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## Application Information Sheet

### GENERAL INFORMATION

Name: \_\_\_\_\_ Social Security: # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Spouse: \_\_\_\_\_ Social Security: # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Dependents in Household: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### MONTHLY BUDGET ANALYSIS

*(Required by creditors)*

Expenses	Total Net Income
Rent Payment \$ _____	Applicant \$ _____
Mortgage Payment \$ _____	Co-Applicant \$ _____
Automobile: Payments \$ _____	Retirement \$ _____
Gasoline/Oil \$ _____	Social Security \$ _____
Household (grocery) \$ _____	Child Support Income \$ _____
Utilities: Gas \$ _____	AFDC \$ _____
Electric/Cable \$ _____	Food Stamps \$ _____
Water/Sewage \$ _____	TOTAL \$ _____
Phone/Cellular \$ _____	Less (subtract) Expenses \$ _____
Total Monthly Expense \$ _____	Estimated HCCS Min Payment \$ _____
	Available Balance \$ _____

### Reason for Debt Management Program: (MUST Check most appropriate)

Poor management    Divorce    Death in family    Reduced income    Medical/Disability    Confidential

Balance of Unsecured Debt \$ \_\_\_\_\_ Regular Monthly Payments \$ \_\_\_\_\_

Balance of ALL Secured Debt \$ \_\_\_\_\_ Est. Assets \$ \_\_\_\_\_ Est. Liabilities \$ \_\_\_\_\_

### Instructions:

- Complete **BOTH** this application and the creditor form.
- For verification of accuracy, include CURRENT COPIES of most recent creditor statements
- Sign the Credit Management Agreement,
- **SPECIAL NOTE:** You may need to change the due dates and cancel credit card insurance to avoid increases in fees and finance charges. Your account advisor will assist you in selecting the most appropriate payment date.
- Enclose your estimated Total Monthly Payment Amount, and **return** all of the above information either by mail or fax.
- If **FAXING** these documents, you must immediately follow with a check or money order for the estimated HCCS amount. Print your name and social security number clearly with your payment. Please *note that checks require a 10 day holding period before dispersing.*
- **Remember, in a debt management plan** you are required to close all existing accounts (except those needed for business purposes).
- You must avoid additional debt.

### Payment Information:

- Your initial payment is to be made by either check or Money Order payable to HCCS TRUST. Your name and social security number must be clearly printed. Processing for your Debt Payment Plan application can *not* begin until your Estimated Total Monthly payment is received.

(THIS FORM IS PART OF THE DEBT MANAGEMENT AGREEMENT)