

LifeSpan, Inc. Credit Counseling Service
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Official Use Only Date: _____ Office: _____ Counselor: _____ Client ID #: _____ Credit Score: _____	Type <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"/> Phone <input type="checkbox"/> Internet <hr/> <input type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Internet	Outcome <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
	Personal Information (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					
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