



CONSUMER CREDIT
COUNSELING SERVICE



MEMBER
NATIONAL FOUNDATION FOR
CREDIT COUNSELING

People Who Care

1164 Bishop Street, Suite 1614
Honolulu, Hawaii 96813
Telephone (808) 532-3225
Fax (808) 532-5611
E-mail: cccshon@aol.com
Website: www.cccshawaii.org

You have taken an important step toward a solution to your particular financial concern. Your financial situation will be carefully evaluated in a personalized and confidential session. For your planning, the visit with one of our counselors will last approximately one hour.

Complete the enclosed forms:

1. Privacy Statement
2. General Information Worksheet
3. Monthly Living Expenses Worksheet
4. List of Creditors.
(Provide a complete listing of all debts-credit cards, department stores, banks, finance companies, hospitals, doctors, fines, student loans, income taxes, NSF checks, court judgments, collection agencies and other debts as appropriate. Please complete as much information as possible)
5. Statement of Counseling Services. Initial each box and sign the form. Your counselor can not counsel you unless this form is completed and signed.

When you have completed the forms mail your application and counseling fee (if applicable) to:

Oahu residents: 1164 Bishop St. suite 1614 ~ Honolulu, HI 96813

Big Island residents: 632 Kinoole St. ~ Hilo, HI 96720

Mauai, Moloka'i, Kauai and Lana'i residents: 95 Mahalani St., Office #6 ~ Wailuku, HI 96793

Or, email your completed application to: cccshon@aol.com (bring in counseling fee at the time of your appointment)

The fee for counseling is \$20, payable by money order or personal check- please do not send cash. If your current circumstances make it difficult for you to pay the fee, submit your application without it. Our services are available for free, based on your ability to pay, and there is no fee for foreclosure mitigation counseling. Once we receive your completed application, we will call you to set up an appointment. Be sure to clearly indicate the phone number where you can be reached between the hours of 8:30 a.m. and 4:30 p.m. If you can not be reached by phone, call us for an appointment.

Please bring the following to your counseling session:

1. Evidence of income.
 - a. Pay stubs for one month
 - b. Your latest LES if you are in the military
 - c. Statement of benefits if you are receiving assistance or social security.
2. The most recent statements or correspondence from your creditors.
3. If you are a homeowner
 - a. Copy of mortgage statement
 - b. Copy of utility bill
 - c. Last 2 months of bank statements
 - d. Trial modification letter from lender (if applicable)

*If you are unable to keep your appointment, please give us as much notice as possible.
Our office hours are 8:30 to 4:30 Monday through Friday.*

We are looking forward to being of service to you. We are here to Help!

The Staff of CCCS



A Non-Profit Community Service Agency



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PRIVACY NOTICE

We are committed to assuring the privacy of those who contact us for assistance. We realize the concerns you bring to us are highly personal, and we assure you that any information shared with others will be managed only as permitted by law.

Your nonpublic personal financial information, such as your total debt, income, living expenses and personal information concerning your financial circumstances and a list of your creditors, may be provided to your creditors, program monitors or others only with your authorization and signature on a Privacy Release Form, Debt Management Plan and/or a Foreclosure Mitigation Counseling Agreement

In all other situations, your information may be released **ONLY UPON YOUR WRITTEN REQUEST or when our staff has been served a valid subpoena.**

Types of information gathered:

- Information received orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information received from a credit reporting agency, such as your credit history.

We restrict access to personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your personal information

We may compile data and aggregate information for the purpose of evaluating our services, but this information will not be disclosed in any way that would personally identify you.

RELEASE: I hereby authorize Consumer Credit Counseling Service of Hawaii to release non-public information about me to those parties where we have determined that it would be helpful to you, would aid us in counseling you, is a requirement of grant awards which make our services possible, or who require this information to enable me to set up a Debt Management Plan and/or to receive Foreclosure Mitigation Counseling or Pre-bankruptcy counseling. I further release and authorize all of my creditors to provide non-public information about me to Consumer Credit Counseling Service of Hawaii.

Consumer Signature _____ Date _____

Consumer Signature _____ Date _____





GENERAL INFORMATION WORKSHEET

PERSONAL INFORMATION

Marital Status: () Single () Married () Divorced **Ethnicity:** () Caucasian () Asian () Native Hawaiian () Other
Dependent Children: () No () Yes (Ages: ___ ___ ___) **Total # in Household** _____

Last Name	First Name	Middle Initial	Date of Birth	Last four digits Soc. Sec. #
Co-Applicant: (If Applicable)	First Name	Middle Initial	Date of Birth	Last four digits Soc. Sec. #

Mailing Address	City	Zip Code	Home Phone	Cell Phone
E-Mail Address				

INCOME PER MONTH

Gross Pay (Monthly)	Take Home Pay (Monthly)	How often do you get paid? () Weekly () Twice a month () Monthly	Employer: Position: _____ Telephone: _____
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Co-Applicant (If Applicable)

Gross Pay (Monthly)	Take Home Pay (Monthly)	How often do you get paid? () Weekly () Twice a month () Monthly	Employer: Position: _____ Telephone: _____
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Other Income: (part time job, family contributions, renters)	Total Net Income:
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HOUSING INFORMATION:

() Renting () Own () Other _____
Is Rent or Mortgage Delinquent? () No () Yes (# of Months _____)
 Is the delinquency due to () Loss of income () Mortgage/rent increase () Other _____
 Is it your goal to remain housed in your current home, whether mortgage or rental? () Yes () No () Don't know
If a Mortgage:
 1st Mortgage Paid to _____ 2nd Mortgage Paid to _____
 Balance of Loan: 1st _____ 2nd _____
 Estimated current market value of property \$ _____

VEHICLE INFORMATION:

1.

