

To Whom It May Concern:

Thank you for contacting Consumer Credit Counseling ServiceTM of Kern & Tulare Counties (CCCS). We are a non-profit community service that provides budget, credit and debt counseling and education programs. We are also a HUD-approved housing counseling agency. CCCS is a member in good standing of the National Foundation for Credit Counseling and the Better Business Bureau. CCCS is approved by the EOUST to issue certificates in compliance with the Bankruptcy Code.

If you have not already made your appointment, please write the day and time in the space provided below when you call to schedule.

LOCATION:

DATE:

TIME:

Please call us at **Bakersfield (661) 324-9628** and **Visalia (559) 732-CCCS** if you have any questions. Consumers in Ridgecrest and other outlying areas can reach us toll-free at (800) 272-2482. You can also reach us by email at cccsktc@att.net or visit our web site at www.californiacccs.org, Our FAX number is 661-324-0750.

BEFORE YOUR APPOINTMENT YOU NEED TO DO THE FOLLOWING:

- 1. Read and sign the Statement of Counseling Services, Privacy Policy and Best Practices Forms. Bring with you to your appointment.
- 2. Fill out the General Information Worksheet. Please make sure to include accurate monthly expense figures: rent, utilities, food, etc.
 - Please fill in creditor information completely- including ACCOUNT NUMBERS AND BALANCES.
- 3. Bring income verification, such as pay stubs or direct deposit reports, statements from your creditors and any letters from your creditors.
- 4. If you have a mortgage, we will need to see copies of mortgage loan documents, latest loan statement, and any lender correspondence.

"Approved to issue certificates in compliance with the Bankruptcy Code. Approval does not endorse or assure the quality of an Agency's services"

CONSUMER CREDIT COUNSELING SERVICE OF KERN & TULARE COUNTIES Main Office: 5300 Lennox Ave. Suite 200, Bakersfield, CA 93309-1662 GENERAL INFORMATION WORKSHEET

Complete as much information as possible. Please Print.

Please call for an appointment at one of our convenient locations.

Bakersfield (661) 324-9628 Visalia (559) 732-CCCS Outlying Areas 1-800-272-2482

Dakersheid (001) 324-3	PERSONAL INFO		ig Aleas 1-000-27	L-Z40Z	
Name:	1 ENGOLUXE IIII O		Client Number		
Date of birth:	SSN:		Phone:		
	Divorced	Separated	Widowed		
(please circle)		•			
Current address:			Cell Phone:		
City:	State:		ZIP Code:		
Previous address:					
City:	State:		ZIP Code:		
Number of Dependents Living in I					
	EMPLOYMENT INF	ORMATION			
Current employer:					
Employer address:	M (1) 0 0		How long?		
Phone:	Monthly Gross: \$		Monthly Net: \$		
City:	State:		ZIP Code:		
Any Other Income Source:	INCORMATION IF FO		nthly Amount: \$		
	INFORMATION, IF FO	JK A JUINT	ACCOUNT		
Name: Date of birth:	SSN:		Dhono		
	PLOYMENT INFORMA	ATION (SDO	Phone:		
	PLOTIVIENT INFORMA	ATION (SPO	U3E)		
Current employer: Employer address:			How long?		
Phone:	Monthly Gross: \$		Monthly Net: \$		
City:	State:		ZIP Code:		
Any Other Income Source:	State.	Mo	nthly Amount: \$		
Any Other Income Source.	HOUSING INFOR		intiny Αποαπί. ψ		
Own Rent (Please circle)	How long?		yment or rent: \$		
·	Rent/Mortgage paid		ymone or rone. ¢		
Property Value: \$	Account Number (R				
Is your rent or mortgage delinque	nt?		many months?		
Type of Loan: FHA Convention	al (Please circle)	Mortgage L Monthly Pa	oan Balance: \$ yment:\$		
Second Mortgage paid to?					
Is your second mortgage delinque	ent?	If yes how r	many months?		
Type of Loan: FHA Convention	al (Please circle)	Mortgage L Monthly Pa	oan Balance: \$		
N	IONTHLY EXPENSE	INFORMATION	ON .		
Expense	Monthly Amount	Expense		Monthly Amount	
Gas/ Electricity	\$	Clothing/Gi	fts	\$	
Water/Sewer/Trash	\$	Subscriptio		\$	
Phone/Cell Phone	\$	Tobacco/Al	cohol/Cigarette	\$	
Cable T// Internet		s Insurance		Φ	
Cable TV/ Internet	\$	(Auto/Life/F		\$	
Groceries	\$		Entertainment	\$	
Work/ School Lunches	\$	Child Care/		\$	
Gasoline	\$	Health Care	e/ Prescriptions	\$	

