

**CCHV**  
**Credit Counseling of the Hudson Valley**  
**455 Central Park Avenue, Suite 216**  
**Scarsdale, NY 10583**  
**Tel: (914) 472-6000 - Fax: ((914) 725-3217**

**CONTRACT FOR SERVICES**

This is a contract that will terminate at any time without future obligation.

The services of CCHV are financed through a combination of fees from our participants, and a funding program within which most of the major credit granting organizations participate. We receive payment from the credit grantors in two ways. First some creditors make direct payments; second other creditors allow CCHV to retain a small percentage of the monthly payments made to them on behalf of our participants. For those creditors who pay via the second method you will be given full credit on all payment made on your behalf through the program.

In order that this plan be successful, I/We hereby agree to the following requirements:

My/Our monthly payment of \$ \_\_\_\_\_ will be due five (5) business days prior to the disbursement date of the \_\_\_\_\_ of each month. The payment must be in the form of certified funds or money order. A personal check will cause a delay of then (5) business days in the disbursement of funds.

The monthly payment includes a \$ \_\_\_\_\_ administrative fee to offset CCHV's expenses in administering my/our accounts. This fee is based upon my/our disposable income, number of creditors, amount of creditors, amount of debt and the reduction in my/own monthly minimum payment. The administrative fee will not be adjusted upwards.

My/Our monthly payment will be deposited into an individual Client Fund Account in Chase Manhattan Bank. On my/our disbursement date, my/our funds will be transferred to a primary escrow account for payments to my/our creditors.

The individual Client Fund Account is an interest bearing account and all interest belongs to you; Chase Manhattan Bank will mail you a 1099 form at year's end for income tax purposes.

I/We understand that CCHV, acting as my/our agent in negotiating arrangements with my/our creditors, may provide full financial information to creditors involved in the arrangements, and shall not be responsible or liable for any action taken on the part of my/our creditors.

I/We understand that I/we must review our monthly credit card statements, to make sure all payments are being posted and that the accounts have been properly updated. Should these things not occur I/we will contact CCHV at once.

I/we fully understand this agreement represents our entire agreement with CCHV

Credit Counseling of the Hudson Valley  
By: \_\_\_\_\_ Date \_\_\_\_\_

I/we have read and understood the above, have received a copy and accepted all of its terms.

X: \_\_\_\_\_ Date: \_\_\_\_\_

**CREDIT COUNSELING OF THE HUDSON VALLEY  
CLIENT PROFILE SHEET**

Date: \_\_\_\_\_

**PERSONAL DATA**

Name: \_\_\_\_\_ Previous Address: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (Home) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(Work) \_\_\_\_\_ Social Security #: \_\_\_\_\_

**JOB INFORMATION**

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

\_\_\_\_\_ Annual Salary: \_\_\_\_\_

**FINANCIAL DATA**

Bank Accounts: Name \_\_\_\_\_ Name: \_\_\_\_\_

Type \_\_\_\_\_ Type \_\_\_\_\_

Balance \_\_\_\_\_ Balance \_\_\_\_\_

Have you ever been rejected for credit? \_\_\_\_\_ If yes, why? \_\_\_\_\_

What is your primary credit objective or goal in the intermediate or distant future? \_\_\_\_\_

## Personal Monthly/ Budget Worksheet

<b>INCOME</b>	<b>TODAY</b>	<b>GOAL</b>
Salaries	\$ _____	\$ _____
Wages from Self-Employment	_____	_____
Other	_____	_____
<b>Total Income</b>	\$ _____	\$ _____
<b>Fixed Expenses</b>		
Rent/Mortgage	\$ _____	\$ _____
Food ( <i>including dining out and lunches at work</i> )	_____	_____
Gas/Electric/Heat	_____	_____
Phone	_____	_____
Cable	_____	_____
Transportation	_____	_____
Car Payment{s}	_____	_____
Car Insurance	_____	_____
Other Insurance	_____	_____
Credit Card{s}	_____	_____
Medical and Dental care	_____	_____
Clothing	_____	_____
Furnishings	_____	_____
Personal Grooming(hair, nails)	_____	_____
Cigarettes	_____	_____
Education(include debt)	_____	_____
Day Care/Baby Sitting	_____	_____
Taxes: Payroll	_____	_____
Arrears	_____	_____
Estimated	_____	_____
Property	_____	_____
Bank Fee's	_____	_____
Dry Cleaning	_____	_____
Laundry	_____	_____
Allowances for kids	_____	_____
Other	_____	_____
<b>Total Fixed Expenses</b>	\$ _____	\$ _____
<b>Total Available</b>		
<b>Income Fixed</b>	\$ _____	\$ _____