79%) who have tried to purchase a home have faced barriers.*



STUDENT LOAN DEBT

With deep knowledge of the various student loan programs and, more importantly, the repayment options available under each, we will work with you to review your entire financial situation before guiding you toward the right program for your circumstances.

Student Loan debt is surpassing Credit card and Mortgage Debt by over half a trillion.

EDUCATIONAL PROGRAMS

Financial literacy is so important. We service all of Door and Kewaunee School Districts in the classroom with hands on tailored programs for budget planning, student loans, and investment understanding. We also service all of Door and Kewaunee County for specialized Money Management Presentations and Group Sessions. Contact us for more information and to schedule.



BANKRUPTCY

A pre-bankruptcy credit counseling session will help to fully understand the potential advantages, disadvantages, and alternatives to declaring bankruptcy before taking action. Bankruptcy counseling is mandatory for some forms of personal bankruptcy; We are approved by EOUST to provide the service to fulfill the filing requirement for Door and Kewaunee County.

Applicant: (Please Print)	Co-Applicant: (Please Print)
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Gender: ___ M ___ F DOB: ___/___/___	Gender: ___ M ___ F DOB: ___/___/___
Social Security # _____	Social Security # _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
E-mail: _____	E-mail: _____
Address: _____	Address: _____
City/State/ZIP: _____	City/State/ZIP: _____
County: _____	County: _____
Number of Dependants: ___ Number in Household: ___	Number of Dependants: ___ Number in Household: ___
Marital Status: ___ S ___ M ___ Div ___ Sep ___ Widow/er	Marital Status: ___ S ___ M ___ Div ___ Sep ___ Widow/er
Education Level: ___ Elem ___ HS ___ College	Education Level: ___ Elem ___ HS ___ College
Ethnic Group: ___ White (not of Hispanic origin) ___ Black/African American ___ Hispanic/Latino ___ Asian ___ Hmong ___ American Indian or Alaskan Native ___ Native Hawaiian or other Pacific Islander ___ Other (please specify) _____	Ethnic Group: ___ White (not of Hispanic origin) ___ Black/African American ___ Hispanic/Latino ___ Asian ___ Hmong ___ American Indian or Alaskan Native ___ Native Hawaiian or other Pacific Islander ___ Other (please specify) _____

Housing: ___ Own* ___ Rent ___ Other (explain) _____

*Type of financing (if own): _____ Lender for 1st Mortgage _____

Months Delinquent 1st Mortgage? _____

2nd Mortgage or Line of Credit? ___ Yes ___ NO Months Delinquent? _____

	<u>Present Value</u>	<u>Amount Owed</u>		<u>Present Value</u>	<u>Amount Owed</u>
Auto #1:	\$ _____	\$ _____	Cottage/Cabin:	\$ _____	\$ _____
Auto #2:	\$ _____	\$ _____	401k :	\$ _____	\$ _____
Home:	\$ _____	\$ _____	IRA's:	\$ _____	
2 nd Mortgage:		\$ _____	Investments:	\$ _____	
Rec Vehicles:	\$ _____	\$ _____	Other:	\$ _____	
Land (other)	\$ _____	\$ _____	Checking Acct	\$ _____	
Student Loans		\$ _____	Savings Acct	\$ _____	
State Taxes Owed	\$ _____		Estimated amount of last year's State Refund \$ _____		
Federal Taxes Owed	\$ _____		Estimated amount of last year's Federal Refund \$ _____		

Name and age of each family member living with you part-time or full-time:

Name:	Age:	Check for Part-time or Full-time	
_____	_____	PT: _____	FT: _____
_____	_____	PT: _____	FT: _____
_____	_____	PT: _____	FT: _____
_____	_____	PT: _____	FT: _____
_____	_____	PT: _____	FT: _____
_____	_____	PT: _____	FT: _____

Estimated Family Gross Income per year

0-10,000 10,000-15,000 15,001-25,000 25,001-35,000 35,001-45,000
 45,001-55,000 55,001-65,000 65,001-75,000 75,000 +

What utilities do you use? Check all that apply

WPS SBU Algoma Utilities propane fuel oil wood other

Which financial institution (s) do you use?

