



Completed forms can be sent to counselingforms@americafirst.com,
 faxed to 801-827-7332, or dropped off at any branch location. A credit
 union representative will contact the member to schedule the
 appointment once the paperwork is received.

Account# _____

Date _____

PERSONAL FINANCIAL DATA

First Name		Initial	Last	
Street Address			How Long? yrs. mos.	
City				
State	Zip	<input type="checkbox"/>	Own	Describe if other
		<input type="checkbox"/>	Rent	
Date of Birth		E-mail		Home Phone
Spouse Name		Initial	Last	
		Cell Phone		
Date of Birth		E-mail		Ages of Dependents

Employer Name		
Position	How Long? yrs. mos.	Work Phone
Spouse Employer Name		
Position	How Long? yrs. mos.	Work Phone
Name of Nearest Relative, Not Living with You		Phone
Name of Nearest Relative, Not Living with You		Phone
City	State	Zip

ASSETS

(Includes real estate, vehicles, savings accounts)

Description	Mortgaged or Liened	Current Value
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Monthly Income

(Take Home)

Primary Income _____

Spouse Income _____

Sources of Other Income:

1 _____

2 _____

Total Income _____

LIST ALL DEBTS AND FINANCIAL OBLIGATIONS
 (including medical bills, payday loans, collections and judgment)

Purpose of Account	Name of Creditor	Due Date	Interest Rate	Limit or Original Amount	Balance	# Payments Past Due	Monthly Payment	Proposed Payment
Mortgage/Rent								
DEBT/SUB TOTAL								

ANALYSIS OF BUDGET

List what you spend in each category per month.

1 – MONTHLY OBLIGATIONS TO CREDITORS \$

		Current Monthly Amount	Proposed Monthly Amount
Fixed Amounts	Lights	_____	_____
	Heat	_____	_____
	Water/Sewer	_____	_____
	Garbage	_____	_____
	Phone	_____	_____
	Condo/Lot Fees	_____	_____
	Life Insurance	_____	_____
	Car Insurance	_____	_____
	Prescriptions	_____	_____
	Child Support	_____	_____
	Home Insurance *	_____	_____
	Property Taxes *	_____	_____
	Car Taxes/License*	_____	_____
	Alimony	_____	_____
	Day Care	_____	_____

2 - FIXED EXPENSE SUBTOTAL _____

Fixed Variable	Groceries	_____	_____
	Gasoline	_____	_____
	Church/Charity	_____	_____
	Membership	_____	_____
	School Lunches	_____	_____
	Allowances	_____	_____
	Med/DDS/Vision *	_____	_____
	Storage Unit	_____	_____
	Alarm System	_____	_____
	Car Maintenance *	_____	_____
	Vacations*	_____	_____
	Home Maintenance*	_____	_____
	Newspaper/Magazines	_____	_____

		Current Monthly Amount	Proposed Monthly Amount
Variable Amounts	Toiletries/Misc	_____	_____
	Cellular Phone	_____	_____
	TV/Cable	_____	_____
	Computer/Internet	_____	_____
	Transportation/Bus, etc.	_____	_____
	Clothing *	_____	_____
	Dry Cleaning	_____	_____
	Animals	_____	_____
	Barber/Beauty Shop	_____	_____
	Nails	_____	_____
	Hobbies/Sports	_____	_____
	Work Lunches/Breaks	_____	_____
	Entertainment	_____	_____
	Dinner Out	_____	_____
	Alcohol/Tobacco	_____	_____
	Christmas *	_____	_____
	Gifts *	_____	_____
	Books/DVD's/Music	_____	_____
	Other	_____	_____

3 – OTHER EXPENSES SUBTOTAL _____

	<u>Current</u>	<u>Proposed</u>
TOTAL INCOME	_____	_____
1 – Less Mo obligation to creditors	-	-
2 – Less fixed expense	_____	_____
Subtotal	_____	_____
3 – Less other expenses	_____	_____
Over/Short	_____	_____

* Periodic Expenses Monthly Total:

Savings Monthly:

