



Rural Services of Indiana, Inc.

Financial Counseling Project Mediation Project
Rural Development Project

COMPREHENSIVE CREDIT COUNSELING

Thank you for contacting Rural Services of Indiana, Inc. (RSI) for a **Comprehensive Credit Counseling**. Our credit counseling is available for those anticipating filing bankruptcy in most Midwestern states. RSI strives to make your financial future successful by providing you with a comprehensive analysis of your financial information. The Comprehensive Credit Counseling consists of information gathering and analysis in the area of budget development. It focuses on your overall budget and requires the gathering of several financial documents. Enclosed you will find checklist of what is needed.

For documentation of your income it is imperative that we receive a copy of a recent pay stub for all those residing in the household. The Budget Analysis Input Form is included in this packet to assist you in gathering documentation of all of your monthly expenses. Please complete as much as possible of this form.

Once RSI receives your documents, obtains your consent for services and payment arrangements are made, we will begin processing your request for a Comprehensive Credit Counseling. It is important that you gather the information requested and send it to RSI so that we will schedule your telephone Comprehensive Credit Counseling.

At the conclusion of your counseling session, you will receive a Certificate of Completion that may be filed with the U.S. Bankruptcy Court and a copy of your personal Budget Analysis containing income and expense information and RSI's analyses for your personal use or that of your bankruptcy attorney or representative.

Please contact RSI with your questions or comments at 1-800-288-6581. We look forward to hearing from you soon!

South Bend Office
60918 US 31 South
South Bend, IN 46614
(574) 299-9648
1-800-288-6581
Fax (574) 299-9666

Williamsport Office
12 W. 2nd Street
Williamsport, IN 47993
(765) 762-3083
1-800-545-2296
Fax (765) 762-3084

Columbus Office
P.O. Box 2145
Columbus, IN 47202
(812) 372-0560
1-800-298-1612
Fax (812) 372-0859

OBTAINING A COPY OF YOUR CREDIT REPORT

YOU MAY NEED TO OBTAIN A COPY OF YOUR CREDIT REPORT FOR A COMPLETE LISTING OF YOUR DEBTS.

Please keep in mind that any inquiries on your behalf on your credit bureau report(s) may negatively alter your credit score(s).

Once per year you can receive your Credit Report **FREE** by one of these three methods:

1. Logging on to www.annualcreditreport.com
2. Calling 1-877-322-8228
(Your Credit Report will be mailed to you within 2-3 weeks.)
3. Writing: Annual Credit Report Request Service
PO Box 105281
Atlanta, GA 30348-5281
(Your Credit Report will be mailed to you within 2-3 weeks.)

~ OR ~

Rural Services of Indiana, Inc. can obtain a Trimerge copy of your Credit Report which includes all three credit reporting bureaus for a **\$25.00**. If you would like for our agency to obtain the Trimerge Credit Report on your behalf complete the CREDIT INQUIRY CONSENT FORM on the reverse side of this notice and return with payment to:

RURAL SERVICES OF INDIANA, INC
60918 US 31
South Bend, IN 46614

Payment for this service must be made by cashier's check, money order or credit card. If using a credit card, call 1-800-288-6581 to process payment.

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OPTIONAL CHARGE: \$25.00

CREDIT INQUIRY CONSENT

I, the undersigned consumer, direct **Rural Services of Indiana, Inc.** to obtain a copy of my credit report. I certify this information is true and accurate. This consent shall automatically expire thirty (30) days from the date of my signature. I fully understand that any inquiries on my/our credit bureau report(s) may alter credit score(s).

Printed Name

Social Security Number

Street Address

Date of Birth

City, State, Zip

Signature

Phone

Printed Name*

Social Security Number

Street Address

Date of Birth

City, State, Zip

Signature

Phone

The second signature line should be used only when ordering a joint credit report for a married couple. If more than one individual credit report is being ordered, use a separate Credit Check Consent form for each customer.

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BUDGET ANALYSIS INPUT FORM

This form compiles income and expense information for your Budget Analysis. Please fill in the dollar amounts and indicate the time period covered when necessary. YOU MUST FILL IN ALL PAGES OF FORM.

	Self	Spouse
INCOME:		
Employment Income	_____ (wk/biweekly)	_____ (wk/biweekly)
Overtime or Commissions	_____	_____
Retirement Income	_____	_____
Disability Income	_____	_____
Government Assistance	_____	_____
Child Support Received	_____	_____
Other	_____	_____

EXPENSES:

HOUSING

Mortgage	Balance _____	Payment _____
2 nd Mortgage	Balance _____	Payment _____
Insurance (annual if not escrowed)	_____	
Taxes (annual if not escrowed)	_____	
Rent for Apartment or House	_____	
Lot Lease for Mobile Home	_____	

UTILITIES-Monthly

Phone	_____
Cell phone	_____
Gas/LP	_____
Electricity	_____
Trash / recycling	_____
Water/Sewer	_____
Internet	_____
Cable/Satellite	_____

TRANSPORTATION

	Vehicle #1	Vehicle #2
Vehicle Loan(s)	_____ (monthly)	_____ (monthly)
Insurance(s)	_____	_____
Gas (weekly/monthly)	_____	_____
Maintenance	_____	_____
Plates/Tags	_____ (annual)	_____ (annual)
Recreation Loan(s) Boat/Trailer etc.	_____ (monthly)	
Public Transportation	_____ (weekly)	
Other: _____	_____	

<u>MEDICAL/DENTAL/LIFE-Monthly</u>	<u>Self</u>	<u>Spouse</u>
Medical Insurance	_____	_____
Dental Insurance	_____	_____
Vision Insurance	_____	_____
Life Insurance	_____	_____
Medical Co Pays	_____	_____
Prescriptions	_____	_____

HOUSEHOLD EXPENSES- indicate monthly or weekly

Groceries	_____	(Includes cleaning and pet supplies)
Eating Out	_____	
Alcohol/Tobacco	_____	
Hair / Beauty	_____	
Clothing & footwear	_____	
Vet Costs	_____	(annual)
Other: _____	_____	

ENTERTAINMENT- indicate monthly or weekly

Hobbies: _____	_____
Gym membership	_____
Sporting events	_____
Subscriptions/books	_____
Birthday/Christmas Gifts	_____
Other: _____	_____
(Union Dues, Organization Memberships etc.)	

CHARITY- indicate monthly or weekly

Religious	_____
Other	_____
Gifts	_____

EDUCATION- indicate monthly or weekly

Tuition	_____
Lunches	_____

<u>REPOSSESSED VEHICLES:</u>	<u>Balance:</u>	<u>Date:</u>
Creditor: _____	_____	_____
Creditor: _____	_____	_____

MEDICAL DEBT / COLLECTION ACTIONS/ JUDGEMENTS – Please list on separate sheet of paper.

CREDIT CARDS – list regardless of filing status **Balance:**

Creditor: _____	_____
Creditor: _____	_____
Creditor: _____	_____
Creditor: _____	_____
Creditor: _____	_____

INSTALLMENT LOANS: – list regardless of filing status

<u>Name of Creditor:</u>	<u>Balance:</u>	<u>Secured –yes/no</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

RETIREMENT LOANS: (401(k) Loan etc. **Balance:**

_____	_____
_____	_____
_____	_____

FEDERAL TAX LIENS: **Balance:** **Payment Plan yes/no**

_____	_____	_____
_____	_____	_____
_____	_____	_____

STATE: TAX LIENS: **Balance:** **Payment Plan yes/no**

_____	_____	_____
_____	_____	_____
_____	_____	_____

BACK CHILD SUPPORT JUDGEMENT: **Balance:** **Payment Plan yes/no**

_____	_____	_____
_____	_____	_____

CHILD SUPPORT WEEKLY / MONTHLY PAYMENT: \$ _____ Weekly \$ _____ Monthly

STUDENT LOANS:

Name of Creditor:	Amount:
_____	_____
_____	_____
_____	_____

Comprehensive Credit Counseling of Rural Services of Indiana, Inc.

