

**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](http://www.lifespanohio.org)

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

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Social Security Number \_\_\_\_\_      Date of Birth: \_\_\_\_\_  
 Last      First      MI  
 Spouse/Partner: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Social Security Number \_\_\_\_\_      Date of Birth: \_\_\_\_\_  
 Last      First      MI  
 Marital Status:       Single       Married       Separated       Divorced       Widowed  
 Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      City \_\_\_\_\_      State \_\_\_\_\_      Zip Code \_\_\_\_\_  
 Street  
 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					
<b>Ethnic Heritage:</b>	African American	Caucasian	Hispanic	Asian	other
<b>Highest Education Level:</b>	Elementary School	High School	College	Graduate School	
<b>Religion:</b>	Catholic	Protestant	Jewish	Muslim	other
<b>Primary Cause of Financial Difficulty:</b>	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