CONSUMER CREDIT COUNSELING SERVICE OF KERN & TULARE COUNTIES Main Office: 5300 Lennox Ave. Suite 200, Bakersfield, CA 93309-1662 GENERAL INFORMATION WORKSHEET

Vehicle (Make/Model/Year) Lender Interest Rate S S S S S S S S S S S S S S S S S S	AL	ITO LOANS		Client Numb	ent Number: «client»	
CREDIT CARDS* CREDIT CARDS* Interest Rate balance payment ba	Vehicle (Make/Model/Year)	Lender		Balance		
CREDIT CARDS* Name Account no. Interest Rate In			. 10.10	\$		
Rate S S S S S S S S S						
Name				-		
Name Account no. Interest Rate Current balance payment S S S		CREDIT CARE)S*	<u> </u>		
Rate balance payment S S S S S S S S S S S S S S S				Current	Monthly	
S S S S S S S S S S S S S S S S S S S	Name	Account no.				
S S S S S S S S S S S S S S S S S S S S			. 10.10			
S S S S S S S S S S S S S S S S S S S						
S S S S S S S S S S S S S S S S S S S						
\$						
S S S S S S S S S S S S S S S S S S S S						
\$						
\$						
\$						
\$\$\$\$\$ (*If there is not enough space, please attach a separate sheet) \$\$\$\$\$ OTHER LOANS, DEBTS, OR OBLIGATIONS Description Account no. Amount OTHER ASSETS OR SOURCES OF INCOME Amount per month or value OTHER ASSETS OR SOURCES OF INCOME Amount per month or value The information in this statement is true and correct to the best of my/our knowledge. To obtain cooperation of creditors in arranging a debt repayment plan, Consumer Credit Counseling Service may disclose this information. IWe agree to hold Consumer Credit Counseling Service, its employees, officers and agents harmless from any claim, suit, action or demand of my/our creditors, ourselves or any other person, arising out of our worksheet herewith presented. Our DMP's serve the dual role of helping you repay your debts and helping reditors receive the money owed them. Nothing herein shall apply to actions or claims under the provisions of the United States Bankruptcy Code, 11 U.S.C. 101 et seq. Signature of co-applicant, if for joint account Date FOR OFFICE USE ONLY:						
\$\$\$\$\$ ('If there is not enough space, please attach a separate sheet)						
(*If there is not enough space, please attach a separate sheet) OTHER LOANS, DEBTS, OR OBLIGATIONS Description Account no. OTHER ASSETS OR SOURCES OF INCOME Amount Description Amount The information in this statement is true and correct to the best of my/our knowledge. To obtain cooperation of creditors in arranging a debt repayment plan, Consumer Credit Counseling Service may disclose this information. IWe agree to hold Consumer Credit Counseling Service, its employees, officers and agents harmless from any claim, suit, action or demand of my/our creditors, ourselves or any other person, arising out of our worksheet herewith presented. Our DMP's serve the dual role of helping you repay your debts and helping creditors receive the money owed them. Nothing herein shall apply to actions or claims under the provisions of the United States Bankruptcy Code, 11 U.S.C. 101 et seq. Signature of applicant Date FOR OFFICE USE ONLY:						
(*If there is not enough space, please attach a separate sheet) OTHER LOANS, DEBTS, OR OBLIGATIONS Description Account no. OTHER ASSETS OR SOURCES OF INCOME Description OTHER ASSETS OR SOURCES OF INCOME Amount per month or value The information in this statement is true and correct to the best of my/our knowledge. To obtain cooperation of creditors in arranging a debt repayment plan, Consumer Credit Counseling Service may disclose this information. IWe agree to hold Consumer Credit Counseling Service, its employees, officers and agents harmless from any claim, suit, action or demand of my/our creditors, ourselves or any other person, arising out of our worksheet herewith presented. Our DMP's serve the dual role of helping you repay your debts and helping creditors receive the money owed them. Nothing herein shall apply to actions or claims under the provisions of the United States Bankruptcy Code, 11 U.S.C. 101 et seq. Signature of applicant Date FOR OFFICE USE ONLY:						
(*If there is not enough space, please attach a separate sheet) OTHER LOANS, DEBTS, OR OBLIGATIONS Description Account no. OTHER ASSETS OR SOURCES OF INCOME Description Amount OTHER ASSETS OR SOURCES OF INCOME Amount per month or value The information in this statement is true and correct to the best of my/our knowledge. To obtain cooperation of creditors in arranging a debt repayment plan, Consumer Credit Counseling Service may disclose this information. IWe agree to hold Consumer Credit Counseling Service, its employees, officers and agents harmless from any claim, suit, action or demand of my/our creditors, ourselves or any other person, arising out of our worksheet herewith presented. Our DMP's serve the dual role of helping you repay your debts and helping creditors receive the money owed them. Nothing herein shall apply to actions or claims under the provisions of the United States Bankruptcy Code, 11 U.S.C. 101 et seq. Signature of applicant Date FOR OFFICE USE ONLY:						