CLIENT RETAINER AND DISCLOSURE AGREEMENT

I authorize the Rural Services of Indiana, Inc. (RSI) to assist with my financial concerns. RSI Counselors shall provide me with a *Comprehensive Credit Counseling* session. This session shall include 90 minutes of data entry, analysis and discussion.

I. I UNDERSTAND THAT:

- Rural Services of Indiana, Inc. is a non-profit agency that is funded in part by grants.
- The RSI counselors are trained specifically to provide credit counseling. Their qualifications are available upon request.
- Under this agreement, RSI is NOT providing me with any Debt Management Plan services in which RSI would maintain a client trust account for the purpose of distribution of creditor payments.
- Any inquiry on my credit report may negatively alter my credit score.
- RSI will provide services without regard to race, color, religion, national origin, age, sex, disability, personal appearance, or any other basis prohibited by law. If I feel I have been discriminated against, I may file a complaint with the Office of Equal Opportunity within 60 days of the discriminating act. I may contact RSI for information about filing a complaint.
- Under this agreement, RSI will not withhold a completed certificate of counseling because of inability to pay.
- I will provide RSI with requested records, documents or other information and otherwise cooperate with RSI within the timelines set by RSI in order to effectuate the financial counseling I have sought or RSI will not be able to proceed with my *Comprehensive Credit Counseling*.

II. FEES AND COSTS:

- RSI will charge \$50.00 per person (\$75.00 per joint applicant) for one (1) 90 minute *Comprehensive Credit Counseling* session, payable **only** by **cashier's check, money order or credit / debit card.**
- If RSI pulls my credit report at my request an additional fee of \$25.00 is due in full. RSI provides information on how to obtain a credit report for free.

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- RSI provides the following opportunity for a waiver of the *Comprehensive Credit Counseling* participant fee for participant(s) who's gross household income is at or below the current Poverty Guidelines as published in the Federal Register by the Department of Health and Human Services.
- I understand that once RSI has begun work on my behalf, I will be entitled to a refund of fifty percent of the fee for services if I provide written notice that I am no longer interested in pursuing a *Comprehensive Credit Counseling*.

I (We) VERIFY THAT ALL INFORMATION I HAVE GIVEN RSI IS TRUE AND CORRECT. I HAVE READ THIS AGREEMENT, OR HAVE HAD IT READ TO ME, AND UNDERSTAND AND AGREE TO ITS TERMS.

Dated: _____

Client Signature

Printed Client Name

Dated: _____

Client Signature (spouse if joint filing)

Printed Client Name (spouse if joint filing)

Phone _____ **Address** _____

Attorney _____

Attorney Fax Number _____

Attorney Phone Number _____

Comprehensive Credit Counseling Checklist

Administrative Documents to be Returned to Rural Services of Indiana, Inc.

- Signed Client Retainer and Disclosure Agreement
- Completed Credit Inquiry Consent (*optional / additional \$25.00 fee required*)
- Fee for services

RSI's fee for the *Comprehensive Credit Counseling* session is \$50.00 per person or \$75.00 per married couple. Payment may be made by **money order, cashier's check or debit / credit card** and must be paid before the telephonic or in person interview will be scheduled.

- Budget Analysis Input Form – fully completed for household

INCOME DOCUMENTATION:

- Payroll Check stub(s)*
 - *All wage-earners in household
 - *Dated within the past 30-days, including year-to-date earnings.
- Documentation for all other sources of income
- (Child Support, SSI/SSD, Food Stamps, TANF, Unemployment, etc.)
- **IF Self Employed**, Please provide a Copy of past two (2)years' Tax Returns including Schedules (Federal/State)

EXPENSE DOCUMENTATION:

- Copies of most recent statements for:
 - *Bank / Credit Union Statements (checking and savings accounts)
- Weekly Spending Log

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