Make	Year	Payment made to	Payment Amount	Balance
Is Car Payment Delinquent? () No () Yes	# of Months _____	Amount Delinquent \$ _____		

2.

Make	Year	Payment made to	Payment Amount	Balance
Is Car Payment Delinquent? () No () Yes	# of Months _____	Amount Delinquent \$ _____		

NOTES (COUNSELOR ONLY): _____

INSTRUCTIONS: Fill in your estimated monthly expenses in the column marked "estimate". Use recent monthly bills to average your expenses.

MONTHLY LIVING EXPENSES	ESTIMATE		COUNSELOR	
FIXED EXPENSES	\$	\$	\$	\$
Rent or Mortgage Payment				
Maintenance Fee				
Second Mortgage				
Renter/Home Owner Insurance				
Car Payment(s)				
Child Care				
Tax Installments(not deducted)				
Child Support				
Secured/Student Loans				
Savings				
TOTAL FIXED EXPENSES				
FLEXIBLE EXPENSES				
Groceries				
Meals Out				
School Lunches				
Work Lunches				
Electricity/Gas				
Water/Sewer/Garbage				
Telephone/Cell Phone/Beeper				
Clothing				
Dry Cleaning/Laundry				
Gasoline				
Bus Fares/Ride Share/Parking				
Diapers/Formula/Baby Supplies				
School/Tuition/Supplies/Field Trips				
Allowances for Children				
Barber/Beauty Shop				
Books/Newspaper/Magazine/CDs/DVDs				
Movies/Sporting Events/Entertainment				
Gifts/Parties/Holidays				
Cigarettes/Alcohol				
Hobbies/Club Dues				
Medical				
Dental/Optical				
Drugs/Medication				
Church/Charities/Donations				
Bank Service Charges /ATM Charges				
Postage				
Pet Care				
Home Maintenance(lawn, repairs)				
Cable TV/Internet Service				
Vacations/Travel				
Storage				
Other (Please Specify)				
TOTAL FLEXIBLE EXPENSES				
PERIODIC EXPENSES				
Property Tax				
Life Insurance (not deducted from pay)				
Health and Accident Insurance (not deducted from pay)				
Auto Insurance				
Auto Tags/Periodic Inspection				
Car Maintenance/Oil/Tuneup/Tires/etc				
TOTAL PERIODIC EXPENSES				
TOTAL EXPENSES (Fixed, Flexible, & Periodic) \$				

Instructions

- List most recent balances and information for all debts (except mortgage)
- **PLEASE BRING YOUR MOST RECENT STATEMENTS WITH YOU**
- (If you need additional space, please use separate sheets of paper)

1. <u>Creditor Name:</u>	Joint debt? <input type="checkbox"/>	<u>Current Balance:</u>	<u>How much is due now:</u>
<u>Account Number:</u>	<u>Address:</u>	<u>When is it due:</u>	
		<u>(For Counselor Use) DMP:</u>	

Counselor comments:

2. <u>Creditor Name:</u>	Joint debt? <input type="checkbox"/>	<u>Current Balance:</u>	<u>How much is due now:</u>
<u>Account Number:</u>	<u>Address:</u>	<u>When is it due:</u>	
		<u>(For Counselor Use) DMP:</u>	

Counselor comments:

3. <u>Creditor Name:</u>	Joint debt? <input type="checkbox"/>	<u>Current Balance:</u>	<u>How much is due now:</u>
<u>Account Number:</u>	<u>Address:</u>	<u>When is it due:</u>	
		<u>(For Counselor Use) DMP:</u>	

Counselor comments:

4. <u>Creditor Name:</u>	Joint debt? <input type="checkbox"/>	<u>Current Balance:</u>	<u>How much is due now:</u>
<u>Account Number:</u>	<u>Address:</u>	<u>When is it due:</u>	
		<u>(For Counselor Use) DMP:</u>	

Counselor comments:

5. <u>Creditor Name:</u>	Joint debt? <input type="checkbox"/>	<u>Current Balance:</u>	<u>How much is due now:</u>
<u>Account Number:</u>	<u>Address:</u>	<u>When is it due:</u>	
		<u>(For Counselor Use) DMP:</u>	

Counselor comments:

6. <u>Creditor Name:</u>	Joint debt? <input type="checkbox"/>	<u>Current Balance:</u>	<u>How much is due now:</u>
<u>Account Number:</u>	<u>Address:</u>	<u>When is it due:</u>	
		<u>(For Counselor Use) DMP:</u>	

