



Dear Client,

Attached please find your Debt Management Program (DMP) application. Becoming debt-free begins with understanding your financial situation, then creating a plan of action that fits your needs.

ACCS works with your creditors to help lower your minimum monthly payment and interest rates, when you are ready to start the DMP. This should make it easier for you to not only manage your basic monthly expenses, but also to get out of debt within a reasonable amount of time. Most clients become debt-free in less than five years.

While on the DMP you will make one payment a month, then we pay your creditors for you. The monthly payment can also be made in weekly, bi-weekly, and twice monthly increments, according to your own income payment schedule.

Sometimes becoming debt-free can seem like an impossible dream. However, if you are willing to work hard, we can help make it a reality.

Your completed application may be returned via the following method:

**Email:** [info@accs.org](mailto:info@accs.org)

**Mail:** American Credit Counseling Service, Inc  
4 Taunton Street, Suite 5  
Plainville, MA 02762

**Fax:** (508) 695-0148

Please insure the following are returned with your completed application:

**Copy of ID's for each applicant**

**Pay Stubs for each applicant**

**Creditor Statements – please include all pages**

**Credit Reports – provide only if instructed by your counselor**

**Any correspondence from Collection Agencies or Attorneys - if applicable**

**If you have any questions please call (800) 729-0551.**



## Debt Management Program Application

### Applicant

Name		
Social Security Number	Date of Birth	
Address		
City	State	Zip
Main Phone Number	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	
Alternate Phone Number	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	
Email Address		
Employer Name		

### Co- Applicant

Name		
Social Security Number	Date of Birth	
Address		
City	State	Zip
Main Phone Number	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	
Alternate Phone Number	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	
Email Address		
Employer Name		

How Did You Find Us? (check one, fill in specific name)		What Problems are you experiencing? (check all that apply)	
<input type="checkbox"/> Newspaper:		<input type="checkbox"/> Collections calls	<input type="checkbox"/> General credit help
<input type="checkbox"/> Internet Web Site:		<input type="checkbox"/> Unable to obtain credit	<input type="checkbox"/> Student Loans
<input type="checkbox"/> Referral Name:		<input type="checkbox"/> Cannot pay bills	<input type="checkbox"/> Need help budgeting
<input type="checkbox"/> Other (Describe):		<input type="checkbox"/> Divorce or separation	<input type="checkbox"/> Loss of income

Counselor Name	Date
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## Income & Household Expense Information

(All information should be entered as monthly figures)

Income		Assets	
Applicant Income	\$	Value of Primary Home	\$
Applicant 2nd Income	\$	Value of Other Home	\$
Applicant Retirement Income	\$	Value of Auto #1	\$
Applicant Other Income	\$	Value of Auto #2	\$
Co-Applicant Income	\$	Applicant Investments Value	\$
Co-Applicant 2nd Income	\$	Applicant Retirement Value	\$
Co-Applicant Retirement Income	\$	Co-Applicant Investments Value	\$
Co-Applicant Other Income	\$	Co-Applicant Retirement Value	\$
Other	\$	Other	\$
Total Income	\$	Total Assets	\$

Household Expenses			
Number of people in household:			
Rent / Condo Fees	\$	Pet Care	\$
Telephone (home & mobile)	\$	Education	\$
Auto (gas & maintenance)	\$	Medical	\$
Food (groceries & dining out)	\$	Child Care	\$
Utilities (heating, electric & cable)	\$	Laundry	\$
Insurance (auto, health & home)	\$	Clothing	\$
Entertainment	\$	Personal	\$
Other	\$	Other	\$
Total Expenses			\$



## Unsecured Creditors

- Please list all accounts.
- If an account is in collections or with an attorney, list the name along with the original creditor name
- If you need to list more than 12 unsecured creditors, please use an additional page

	Name	Account Number	Balance	Amt Due
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				



## Secured Creditors

- Please list all accounts secured by real property. (ie mortgage, auto loan, student loan)
- If you need to list more than 10 secured creditors, please use an additional page

	Name	Account Number	Balance	Amt Due
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Please complete these forms and return with a copy of your id(s), pay stub(s), creditor statements, and credit reports *(if requested)*.

Fax: (508) 695-0148

email: [info@accs.org](mailto:info@accs.org)

Mail: ACCS, Inc. 4 Taunton Street, Suite 5 Plainville, MA 02762