

PARTICIPANT QUESTIONNAIRE

(This is for information purposes only and is not an application for services.)

DATE _____

Type of Counseling Needed

- Budget/Credit
 Foreclosure
 Homeownership
 Reverse Mortgage
 IDA
 Credit \$mart
 Other _____

I. PERSONAL DATA

- Mr.
 Mrs.
 Ms.

Name _____ Preferred Name _____

Address _____

City _____ State _____ Zip Code _____

Home: (____)____-____ Work: (____)____-____ Cell: (____)____-____ email: _____

Social Security Number: _____ - _____ - _____ Birth date: ____/____/____ Gender: Male Female

What is your marital status? ____ Single ____ Married ____ Divorced ____ Separated ____ Widow ____ Other

List co-participant information below (if applicable):

NAME	DATE OF BIRTH	RELATIONSHIP TO YOU
1. _____	_____	_____

1. _____

Social Security Number: _____ - _____ - _____ Gender: Male Female

II. DEMOGRAPHIC INFORMATION

What is your racial background?

____ Black ____ White ____ American Indian/Alaskan Native ____ Asian/Oriental ____ Pacific/Native Hawaiian

Multi Race: ____ Black and White ____ Asian and White ____ American Indian/Alaska Native and White
 ____ American Indian/Alaska Native and Black ____ Other multiple race ____ Chose not to respond

What is your Ethnicity? ____ Hispanic ____ Non Hispanic ____ Chose not to respond to this section

Are you Disabled? Yes No

Are you or your spouse currently in the military? Yes No

Were you or your spouse EVER in the military? Yes No

III. INCOME

All income must be documented for household members over age 18

TYPE	Before-tax	After-tax	Before-tax	After-tax
	Monthly	Monthly	Monthly	Monthly
	Participant	Participant	Co-Participant	Co-Participant
Wages				
Self-employment income				
Alimony / Child Support				
Overtime / Bonus				
Social Security/Disability/ Public Assistance (AFDC)				
Other income (such as pension)				
TOTAL INCOME				

If you receive disability income, is it for a permanent disability? Yes No

Do you have a savings account? Yes No Where? _____

Do you have a checking account? Yes No Where? _____

Do you have a student loan? Yes No If so, how many? _____

Are they current? Yes No Are the payments deferred? Yes No

Have you ever filed for Bankruptcy? Yes No

If "yes", when _____ What type? Chapter 7 Chapter 13

Customer Signature _____

Date _____

Customer Signature _____

Date _____

MONTHLY BUDGET WORKSHEET

Jan./Feb./Mar./Apr./May/June/July/Aug./Sept./Oct./Nov./Dec. (Year _____)

<u>Current Living Expenses</u>		<u>Past Due</u>		
_____	Rent/Mortgage	_____	_____	_____
_____	Heat & Utilities	_____		
_____	Cell Phone/Landline	_____		
_____	Internet/Cable	_____		
_____	Sewage/Water (qtrly._____)	_____		
_____	Auto Loan	_____		
_____	Auto Insurance (6mos._____)			
_____	Vehicle Tax (KY _____)			
_____	Gas			
_____	Food (groceries)			
_____	Household Expenses (hygiene items, etc.)			
_____	Health/Dental Insurance			
_____	Renter's Insurance			
_____	Life Insurance			
_____	Child Care			
_____	Entertainment (fast food, movies, etc)			
_____	Savings			
_____	Christmas			
_____	Other (_____)	_____	_____	_____
_____	Other (_____)	_____	_____	_____
_____	Other (_____)	_____	_____	_____
_____	TOTAL	Total Outstanding Debt =		_____
		Paid Outstanding Debt =		_____

_____ **TOTAL MONTHLY INCOME**

Amount \$ _____ \$ _____ \$ _____ \$ _____

Source/s (_____) (_____) (_____) (_____)

_____ **TOTAL MONTHLY EXPENSES**

(-/+) _____ **DIFFERENCE** (Income _____ - (subtract) Expenses _____ = _____)

Beginning Credit Score = _____ **End Credit Score** _____