

LifeSpan, Inc. Credit Counseling Service
1900 Fairgrove Avenue ▪ (Rt. 4) ▪ Hamilton, OH 45011-1966
Main Office (513) 868-9220 ▪ Fax (513) 868-3249
Mason (513) 868-9220 ▪ Middletown (513) 464-6888
www.lifespanohio.org

Official Use Only Date: _____ Office: _____ Counselor: _____ Client ID #: _____ Credit Score: _____	Type		Outcome	
	<input type="checkbox"/> DMP	<input type="checkbox"/> Default	<input type="checkbox"/> Office	<input type="checkbox"/> DMP
	<input type="checkbox"/> Credit Rpt. Review		<input type="checkbox"/> Phone	<input type="checkbox"/> Budget Only – Self
	<input type="checkbox"/> Pre Purchase		<input type="checkbox"/> Internet	<input type="checkbox"/> Refer Legal
	<input type="checkbox"/> Post Purchase		<input type="checkbox"/> Initial	<input type="checkbox"/> Refer Outside
	<input type="checkbox"/> BHO <input type="checkbox"/> Predatory	<input type="checkbox"/> Review	<input type="checkbox"/> Active Housing	<input type="checkbox"/> Other Housing Option
	<input type="checkbox"/> Personal Bankruptcy	<input type="checkbox"/> Internet	<input type="checkbox"/> Bankruptcy	

Personal Information
(Please Print)

Name: _____ / _____ / _____
 Last First MI Social Security Number Date of Birth: _____
 Spouse/Partner: _____ / _____ / _____
 Last First MI Social Security Number Date of Birth: _____
 Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed
 Address: _____ / _____ / _____
 Street City State Zip Code
 How Long? _____ E-Mail Address: _____ E-Mail Contact O.K.? ☐ Yes ☐ No
 Home Phone: _____ Published? ☐ Yes ☐ No Cell Phone _____
 Emergency Contact: _____ Phone: _____
 Number of Children at Home? _____ Ages: _____ Referred By: _____
Financial Concerns: ☐ Budgeting ☐ Overspending ☐ Debt Repayment ☐ Credit Use
☐ Delinquencies ☐ Purchase Home ☐ Predatory Lending ☐ Retirement
 Is serious collection activity pending?
☐ No ☐ Yes If yes, what creditor(s)? _____

Have you ever filed bankruptcy?
☐ No ☐ Yes If yes, what year? _____ ☐ Chapter 7 ☐ Chapter 13

Lifespan Credit Counseling Service (CCS) is concerned about you. To help us individualize your service, please answer the following:

- Has your debt caused you to feel overwhelming stress? ☐ Yes ☐ No
- Has your debt caused you to feel at risk of harming self or someone else? ☐ Yes ☐ No
- Would you like to talk to a Mental Health Therapist about your feelings? ☐ Yes ☐ No

Please Circle All That Apply for Statistical Purposes					
Ethnic Heritage:	African American	Caucasian	Hispanic	Asian	other
Highest Education Level:	Elementary School	High School	College	Graduate School	
Religion:	Catholic	Protestant	Jewish	Muslim	other
Primary Cause of Financial Difficulty:					
Overextended/Money Management	Medical Expenses		Death in Family		
Reduced Income/Unemployed	Divorce/Separation		Substance Abuse		

Member of the National Foundation for Consumer Credit Counseling

Accredited by the Council on Accreditation