Checking account(s) _____

Savings account (s) _____

Loans (home, auto, etc) _____

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

Please tell us how you heard about (Money Management Counselors/FISC (check all that apply)

Attorney Phone Book Friend/Family/Co-worker EAP/Counselor Creditor Church

Employer NFCC 800# Referral Pay Day Lender Bank/credit union Facebook

Website Presentation JOB Center Human Service Agency

(Which?) _____

Legal Aid Society Probation Social Services Radio/TV Newspaper Other

APPLICANT

ALL SOURCES OF INCOME - Monthly

CO-APPLICANT

Name: _____
 Social Security \$ _____
 Social Security Disability \$ _____
 Pension \$ _____
 Unemployment \$ _____
 Child Support \$ _____ Food Share \$ _____
 Other Income: \$ _____ From: _____

Job #1 Employer: _____

Occupation: _____

(circle one) Full-time or Part-time (circle one) Salaried or Hourly

Pay Period: (circle one) weekly biweekly semi-monthly monthly

Gross Pay/check \$ _____ Net Pay/check \$ _____

Job #2 Employer: _____

Occupation: _____

(circle one) Full-time or Part-time (circle one) Salaried or Hourly

Pay Period: (circle one) weekly biweekly semi-monthly monthly

Gross Pay/check \$ _____ Net Pay/check \$ _____

Job #3 Employer: _____

Occupation: _____

(circle one) Full-time or Part-time (circle one) Salaried or Hourly

Pay Period: (circle one) weekly biweekly semi-monthly monthly

Gross Pay/check \$ _____ Net Pay/check \$ _____

Name: _____
 Social Security \$ _____
 Social Security Disability \$ _____
 Pension \$ _____
 Unemployment \$ _____
 Child Support \$ _____ Food Share \$ _____
 Other Income: \$ _____ From: _____

Job #1 Employer: _____

Occupation: _____

(circle one) Full-time or Part-time (circle one) Salaried or Hourly

Pay Period: (circle one) weekly biweekly semi-monthly monthly

Gross Pay/check \$ _____ Net Pay/check \$ _____

Job #2 Employer: _____

Occupation: _____

(circle one) Full-time or Part-time (circle one) Salaried or Hourly

Pay Period: (circle one) weekly biweekly semi-monthly monthly

Gross Pay/check \$ _____ Net Pay/check \$ _____

Job #3 Employer: _____

Occupation: _____

(circle one) Full-time or Part-time (circle one) Salaried or Hourly

Pay Period: (circle one) weekly biweekly semi-monthly monthly

Gross Pay/check \$ _____ Net Pay/check \$ _____



MONTHLY EXPENSE WORKSHEET INSTRUCTION

- ❖ Do the expense worksheet in **PENCIL**.
- ❖ **ROUND UP** to the nearest dollar-no cents!
- ❖ Fill in the **AVERAGE MONTHLY AMOUNT** for each and everything you **EVER** spend money on; 12 mth average
- ❖ If you are not sure what amount to enter, write down a **REASONABLE, MODERATE ESTIMATE**; i.e. what do you think your family needs in a year and divide by 12.
- ❖ If you pay car insurance every 3 months, multiply by 4 and divide by 12.

Things that some people spend money on, but forget about when completing the Monthly Expense Worksheet

- ❖ For **HOBBIES**: Remember Hunting and Fishing Licenses, Ammo, Bait, Lures, Crafts, Sports, Darts, Golf, Bowling, Computer Gaming, Etc. (Etc. Includes For Adults & Children).
- ❖ For **OFFICE SUPPLIES**: Remember Printer Cartridges, Paper, Software and Updates, Envelopes, Post-It-Notes, Etc. For The Home.
- ❖ For **MEMBERSHIPS**: Remember AAA, On-Star, Sirius Radio, Amazon Prime, On-Line Membership Programs.
- ❖ For **ANNUAL FEES/PAYMENTS**: Remember State and/or National Park Stickers, Warranties, Credit Card Annual Fee, Pest Control Service, Safety Deposit Box, PO Box.
- ❖ For **OTHER MONTHLY OR RECURRING EXPENSES**: Remember Storage Unit Rental, Kindle, Vitamins, Supplements, Sports Gambling (on-line or at a business), Avon, Mary Kay, Tattoos, Piercings, Boat Slip Rental, Recreational Vehicle Maintenance.
- ❖ **Check bank statements and credit card statements to see what other hidden expenses may occur for you.**

Taking this process one-step at a time makes it manageable. This worksheet helps you plan for expenses so they don't become debts later. When you come in, we will work together to find a balance and look at options, including working out a system of money management that really works!

Call if you have any questions, (920) 743-1862. Thanks! We're glad to help.

