

SAFE Federal Credit Union
Financial Counseling
Application & Agreement

Name of Member _____ Member Number _____

Burdensome debt problems are not easy to solve. You have indicated an acute awareness of the problem by turning to the financial counseling service for guidance.

We realize there may be many reasons for your present situation. The important thing now is to resolve the problem and pay your debts. You have taken the first step by seeking advice and counsel. The financial counseling service is designed to assist you, provided you are willing to work hard at the problem and cooperate fully. You now have the opportunity to proceed with the counseling service, but you must realize that it is not going to be easy.

At the start, you must recognize the following facts:

1. Only you can get yourself out of debt.
2. You may have to accept some changes. Certainly, you must not create new debts or obligations. It may be necessary to reduce your spending or attempt to increase your total income. There will be difficult decisions to make between what would be "nice" or "convenient" and what is really necessary.
3. Above all, you must keep your word with us! There is no charge for this service.

The decision is yours – an honest, fair; and determined decision – to see this matter through. If you do this, we will go out of our way to help.

AGREEMENT

SAFE Federal Credit Union may disclose to others any information pertaining to my/our debts, obligations, liabilities or credit in attempt to budget, or in budgeting, similarly any information pertaining to my/our assets, earnings, finances or prospects.

I/We hereby certify that all the information provided here is true and complete and submitted for the purpose of receiving financial counseling.

I/We hereby apply for financial counseling, as sponsored by SAFE Federal Credit Union, to assist me/us to accomplish the service of budgeting, as it considers advisable. Budgeting is the adjusting of any of my/our debts, obligations, liabilities, or credit transactions with the cooperation of the creditor. It includes, but is not limited to, compromise, extension, liquidation, modification, payment, prorating, rearrangement, satisfaction and settlement.

I/We authorize SAFE Federal Credit Union to obtain a copy of my/our Credit Bureau file for counseling purposes. Participation in financial counseling will not change or remove any past, present, or future credit ratings reported to a credit bureau by any creditor.

Member: _____ Joint: _____

Counselor: _____ Date: _____

	Monthly	Adjusted Monthly	Quarterly	Annually
Home				
Rent/Mortgage				
Electricity				
Gas/Oil				
Water/Sewer				
Trash Removal				
Telephone				
Cell Phone				
Cable TV				
Pest Control				
Cleaning				
Insurance				
Taxes				
Auto				
Gas/Oil				
Insurance				
Repairs				
Registration/Taxes				
Food				
Groceries				
Lunches-Work				
Lunches-School				
Dinner Out				
Fast Food				
Coffee Breaks				
Medical				
Doctor				
Dentist				
Medicine				
Insurance				
Family				
Clothing				
Dry Cleaning				
Child Care				
Babysitter				
School Expenses				
Lessons				
Child Support				
Alimony				
Family Assistance				
Life Insurance				

	Monthly	Adjusted	Quarterly	Annually
Donations				
Church				
Charities				
Savings				
Personal				
Movies/Plays				
Beauty/Barber Shop				
Club Memberships				
Hobbies				
Sports Events				
Toiletries				
Cigarette/Tobacco				
Liquor/Beer				
Vacation				
Other				
Gifts				
Birthday/Anniv.				
Christmas				
All other				
Miscellaneous				
Veterinary				

SEPARATE ACCOUNTS

Accounts	Monthly Payment	Balance	Interest Rate	Past Due
TOTAL EXPENSES				

INCOME			
	Gross Monthly	Net Monthly	Employer/Source
INCOME			
Salary #1			
Salary #2			
Salary #3			
Alimony			
Child Support			
Investment Income			
Other			
Other			
Other			
TOTAL			

Monthly Net Income	Minus Monthly Expenses	Deficit (-Negative)	Surplus (+Positive)
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ASSETS		
	Balance Owed	Fair Market Value
Real Estate		
Vehicle #1		
Vehicle #2		
Stocks/Bonds		
Pension Plan/Life Insurance		
Other		
Other		

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