Counselor comments:

Counselor comments:

7. Creditor Name:	Joint debt?	Current Balance:	How much is due now:
Account Number:	Address:	When is it due:	
		<i>(For Counselor Use) DMP:</i>	

Counselor comments:

8. Creditor Name:	Joint debt?	Current Balance:	How much is due now:
Account Number:	Address:	When is it due:	
		<i>(For Counselor Use) DMP:</i>	

Counselor comments:

9. Creditor Name:	Joint debt?	Current Balance:	How much is due now:
Account Number:	Address:	When is it due:	
		<i>(For Counselor Use) DMP:</i>	

Counselor comments:

10. Creditor Name:	Joint debt?	Current Balance:	How much is due now:
Account Number:	Address:	When is it due:	
		<i>(For Counselor Use) DMP:</i>	

Counselor comments:

11. Creditor Name:	Joint debt?	Current Balance:	How much is due now:
Account Number:	Address:	When is it due:	
		<i>(For Counselor Use) DMP:</i>	

Counselor comments:

12. Creditor Name:	Joint debt?	Current Balance:	How much is due now:
Account Number:	Address:	When is it due:	
		<i>(For Counselor Use) DMP:</i>	

CCCS OF HAWAII, INC.
STATEMENT OF COUNSELING SERVICES

Please read the following statements carefully so that you will understand the procedures for the counseling session. Initial the box next to each statement to indicate understanding of that provision. For simplification the singular is used even when the plural may apply.

I understand the agency will provide a confidential, comprehensive personal money management interview. The fee for this counseling is \$20 unless my circumstances make this difficult for me. CCCS services are free based on my ability to pay.

I understand that the interview will be conducted by a certified consumer credit counselor or qualified professional counselor. All action plans, not conducted by a certified consumer credit counselor, will be reviewed by a certified consumer credit counselor.

I understand that in the event I am dissatisfied, I can utilize the Complaint Resolution Process.

I understand that most of the agency funding comes from creditors participating in Debt Management Plans. Since creditors have a financial interest in getting paid, they are willing to make a contribution (up to 15 percent of each payment received) to help fund the agency.

I hold the agency, its employees, agents and volunteers harmless from any claim, suit, action or demand of my creditors, myself or any other person resulting from advice or counseling. Nothing herein shall apply to actions or claims under the provisions of the United States Bankruptcy Code, 11 USC § 101 et seq.

I will be given a written assessment outlining a suggested client action plan which will be based on the following options:

- a.) I will handle any financial concerns on my own.
- b.) I may choose to enroll in the agency's debt management plan. Under the debt management plan the agency serves as a neutral third party in negotiating with creditors to liquidate financial obligations.
The agency makes no reports to credit reporting agencies, but creditors might. If your credit report reflects that you are current with your creditors when the plan commences, a Debt Management Plan could have a negative impact on a creditworthiness decision by a potential creditor, landlord or employer in the future.
In the event that the counselor suggests a debt management plan, I will receive complete details of the operations, requirements, and responsibilities.
- c.) A counselor may answer questions about bankruptcy, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance. While an attorney can make a recommendation to file bankruptcy, it is a personal choice based on individual circumstances.
- d.) I will be referred to the other services of the organization or another agency or agencies as appropriate that may be able to assist with particular problems that have been identified.

Information concerning my financial affairs will remain confidential. If CCCS is contacted by my creditors, I authorize CCCS to inform them that I have contacted CCCS for assistance. As a quality control measure, I may be contacted by a neutral third party to provide an evaluation of the agency's services, but no confidential information will be provided to this third party.

Applicant

Counselor

Applicant

Date

Client Bill of Rights

We pledge that our clients have the right:

- To prompt counseling services for managing money based on their financial situation;
- To treatment with dignity and respect;
- To be actively involved in a comprehensive assessment of their financial situation including an appropriate action plan;
- To express dissatisfaction through a Complaint Resolution Process;
- To discontinue their relationship with our agency at any time;
- To ask questions and to have concerns addressed.

Complaint Resolution Process

We are committed to providing you with high quality professional services. However, if you are not satisfied with the services provided or if you want to make a complaint, we ask that you follow these guidelines.

- Step One:** Try to resolve the issue with the staff member involved, giving him or her specific information about your complaint.
- Step Two:** If Step One is not possible or the issue is not resolved to your satisfaction, write or call the operations manager, at 1164 Bishop Street, Suite 1614 Honolulu, HI 96813
- Step Three:** The agency may request a meeting with you (phone or face-to-face) or seek more information from a staff person. The agency will provide a written response within 15 days which will be entered in your file.
- Step Four:** If your issue is still unresolved, you may appeal in writing directly to the managing director, the chief executive officer of the agency. *After* additional fact finding, this individual will provide a concluding decision to you within 15 days. This response will be documented in your file.

Non-Discrimination Policy

Our agency serves all members of the community. We do not engage in the practices of discrimination in the selection and participation of clients in our programs or services with respect to race, religion, color, gender, national origin, disability or sexual orientation.