

New Hope Financial Fitness Centers, Inc.

701 E. I-30 * Rockwall, Texas 75087

469.698.2269 * Fax 469.698.2222

Debt Retirement Application

Date of Application: _____

Office Use Only	Client #	Location	Coach #	Results	RC

Client Information

Last Name: _____

First Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

Occupation: _____

Employer: _____

Social Security No. _____

*Net Income: _____

Income Source: _____

Payment Due Date: _____

Sex: _____ Marital Status: _____

Age: _____ (R)ent/(O)wn: _____

**Take home pay*

Level of Education: _____

No. of Dependents: _____

Spouse Information

Last Name: _____

First Name: _____

Work Phone: _____

Occupation: _____

Employer: _____

Social Security No. _____

*Net Income: _____

Sex: _____ Age: _____

Level of Education: _____

Program Information

Program: _____ DR _____ IRS

Cause for Financial Situation: _____

Coach Information

Name: _____

Address: _____

Phone: _____

Center Information:

New Hope FFC

701 E. I-30

Rockwall, Texas 75087

Office: 469-698-2269

Fax No: 469-698-2222

Monthly Spending Plan

Employment Income(net) _____

Income from all other sources _____



Total Net Income: _____

****Expenses:**

Mortgage/Rent Payment _____

Second Mortgage _____

Homeowners/Renters Insurance _____

Utilities (electric, gas, water, sewer) _____

Telephone _____

Home Maintenance _____

Total Car Payments _____

Gas/Oil/Registration _____

Auto Insurance _____

Clothing _____

Babysitting/Childcare) _____

Alimony/Child Support Payments _____

Food & Household Items _____

Life Insurance _____

Medical Insurance _____

Monthly Medical Needs _____

Contributions/Religious _____

Taxes (property) _____

Taxes (other) _____

Miscellaneous _____

Other _____

Other _____

Subtotal _____

Total/Creditor Summary _____

Total Expenses _____

Balance (total income minus total expenses) _____

Are there any pending judgements or garnishments? ___ Yes ___ No Have you ever declared bankruptcy? ___ Yes ___ No If so, what year? _____ Any pending IRS problems? ___ Yes ___ No If so, please explain: _____

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Creditor Summary

Applicant: _____

Date: _____

Office Use	No	Creditor Name	Balance Due	Mo. Pmt. on Statement	Past Due Amount	# Payments Past Due	Date Last Paid	Interest Rate
	1	Mortgage Payment #1						
	2	Mortgage Payment #2						
	3	Automobile Payment #1						
	4	Automobile Payment #2						
	A							
	B							
	C							
	D							
	E							
	F							
	G							
	H							
	I							
	F							
	G							
	H							
	I							
	J							
	K							
	L							
	M							
	N							
	O							
	P							
	Q							
	R							
	S							
	T							
TOTALS								

Note Clients:

- ◆ Please list all debts, no matter how small, including credit cards, loans and secured creditors because as smaller accounts pay off, the rollup increases at an accelerated rate, enabling the client's program to be more effective. If you need additional space, request another copy from your consultant.
- ◆ Please bring all current statements with pay stubs, credit card and other documentation for verification.

Attention Consultants:

- ◆ Please total A through T only. Do not add mortgage payments and/or car payments to the over-all debt total.
- ◆ Attach current monthly statements, not photocopies, of all creditors to this sheet. Include payment stub and terms.