(*If there is not enough space, please attach a separate sheet) OTHER LOANS, DEBTS, OR OBLIGATIONS Description Account no. OTHER ASSETS OR SOURCES OF INCOME Description Amount per month or value The information in this statement is true and correct to the best of my/our knowledge. To obtain cooperation of creditors in arranging a debt repayment plan, Consumer Credit Counseling Service may disclose this information. I/We agree to hold Consumer Credit Counseling Service, its employees, officers and agents harmless from any claim, suit, action or demand of my/our creditors, ourselves or any other person, arising out of our worksheet herewith presented. Our DMP's serve the dual role of helping you repay your debts and helping creditors receive the money owed them. Nothing herein shall apply to actions or claims under the provisions of the United States Bankruptcy Code, 11 U.S.C. 101 et seq. Signature of applicant Date FOR OFFICE USE ONLY:						
OTHER LOANS, DEBTS, OR OBLIGATIONS Description Account no. Amount OTHER ASSETS OR SOURCES OF INCOME Description Amount per month or value The information in this statement is true and correct to the best of my/our knowledge. To obtain cooperation of creditors in arranging a debt repayment plan, Consumer Credit Counseling Service may disclose this information. I/We agree to hold Consumer Credit Counseling Service, its employees, differs and agents harmless from any claim, suit, action or demand of my/our creditors, ourselves or any other person, arising out of our worksheet herewith presented. Our DMP's serve the dual role of helping you repay your debts and helping creditors receive the money owed them. Nothing herein shall apply to actions or claims under the provisions of the United States Bankruptcy Code, 11 U.S.C. 101 et seq. Signature of applicant Date Signature of Counselor Date FOR OFFICE USE ONLY:	(*IF.1)		T-4-1 -	· ·		
Description OTHER ASSETS OR SOURCES OF INCOME Description Amount per month or value The information in this statement is true and correct to the best of my/our knowledge. To obtain cooperation of creditors in arranging a debt repayment plan, Consumer Credit Counseling Service may disclose this information. I/We agree to hold Consumer Credit Counseling Service, its employees, officers and agents harmless from any claim, suit, action or demand of my/our creditors, ourselves or any other person, arising out of our worksheet herewith presented. Our DMP's serve the dual role of helping you repay your debts and helping creditors receive the money owed them. Nothing herein shall apply to actions or claims under the provisions of the United States Bankruptcy Code, 11 U.S.C. 101 et seq. Signature of applicant Date For OFFICE USE ONLY:					\$	
OTHER ASSETS OR SOURCES OF INCOME Description Amount per month or value The information in this statement is true and correct to the best of my/our knowledge. To obtain cooperation of creditors in arranging a debt repayment plan, Consumer Credit Counseling Service may disclose this information. I/We agree to hold Consumer Credit Counseling Service, its employees, officers and agents harmless from any claim, suit, action or demand of my/our creditors, ourselves or any other person, arising out of our worksheet herewith presented. Our DMP's serve the dual role of helping you repay your debts and helping creditors receive the money owed them. Nothing herein shall apply to actions or claims under the provisions of the United States Bankruptcy Code, 11 U.S.C. 101 et seq. Signature of applicant Date Signature of Counselor Date				UN5		
Description Amount per month or value The information in this statement is true and correct to the best of my/our knowledge. To obtain cooperation of creditors in arranging a debt repayment plan, Consumer Credit Counseling Service may disclose this information. I/We agree to hold Consumer Credit Counseling Service, its employees, officers and agents harmless from any claim, suit, action or demand of my/our creditors, ourselves or any other person, arising out of our worksheet herewith presented. Our DMP's serve the dual role of helping you repay your debts and helping creditors receive the money owed them. Nothing herein shall apply to actions or claims under the provisions of the United States Bankruptcy Code, 11 U.S.C. 101 et seq. Signature of applicant Date Signature of Counselor Date FOR OFFICE USE ONLY:	Description	Account no.	Amount			
Description Amount per month or value The information in this statement is true and correct to the best of my/our knowledge. To obtain cooperation of creditors in arranging a debt repayment plan, Consumer Credit Counseling Service may disclose this information. I/We agree to hold Consumer Credit Counseling Service, its employees, officers and agents harmless from any claim, suit, action or demand of my/our creditors, ourselves or any other person, arising out of our worksheet herewith presented. Our DMP's serve the dual role of helping you repay your debts and helping creditors receive the money owed them. Nothing herein shall apply to actions or claims under the provisions of the United States Bankruptcy Code, 11 U.S.C. 101 et seq. Signature of applicant Date Signature of Counselor Date FOR OFFICE USE ONLY:						
Description Amount per month or value The information in this statement is true and correct to the best of my/our knowledge. To obtain cooperation of creditors in arranging a debt repayment plan, Consumer Credit Counseling Service may disclose this information. I/We agree to hold Consumer Credit Counseling Service, its employees, officers and agents harmless from any claim, suit, action or demand of my/our creditors, ourselves or any other person, arising out of our worksheet herewith presented. Our DMP's serve the dual role of helping you repay your debts and helping creditors receive the money owed them. Nothing herein shall apply to actions or claims under the provisions of the United States Bankruptcy Code, 11 U.S.C. 101 et seq. Signature of applicant Date Signature of Counselor Date FOR OFFICE USE ONLY:						
Description Amount per month or value The information in this statement is true and correct to the best of my/our knowledge. To obtain cooperation of creditors in arranging a debt repayment plan, Consumer Credit Counseling Service may disclose this information. I/We agree to hold Consumer Credit Counseling Service, its employees, officers and agents harmless from any claim, suit, action or demand of my/our creditors, ourselves or any other person, arising out of our worksheet herewith presented. Our DMP's serve the dual role of helping you repay your debts and helping creditors receive the money owed them. Nothing herein shall apply to actions or claims under the provisions of the United States Bankruptcy Code, 11 U.S.C. 101 et seq. Signature of applicant Date Signature of Counselor Date FOR OFFICE USE ONLY:						
The information in this statement is true and correct to the best of my/our knowledge. To obtain cooperation of creditors in arranging a debt repayment plan, Consumer Credit Counseling Service may disclose this information. I/We agree to hold Consumer Credit Counseling Service, its employees, officers and agents harmless from any claim, suit, action or demand of my/our creditors, ourselves or any other person, arising out of our worksheet herewith presented. Our DMP's serve the dual role of helping you repay your debts and helping creditors receive the money owed them. Nothing herein shall apply to actions or claims under the provisions of the United States Bankruptcy Code, 11 U.S.C. 101 et seq. Signature of applicant Date Signature of Counselor Date FOR OFFICE USE ONLY:		THER ASSETS OR SOUR				
creditors in arranging a debt repayment plan, Consumer Credit Counseling Service may disclose this information. I/We agree to hold Consumer Credit Counseling Service, its employees, officers and agents harmless from any claim, suit, action or demand of my/our creditors, ourselves or any other person, arising out of our worksheet herewith presented. Our DMP's serve the dual role of helping you repay your debts and helping creditors receive the money owed them. Nothing herein shall apply to actions or claims under the provisions of the United States Bankruptcy Code, 11 U.S.C. 101 et seq. Signature of applicant Date Signature of Counselor Date FOR OFFICE USE ONLY:	Description		Amount per	r month or value		
creditors in arranging a debt repayment plan, Consumer Credit Counseling Service may disclose this information. I/We agree to hold Consumer Credit Counseling Service, its employees, officers and agents harmless from any claim, suit, action or demand of my/our creditors, ourselves or any other person, arising out of our worksheet herewith presented. Our DMP's serve the dual role of helping you repay your debts and helping creditors receive the money owed them. Nothing herein shall apply to actions or claims under the provisions of the United States Bankruptcy Code, 11 U.S.C. 101 et seq. Signature of applicant Date Signature of Counselor Date FOR OFFICE USE ONLY:						
creditors in arranging a debt repayment plan, Consumer Credit Counseling Service may disclose this information. I/We agree to hold Consumer Credit Counseling Service, its employees, officers and agents harmless from any claim, suit, action or demand of my/our creditors, ourselves or any other person, arising out of our worksheet herewith presented. Our DMP's serve the dual role of helping you repay your debts and helping creditors receive the money owed them. Nothing herein shall apply to actions or claims under the provisions of the United States Bankruptcy Code, 11 U.S.C. 101 et seq. Signature of applicant Date Signature of Counselor Date FOR OFFICE USE ONLY:						
Signature of applicant Signature of co-applicant, if for joint account Date Signature of Counselor FOR OFFICE USE ONLY:	creditors in arranging a debt repay I/We agree to hold Consumer Cre claim, suit, action or demand of m herewith presented. Our DMP's s the money owed them. Nothing he	ment plan, Consumer Credit (dit Counseling Service, its em y/our creditors, ourselves or a erve the dual role of helping yo erein shall apply to actions or c	Counseling Se ployees, office ny other persoou repay your	rvice may disclose rs and agents har n, arising out of ou debts and helping	e this information. mless from any ur worksheet creditors receive	
Signature of co-applicant, if for joint account Signature of Counselor FOR OFFICE USE ONLY: Date		•				
Signature of Counselor FOR OFFICE USE ONLY: Date	Signature of applicant				Date	
FOR OFFICE USE ONLY:	Signature of co-applicant, if for	joint account			Date	
	Signature of Counselor				Date	
Result of Appointment HUD # :	FOR OFFICE USE ONLY:					
	Result of Appointment		HUD#:			



CCCS has adopted Best Practices for Debt Management Plans. They are:

- CCCS™ counselors receive proper training and are qualified to provide financial assistance prior to performing counseling services in California through counselor certification conducted by the National Foundation for Credit Counseling (NFCC).
- CCCS™ disburses client funds no later than 15 days after receipt of valid funds, or by the scheduled disbursement date, whichever is the greater amount of time.
- 3) CCCS™ transmits client funds utilizing electronic payment processing when available.
- 4) CCCS™ schedules receipt of the client's first disbursement pursuant to a Debt Management Plan (DMP) for a date within six weeks of the client agreeing to the DMP service.
- 5) CCCS™ reports all of the following to the client every three months, or upon the debtor's request, for any DMP.
 - (1) Total amount received from the client.
 - (2) Total amount paid to each creditor.
 - (3) Total amount of estimated balance provided by creditors for each debt owed by the client.
 - (4) Any amount paid to CCCS™ by the client.
 - (5) Any amount held in reserve.
- i) CCCS™ provides a description of the best practices of the agency and consumer complaint resources to the client no later than the first payment date.
- 7) CCCS™ provides a response to and research of any complaint initiated by a client within five business days of receipt of the complaint.
- 8) CCCS™ clients are not required to use ancillary services.
- O) CCCS™ provides access to DMP services regardless of a client's ability to pay fees related to the debt management plan, lack of creditor participation, or the amount of the consumer's outstanding debt.

Client Bill of Rights

We pledge that our clients have the right:

- To prompt counseling services for managing money based on their financial situation;
- To treatment with dignity and respect;
- To be actively involved in a comprehensive assessment of their financial situation, including an appropriate action plan;
- To express dissatisfaction through a Complaint Resolution Process;
- To discontinue their relationship with our agency at any time;
- To ask guestions and to have concerns addressed.

Complaint Resolution Process

We are committed to providing you with high quality professional services. However, if you are not satisfied with the services provided, or you want to make a complaint, we ask that you follow these guidelines:

- 1. Try to resolve the issue with the counselor and/or the supervisor involved, giving specific information about your complaint.
- If step one is not possible, or the issue is not resolved to your satisfaction, write or call the Office Manager at 5300 Lennox Avenue, Suite 200, Bakersfield, CA 93309, or 661-324-9628.
- 3. The agency may request a meeting with you (by phone or face-to-face) or seek more information. The agency will respond within five (5) days.
- 4. If your issue is still unresolved, you may appeal in writing directly to the President & CEO. This individual will provide a concluding decision to you within 15 days.

Complaints related to the debt management plan agreement may be directed to the California Department of Corporations.

Non-Discrimination Policy

Our agency serves all members of the community. We do not engage in the practice of discrimination in the selection and participation of clients in our programs or services with respect to race, religion, color, gender, national origin, or handicap.

CCCS Funding Information

Most of our funding comes from voluntary contributions from creditors who participate in Debt Management Plans (DMP). Since creditors have a financial interest in getting paid, most are willing to make a contribution to help fund our agency. These contributions are usually calculated as a percentage of payments you make through your DMP-up to fifteen percent (15%) of each payment received. However, your accounts with your creditors will always be credited with one hundred percent (100%) of the amount you pay through us and we will work with all your creditors regardless of whether they contribute to our agency. Our DMP's serve the dual role of helping you repay your debts and creditors to receive the money owed them.

I/WE ACKNOWLEDGE RECEIPT OF A COPY	OF THIS DOCUMENT, CCCS [™] OF KERN & TU	LARE COUNTIES' BEST PRACTICES.
Applicant's Signature and Date	Co-Applicant's Signature and Date	
Print Name	Print Name	-

STATEMENT OF COUNSELING SERVICES

Please read the following statements carefully so that you will understand the procedures for the counseling session. Initial the line below each statement to indicate understanding and consent of that provision. For simplification the singular is used even when the plural may apply.

I understand CCCS of Kern & Tulare Counties will provide a confidential, comprehensive, personal money management interview. All financial and housing counseling may or may not include the services of a Debt Management Plan unless it is in the best interest of the client. I understand that CCCS provides foreclosure mitigation, credit, budget and debt counseling after which I will receive a written action plan consisting of recommendations for handling my finances.

I understand that the interview will be conducted by a certified consumer credit counselor or qualified professional counselor. All action plans not conducted by a certified consumer credit counselor will be reviewed by a certified consumer credit counselor.

I understand that in the event we are dissatisfied, I can utilize the Complaint Resolution Process.

Most of our funding comes from voluntary contributions from creditors who participate in Debt Management Plans (DMP). Since creditors have a financial interest in gelling paid, most are willing to make a contribution to help fund our agency. These contributions are usually calculated as a percentage of payments you make through your DMP -up to fifteen (15%) of each payment received. However, your accounts with your creditors will always be credited with one hundred percent (100%) of the amount you pay through us and we will work with all your creditors regardless of whether they contribute to our agency.

We may disclose all of the information that we collect as described in our Privacy Policy to creditors and related financial institutions who need this information in order to put you on a debt management program (DMP) or otherwise assist with your financial situation. I understand that CCCS receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program to provide foreclosure mitigation counseling services, and, as such, is required to share some of my personal information with NFMC program administrators such as Neighborworks America (NWA), the National Foundation for Credit Counseling (NFCC) or their agents for purposes of program monitoring, compliance and evaluation. I authorize the Agency to collect my personal information as defined in its Privacy Policy and to disclose it or share it with creditors, related financial institutions, NWA or NFCC or their administrators, subsidiaries, program monitors and agents.

I understand that revocation or modification of my consent to disclose information as outlined in the Privacy Policy will terminate the NFMCP and other counseling services provided to me by the agency.

I hold the agency, its employees, agents and volunteers harmless from any claim, suit, action, or demand of my creditors, myself or any other person resulting from advice or counseling. Nothing herein shall apply to actions or claims under the provisions of the United States Bankruptcy Code, 11 U.S. C. Sec. 101 et seq.

I will be given a written assessment outlining a suggested client action plan which will be based on the following options:

Date

Applicant

- a) I will handle my financial concerns on my own, (Including but not limited to those seeking credit report review, mortgage counseling, budget counseling).
- b) 1 may choose to enroll in the agency's debt management plan. Under the debt management plan the agency serves as a neutral third party in negotiating with creditors to liquidate financial obligations.
- c) While the agency may obtain a credit report and/or inform any credit reporting agency of my participation in the repayment plan, the agency has no responsibility or obligation for any past, present, or future credit rating I receive.
- d) Your participation in a debt repayment program may change information which is already on your credit report. If your credit report reflects that you have paid creditors as agreed in the past, a Debt Management Plan could have a negative impact on a credit worthiness decision by a potential creditor, landlord, or employer in the future.
- e) In addition, creditors may report that you are on a Debt Management Plan and are not paying as originally agreed although they have accepted the reduced payment.
- f) You should also be aware that debts to creditors you repay through the plan may be able to be discharged through bankruptcy. A counselor may answer questions about bankruptcy, but not give legal advice.
- g) If I want legal advice, I will be referred for appropriate assistance. While an attorney can make a recommendation to file bankruptcy, it is a personal choice based on individual circumstances. I will inform the agency of the decision if I file bankruptcy.
- h) I will be referred to the other services of the organization or another agency or agencies, as appropriate, which may be able to assist with particular problems that have been identified; however, I am not obligated to use any of the services offered to me.

At sometime in the future, my information may be used for confidential research and/or a neutral third party may contact me to request an evaluation of the agency's services.

m receiving foreclosure mitigation counseling, I give permission for NFMC program administrators and/or their agents to pull my credit report up to two
ditional times between now and June 30, 2010 and to give authorization for NFMC program administrators and/or their agents to follow-up with me between
v and June 30, 2010 for the purposes of program evaluation.

Co-Applicant



Date



5300 Lennox Avenue, Suite 200, Bakersfield, Ca 93309 www.californiacccs.org

Privacy Policy

Consumer Credit Counseling Service of Kern & Tulare Counties (CCCS) is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your "personal financial information", such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors and, possibly others with your specific authorization.

We may also use aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs. Your anonymity will be maintained through the use of your client number or by using aggregate data in all circumstances.

In all other situations, your information may be released to appropriate individuals or agencies only upon your written request or when our staff has been served by a valid subpoena.

The following privacy practices detail circumstances under which we will release your information to a third party:

- 1. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law or by you. We do not sell your information for marketing or any other purpose.
- 2. We may compile data and aggregate information that you give to us, but this information may not be disclosed in a manner that would personally identify you in any way.
- 3. We may disclose some or all of the nonpublic information that we collect, as described below, to creditors, or third parties that you have authorized who need this information in order for us to assist you after a counseling session.
- 4. We may disclose all of the information that we collect, as described below, to creditors and related financial institutions who need this information in order to put you on a debt management program (DMP) or otherwise assist with your financial situation. If you are a homeowner, through its participation in the National Foreclosure Mitigation Counseling Program (NFMCP), CCCS must collect nonpublic personal information about you and your financial situation and submit that information to the National Foundation for Credit Counseling (NFCC) and Neighborworks America (NWA) for purposes of administering the program.
- 5. We restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.
- 6. We collect nonpublic personal information about you from the following sources:
 - Information we received from you on our applications or other forms you provide:
 - Information about your transactions with us, your creditors, or others; and
 - Information we receive from a credit reporting agency.
- 7. We may disclose the following kinds of nonpublic personal information about you to NFCC, NWA, or their administrators, subsidiaries, program monitors and agents to the extent that it is a requirement of participation in the NFMCP foreclosure prevention counseling AND to creditors and related financial institutions who need this information in order to put you on a DMP:
 - Information we receive from you on applications or other forms, such as your name, address, social security number, assets, and income;
 - Information about your transactions with us, your creditors, or others, such as your account balance, payment history, account numbers, parties to transactions and credit card usage; and
 - Information we receive from a credit reporting agency, such as your credit history.

RIGHT to OPT OUT

- You have the right to opt-out or prevent us from making disclosures of your Personal Information to non-affiliated third parties such as your creditors or other parties we feel would be helpful to you in counseling or setting up a DMP. However, if you choose to opt-out, we will not be able to answer questions from your creditors or put you on a debt-repayment program, as such information is needed by your creditors to administer such a program. To opt-out, please contact us at 661-324-9628.
- You have the right to opt-out or prevent us from making disclosure of your Personal Information to the NFCC, NWA, or their administrators, subsidiaries, program monitors, and agents; however, opting-out will terminate the NFMCP foreclosure mitigation counseling services because CCCS cannot provide these services to you without disclosing your Personal Information. To opt-out, please contact us at 661-324-9628.

riease sign below to acknowledge your receipt or	ulis Frivacy Folicy.
Name (please print)	
Signature Date	

Places sign below to acknowledge your receipt of this Privacy Policy