57 NORTH 12TH AVE. SUITE 104 STURGEON BAY, WISCONSIN 54235 (920) 743-1862
www.moneymanagementcounselors.com



MONTHLY EXPENSE WORKSHEET *PLEASE COMPLETE IN PENCIL*

Name	Job	Job	TOTAL	For Counselor Use Only	Monthly	Revised
	\$	\$	\$	MONTHLY NET INCOME		
	\$	\$	\$	MONTHLY EXPENSES		
	\$	\$	\$	DEBT PMTS (From pg. 2)		
Net Income:			\$	SURPLUS / (DEFICIT)		

	Monthly	Revised		Monthly	Revised
Rent (Including Rent Insurance)			Medical / Dental Bills		
Mortgage			HEALTH INSURANCE		
2nd Mortgage/Equity Line			DOCTOR		
Student Loan Payment			DENTIST		
			GLASSES/EXAMS/CONTACTS		
Property Maintenance			CHIROPRACTIC		
HOME MAINT./IMPROVEMENTS			COUNSELING		
FURNISHING/APPLIANCES					
LAWN CARE/SNOW REMOVAL			Prescriptions / Drugs		
Property Insurance & Taxes			Other Ins.-Life/Dis./Lng Term		
PROPERTY TAX			Alimony / Child Support		
HOMEOWNERS INS.					
			Day Care / School		
Vehicle 1 Payment			CHILD CARE		
Vehicle 2 Payment			BABYSITTER		
			MISC. OFFICE SUPPLIES		
Fuel / Maintenance / Insurance			CHECK/MONEY ORDER		
GAS/OIL/CAB FARE/RIDE SERVICES			UNION/PROFESSION DUES / TAX PREP		
REPAIRS/MAINTENANCE			POSTAGE		
CAR WASH					
LICENSES/REGISTRATION			Other Child Expenses		
VEHICLE INSURANCE			DIAPERS/SUPPLIES EXPENSE		
			SCHOOL SUPP/ FIELD TRIPS/SPORTS		
Groceries			ALLOWANCES:CHILDREN		
FOOD			SCHOOL / BABY PICS		
PAPER PRODUCTS			COLLEGE FUND		
CLEANING SUPPLIES			TUITION/LESSONS/CLUBS		
LAUNDRY					
LUNCHES-SCHOOL/WORK			Clothing / Grooming		
PET FOOD			CLOTHING/SHOES/BOOTS		
WAREHOUSE MEMBERSHIPS			UNIFORMS/DRY CLEANING		
			PROFESSIONAL HAIR CARE		
Utilities -Electric / Gas			PERSONAL CARE ITEMS		
HEATING			VETERINARY CARE/GROOMING		
ELECTRICITY					
			Entertainment		
Phone / Cell / Pager			BOOKS/PAPERS/MAGAZINES		
PHONE-LAND LINE			MAJOR HOLIDAYS/OTHER GIFTS/CARDS		
PHONE-CELL/PAGER			STREAMING SERVICES-NETFLIX, ETC.		
			ALLOWANCES:ADULT		
Cable / Internet			HEALTH CLUB/OTHER CLUBS-YMCA, ETC		
CABLE TV			CIGARETTES/TOBACCO /ALCOHOL		
INTERNET			EATING OUT		
			VACATIONS/SHORT TRIPS/PK STICKERS		
Water / Sewer / Trash			GAMBLING/SCRATCH OFFS/ETC.		
			BUY MOVIES/MUSIC/GAMES		
SAVINGS/DONATIONS			HOBBIES/LECTURES/CLASSES		
SAVINGS					
CHURCH/OTHER DONATIONS			GRAND TOTAL OF EXPENSES		

Name: _____

Date: _____

Revised Date: _____

CLIENT BILL OF RIGHTS:

- As a client of Money Management Counselors (MMC), you have the following rights:
- To be treated with dignity and respect;
- To be actively involved in any plan which may be developed for you;
- To withdraw from the Debt Management Program after written notification to the agency
- To have complaints addressed in a timely manner;
- To speak freely in an appropriate manner and to have your concerns addressed;
- To ask questions and be informed of your rights of MMC

CLIENT GRIEVANCE POLICY:

- We are committed to providing you with high quality professional services. However, if you are not satisfied with services provided or if you want to make a complaint, we ask that you follow these guidelines.
- First, try to resolve the issue with the staff member involved, giving them specific information about your complaint.
- If this is not possible or the issue is not resolved to your satisfaction, please write or call the Administrative Assistant at 920-743-1862.
- We may request a meeting with you or seek more information from a staff person.
- We will respond in writing within fifteen (15) days.
- Finally, if your issue is still unresolved, you may appeal directly by letter to the Executive Director. After additional fact finding, the Executive Director will provide a concluding decision to you within fifteen (15) days.

NON-DISCRIMINATION POLICY:

Money Management Counselors (MMC) shall not discriminate in the selection and participation of clients in its programs with respect to race, religion, color, gender, age, national origin or handicap. No criteria other than those required by funding sources or by Federal or state law(s) shall be used to determine client eligibility.

Clients who feel that they have been discriminated against in the provision of services by on grounds of race, religion, color, sex, age, national origin or handicap, have the right to appeal to the Executive Director. The Administrative Assistant will accept your written complaint and make an appointment with the Executive Director for you.

For information on consumer protection, contact the Federal Trade Commission (FTC) at www.ftc.gov.
Or send mail to 55 E Monroe St., Suite 1300, Chicago, IL 60606

**CLIENT RESPONSIBILITIES AND
CONDITIONS RESULTING IN TERMINATION OF SERVICE:**

Frequently, our clients are experiencing stress and anxiety because of financial problems and/or debt. As we all know it's never "JUST" about money. These problems may be difficult and time consuming to resolve. You have indicated a willingness to work out these problems by coming to MMC.

You have taken the first step by seeking advice and counsel. This process will move beyond just understanding "how" this situation occurred to seeking solutions and learning preventive strategies for the future.

We are committed to assist you, provided you are ready and willing to work hard and cooperate fully. You have this opportunity to resolve your financial situations, but must realize that it *won't be a "quick fix"*. *Change is a process that takes time, patience and perseverance!*

SUCCESS involves a willingness to recognize and accept the following:

- **ONLY YOU CAN IMPLEMENT OUR RECOMMENDATIONS** and free yourself from the situation you are in. We will help you develop strategies and solutions which are appropriate for your circumstances, but we can't do the work for you.
- **ANTICIPATE SOME CHANGES!!** You must change old habits and not create new debts or obligations. It may be necessary to reduce your spending or attempt to increase your total family income. You may be faced with tough decisions such as what would be "nice or convenient to have" and "what is really necessary".
- **YOU MUST KEEP YOUR WORD.** We expect honesty. If we can establish an agreement between you and your creditors, you must keep the faith with them and with us. You have an obligation to yourself, your creditors and the community.

Failure to acknowledge any of these guidelines could result in termination of client status.

"Wealth is not about having a lot of money...It's about having options." MMC

PRIVACY POLICY: FISC Consumer Credit Counseling /dba Money Management Counselors (MMC) asks clients to describe their personal financial information so that we can provide services to our clients. We do not disclose non-public personal information about our clients or former clients to anyone, except as permitted by law.

- We may compile aggregate information that you give us, but do not disclose this in a way that would identify you.
- We may disclose some information that we collect, as described in the MMC 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).
- We may disclose some information to contracting, auditing, licensing and contracting personnel who need this information.
- Our Privacy Practices are explained on the front of this signature page.

RELEASE: I acknowledge receiving the MMC 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 _____

57 N. 12th Ave,
Suite 104
Sturgeon Bay, WI 54235



**SIGN
AND
RETURN**

AGREEMENT FOR SERVICES
THE SINGULAR IS USED EVEN WHEN THE PLURAL MAY APPLY

I hereby authorize Money Management Counselors (MMC), a business conducted by FISC Consumer Credit Counseling (dba MMC), 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.

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, 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 MMC, 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 MMC does not give legal advice. If I am referred to an attorney by MMC, 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 MMC, and inform MMC of the outcome of the advice given.

In the event I have an FHA (HUD) mortgage, I hereby authorize MMC, 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 MMC, 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 MMC, 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 MMC 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 MMC and to perform my obligation as agreed upon in such a plan.
2. That MMC 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 MMC, 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 _____

57 N. 12th Ave,
Suite 104
Sturgeon Bay, WI 54235



**SIGN
AND
RETURN**

STATEMENT OF COUNSELING SERVICES

Please read the following statements carefully to understand Money Management Counselors 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, Money Management Counselors also provides counseling in specific areas such as housing, foreclosure prevention, bankruptcy as well as other services including Debt Management Plans and educational workshops. Clients are not obligated to receive or purchase any other services offered by Money Management Counselors 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. 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 MMC/DMCC. MMC / DMCC 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 _____