

PAYEE

HCO Complete: YES Case Number HCO:

Initial Contact Date:

Date of Apt: [Click here to enter a date.](#)

Staff/Case Worker:

Referred By:

Basic Information:

First Name		Middle Initial		Last Name	
SS		DOB		Gender	
Race		Ethnicity		Marital Status	
Highest Education					
Spouse First Name		Spouse MI		Spouse Last Name	
Spouse SS		Spouse DOB		Spouse Gender	
Spouse Race		Spouse Ethnicity		Spouse Highest Educ.	
Address		City/State		Zip Code	
County		Rent/Own		How long?	
Home Phone		Cell Phone		Email	
Automobiles					
#of Children		# in Household			

Income/Employment:

SSDI		SSI		SSA	
What is your disability?					
Whose Employment?		Where Employed?			
How Long Employed?		How Often Paid?			
Net Monthly Income:		Gross Monthly Income:			
Whose Employment?		Where Employed?			
How Long Employed?		How Often Paid?			
Net Income:		Gross Income:			

Do you have any of the following?

Doctor		Where Dr. Practices	
Doctor's Phone #		Last visit to doctor?	
Why potential client cannot provide as own payee			
Current payee and reasons for changing			

MEPD

Burial Plans

Food Stamps

Power of Attorney/Guardian

Life Insurance

Any other assistance

Notes: [Click here to enter text.](#)

Using a credit counseling service may result in the deterioration of your credit rating, due to the fact we may not be making full payments to your creditors. This will not be the case if you were able to make full payments. To ensure proper payment on my accounts I will have the billing address changed to Family Management. The undersigned authorizes you to obtain any information you may require concerning statements in this application and agree the application shall remain in your property whether or not your services are obtained. We have read the above and it is correct to the best our knowledge.

Signature: _____ 2nd Signature (if required) _____

Counselor Signature: _____

**Family Management Credit Counselors
Action Plan**

- 1. Collect information, current housing situation and purpose of visit.**

Notes: [Click here to enter text.](#)

- 2. Provide the client with privacy policy and ask them to sign the authorization.**

Notes: [Click here to enter text.](#)

- 3. Using paystubs, bills and credit report, create a monthly budget.**

Notes: [Click here to enter text.](#)

- 4. After creating a budget, determine what type of rental payment is affordable to the client.**

Notes: [Click here to enter text.](#)

- 5. Counseled and referred to community resources:**

Notes: [Click here to enter text.](#)

- 6. Entered final outcome of counseling:**

Notes: [Click here to enter text.](#)

Client Signature: _____ Date: _____

FMCCI Counselor: _____ Date: _____