



of Rural Services of Indiana, Inc.

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 by completing this packet **or online at www.comprehensivecreditcounseling.com**. 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. It is imperative that the income reflects the income for **all** those residing in the household. The Budget Analysis Input Form is included in this packet to assist you in gathering documentation of your household income and monthly expenses.

You will need to return a completed packet to our office which consists of:

- signed Client Retainer Agreement,
- completed Budget Analysis Input Form,
- payment for services.

Once RSI receives your completed packet, we will schedule your telephone Comprehensive Credit Counseling session. 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 for your personal use or that of your bankruptcy attorney or representative.

Turn the page to begin entering your financial information. Please contact RSI with your questions or comments at 1-800-288-6581. We look forward to hearing from you soon!



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 \$25.00 per person (\$50.00 per joint applicant) for one (1) 90 minute *Comprehensive Credit Counseling* session, payable **only by cashier's check, money order or credit / debit card.**

- 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 the 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* prior to scheduling a phone or in person session.

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 _____

Email _____

Attorney _____

Attorney Fax Number _____

Attorney Phone Number _____

Attorney Email _____

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 THE FORM.

Personal Information:

First Name: _____ Initial: ____ Last Name: _____
Sex: Male ___ Female ___ Marital Status: Married filing single ___ Married filing jointly ___ Single ___
Total number in household: _____ Total Adults: _____ Total Children: _____

Address / Phone:

Address: _____
City: _____ State: _____ County: _____ Zip Code: _____
Primary Phone: _____ Secondary Phone: _____
Primary Email: _____

Spouse Information (fill in ONLY if filing married)

Spouse First Name: _____ Initial: ____ Last Name: _____

Attorney Information:

Filing County: _____
Attorney Name: _____
Phone: _____ Fax: _____
Email: _____

If you and your spouse are completing a joint credit counseling session you must both be on the phone review at the same time. For the convenience of spouses who cannot be at the same location at the same time of the review, we have the capability to conference both of you if you provide an additional phone number. Please provide phone number below if different from above.

Income from Pay Stubs

Gather a pay stub from each employed member of the household and complete the following:

**Note: Child Support paid and received will be entered on another page.
Social Security and other pension income will be reported on page 2.**

	Pay Stub 1	Pay Stub 2	Pay Stub 3
Employee Name:	_____	_____	_____
Employer:	_____	_____	_____
Pay Date on Check (MM/DD/YYYY):	_____	_____	_____
Number of Pay Periods (per year):	_____	_____	_____
(Monthly=12; 2 times per month =24; Every other week = 26; Weekly = 52)			
Gross Income (FOR THIS PAY PERIOD):	_____	_____	_____
Deductions (FOR THIS PAY PERIOD):			
Federal Taxes:	_____	_____	_____
State Taxes:	_____	_____	_____
Local Taxes:	_____	_____	_____
Medicare:	_____	_____	_____
Social Security:	_____	_____	_____
Other Payroll Deductions:			
Medical Insurance:	_____	_____	_____
Dental Insurance:	_____	_____	_____
Vision Insurance:	_____	_____	_____
Life Insurance:	_____	_____	_____
Disability & Other Insurance:	_____	_____	_____
401 (k) Contribution:	_____	_____	_____
Pension & Other Retirement Accounts:	_____	_____	_____
Union Dues:	_____	_____	_____
Other Income:			
Income received from job without pay stub (average per month take home):	_____		
Unemployment Income (per week):	_____		
Retirement Income:			
Social Security (Net amount after Medicare deduction):	_____	Pension:	_____
Other:	_____	Please explain:	_____

Disability Income:

Social Security of SSI: _____ Private Insurance: _____

Government Assistance Received:

Food Stamps: _____ Utility Allowance: _____ Other: _____ Please explain: _____

Child Support received on ALL CHILDREN

Support (calculate as monthly): _____

Expenses

Housing	Balance	Monthly Payment	Are you current?
Mortgage:	_____	_____	Yes___ No ___
Second Mortgage:	_____	_____	Yes___ No ___
Insurance (annual if not escrowed):	_____	House / apartment rent (monthly):	_____
Taxes (annual if not escrowed):	_____	Mobile home lot lease (monthly):	_____
Home owner association dues:	_____	Renters Insurance (monthly):	_____
Are you planning on surrendering home in bankruptcy? Yes ___ No ___			

Utilities (Monthly)

Phone: _____	Cell Phone: _____		
Gas / LP: _____	Type of Plan: _____	Average: _____	Budget: _____
Electric: _____	Type of Plan: _____	Average: _____	Budget: _____
Trash / Recycling: _____	Water: _____	Sewer: _____	Internet: _____ Cable / Satellite: _____

Transportation Costs

	Balance	Monthly Payment	Are you current?
Vehicle Loan 1:	_____	_____	Yes___ No ___
Vehicle Loan 2:	_____	_____	Yes___ No ___
Vehicle Loan 3:	_____	_____	Yes___ No ___
Recreation Loan:	_____	_____	
Number of cars: _____	Repair / Maintenance (monthly): _____		Public Transportation (monthly): _____
Gasoline (weekly, all vehicles): _____	Insurance (monthly, all vehicles): _____		Plates /Tags (annually, all vehicles): _____
Additional transportation costs (monthly): _____			

Insurances Medical/Dental/Life (monthly – additional policy not deducted from pay)

Medical: _____	Dental: _____	Vision: _____	Life: _____
Other Insurance (LTD, AD&D, etc.): _____		Medical co-pays (per doctor visit-answer in dollars): _____	
Prescriptions: _____		Additional medical costs: _____	

Loans (Installment, Personal, Utility Debt)

Creditor

Balance Remaining

Retirement Loans

Balance

Monthly Payment

Retirement Loan 1:

Retirement Loan 2:

Other Debt

Balance

Monthly Payment

Other Debt:

Federal Tax Liens – Year

Balance

Monthly Payment

State Tax Liens – Year

Balance

Monthly Payment

Child Support for ALL CHILDREN (enter as ordered to be paid, calculate as monthly)

Child Support: _____

Student Loans – Creditor

Balance

Monthly Payment

