

General Information Worksheet

DATE _____
 COUNSELOR _____
 CLIENT # _____

*Complete as much information as possible. Please use pencil and print.
 DO NOT WRITE IN SHADED AREA*

| PERSONAL INFORMATION | | | | | |
|--|-------|---------------|---------------|------------------------|--|
| Last Name | First | Middle/Maiden | Date of Birth | Social Security Number | |
| Spouse Last Name | First | Middle/Maiden | Date of Birth | Social Security Number | |
| Address No./Street | City | State | Zip Code | Residence Telephone | |
| Email Address: | | | | | |
| We send out agency newsletters and other important information. Can we email you: Yes ____ No ____ | | | | | |

| INCOME PER MONTH | | | |
|--|--------------------------|--|-----------------------------|
| Gross Pay (Monthly): | Take Home Pay (Monthly): | <input type="checkbox"/> Weekly <input type="checkbox"/> Semimonthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly | Employer: _____ |
| | | Gross per period: \$ _____ | Position/Rank: _____ |
| | | Take home per period: \$ _____ | Telephone: _____ Ext: _____ |
| Saving deduction each pay period: \$ _____ | | | Other Income: |
| Loan deduction each pay period: \$ _____ | | | (Net monthly) \$ _____ |

| SPOUSE | | | |
|---|--------------------------|--|-----------------------------|
| Gross Pay (Monthly): | Take Home Pay (Monthly): | <input type="checkbox"/> Weekly <input type="checkbox"/> Semimonthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly | Employer: _____ |
| | | Gross per period: \$ _____ | Position/Rank: _____ |
| | | Take home per period: \$ _____ | Telephone: _____ Ext: _____ |
| Saving deduction each pay period: \$ _____ | | | Other Income: |
| Loan deduction each pay period: \$ _____ | | | (Net Monthly) \$ _____ |
| Have you filed last year's taxes? <input type="checkbox"/> Yes ____ <input type="checkbox"/> No ____ | | | |
| Do you owe the IRS for prior years? <input type="checkbox"/> Yes ____ <input type="checkbox"/> No ____ Amount Owed \$ _____ Amount of Refund \$ _____ | | | |

| | | | | | | |
|---|---------------------|----------------------------|----------------------------|--|--|--|
| O F F I C E U S E O N L Y | Gross Pay (Annual): | TOTAL take home (Monthly): | Value of available assets: | | Referred By: | |
| | START DMP: | REASON: | FEE: | <input type="checkbox"/> FCO <input type="checkbox"/> I <input type="checkbox"/> DMP | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | <input type="checkbox"/> AFRICAN AM <input type="checkbox"/> HISPANIC <input type="checkbox"/> ASIAN <input type="checkbox"/> MULTI-RACIAL <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> OTHER |
| | NOTES: | | | | | |
| | | | | | | |
| | | | | | | |