

Understanding your credit profile and obligations is the first step toward a strategic debt management plan. All information is strictly confidential and used solely to provide personalized financial consulting services.

SECTION A · Personal Information

1. Full Name

2. Date of Birth

3. Email Address

4. Phone Number

5. Have you reviewed your credit report in the past 12 months?

Yes

No

6. Approximate current credit score range:

Below 580

580–669

670–739

740–799

800+

Unknown

SECTION B · Credit Card Accounts

7. Do you currently have open credit cards?

Yes

No

7. If yes — Number of cards:

of cards:

Combined credit limit: \$

Combined balance: \$

8. Do you carry a balance on credit cards month to month?

Yes

No

If yes, approximate total balance: \$

9. Are you making at least the minimum payment on all credit cards?

Yes

No

Some, but not all

10. Have you missed any credit card payments in the past 24 months?

Yes

No

If yes, how many times?

SECTION C - Loans & Other Debt

11. Please indicate all current loans and debts (check all that apply):

| | | | | |
|----------------------|-----------------|----------------------|-------------|----------------------|
| Mortgage | Bal: \$ | <input type="text"/> | Mo. Pmt: \$ | <input type="text"/> |
| Auto Loan | Bal: \$ | <input type="text"/> | Mo. Pmt: \$ | <input type="text"/> |
| Student Loans | Bal: \$ | <input type="text"/> | Mo. Pmt: \$ | <input type="text"/> |
| Personal Loan | Bal: \$ | <input type="text"/> | Mo. Pmt: \$ | <input type="text"/> |
| Medical Debt | Approx. Bal: \$ | <input type="text"/> | | |
| Tax Debt (IRS/State) | Approx. Bal: \$ | <input type="text"/> | | |
| Other | Bal: \$ | <input type="text"/> | Mo. Pmt: \$ | <input type="text"/> |

12. Total estimated debt (excluding mortgage):

\$

13. Are any accounts currently in collections or charged off?

Yes No

If yes, please describe:

14. Have you ever filed for bankruptcy?

Yes No

14. If yes — Year:

Year: Type:

SECTION D - Debt Management History

15. Have you previously worked with a credit counselor or debt management program?

Yes No

If yes, describe the outcome:

16. Have you attempted debt consolidation in the past?

Yes No

17. Have you ever negotiated a settlement with a creditor?

Yes No

SECTION E - Goals & Concerns

18. Primary goal regarding your credit and debt (select all that apply):

Pay off all debt as quickly as possible

Lower my monthly payments

Improve my credit score

Stop collection calls / resolve collections

Prepare for a major purchase (home, car)

Other

19. Current monthly amount available to put toward debt repayment:

\$

20. Are you facing any immediate financial hardship (job loss, medical emergency)?

Yes

No

If yes, please describe:

21. Which debt causes you the most stress, and why?

22. What does financial freedom look like to you?

23. Anything else you'd like us to know?

CLIENT AUTHORIZATION

Client Name (Print)

Signature

Date