

**Financial Information & Service Center, Inc**  
*dba: CCCS of Northeastern Wisconsin*

**FISC OFFICES**

**MENASHA**

1800 Appleton Rd  
Menasha, WI 54952  
920-886-1000  
800-366-8161

[receptionist@fisc-cccs.org](mailto:receptionist@fisc-cccs.org)

Mon. - Thur. 8 a.m. - 5 p.m.  
Fri. 8 a.m. - 3 p.m.

**OSHKOSH**

Located in Goodwill Store  
1600 W. 20th Street,  
Oshkosh, WI 54901  
920-966-1200

[mhall@fisc-cccs.org](mailto:mhall@fisc-cccs.org)

Mon-Thur  
8:30 a.m. - 4:00 p.m.

**WAUPACA**

Located in Goodwill Store  
805 W. Fulton St  
Waupaca, WI 54981  
715-323-0337

[jfritsch@fisc-cccs.org](mailto:jfritsch@fisc-cccs.org)

Wed, Fri  
8:00 am. - 4:00 pm.

**WIS RAPIDS**

Located in Goodwill Store  
2561 8<sup>th</sup> Street South  
WI Rapids, WI 54494

[jfritsch@fisc-cccs.org](mailto:jfritsch@fisc-cccs.org)

715-323-0337  
Tues, Thurs  
8 am -4:00 pm

**GREEN BAY**

Located in Goodwill Store  
1660 W Mason St  
Green Bay, WI 54303  
920-569-1597-John  
920-569-1598-Eileen

[jmiller@fisc-cccs.org](mailto:jmiller@fisc-cccs.org)

[ehermus-gossen@fisc-cccs.org](mailto:ehermus-gossen@fisc-cccs.org)

Fax 920-569-8599

**MANITOWOC**

Located in Goodwill Store  
4335 Calumet Ave.  
Manitowoc, WI 54220  
920-740-4124

[jmiller@fisc-cccs.org](mailto:jmiller@fisc-cccs.org)

Thurs 8:00am-4:00pm

**STURGEON BAY**

P.O. Box 652  
Sturgeon Bay, WI 54235  
[fiscdk@sbcglobal.net](mailto:fiscdk@sbcglobal.net)  
920-743-1862  
Mon- Thurs

**Confidential Infopac**

**Please return the following items along with your completed Infopac prior to making an appointment**

- \_\_\_ **1. Most recent Federal & State Income Tax forms**
- \_\_\_ **2. Most recent FOUR paycheck stubs**
- \_\_\_ **3. Copies of LATEST statement for each of the debts listed, ( i.e. credit card statements, medical bills, notices of collections, etc.)**

**General Financial Counseling Fees:**

\$50.00 assessment fee [can be made in 2-payments]  
Only \$25 fee if the client participates in a debt management plan

[1<sup>st</sup> pmt] \$25.00 must be submitted with infopac to reserve your appointment time

[2<sup>nd</sup> pmt] \$25.00 balance to be paid at 1<sup>st</sup> appointment unless other arrangements have been made.

**Please make check payable to: FISC**

**Bankruptcy related fees:**

Pre-Filing Counseling - \$50 **non-refundable** fee per person  
Pre-Discharge Education - \$25 **non-refundable** fee per person

**Accepted form of payment: 1. Cash**  
**2. Money order**  
**payable to: FISC**

*Counseling is offered without regard to a debtor's ability to pay.*

**Housing Foreclosure Counseling: No fees apply**

**Debt Management Fees:**

- 1. The fee for debt management plans is 10% of the amount paid to your creditors with a maximum monthly fee of \$50.
- 2. Your financial counselor will determine your need for this program.

**If you mail in your packet, wait three days for the packet to be delivered to us, then CALL US TO SCHEDULE YOUR APPOINTMENT. We will be waiting for your call!**

Please arrange childcare for your young child(ren)

## TIPS TO HELP COMPLETE THE FOLLOWING WORKSHEETS

The information you enter on the Confidential Questionnaire, Expense Worksheet, and Debt Sheet will help us build an accurate picture of your financial situation. Entering accurate and complete information on these worksheets will provide your counselor with information regarding your financial concerns and goals, your household expenses, needs and wants, and your spending history. Filling out the forms as completely and accurately as possible will help us to help you.

### CONFIDENTIAL QUESTIONNAIRE:

- Don't be bashful. Your honesty is essential if your present concerns are to be met. Your FISC counselor is a professional that deals with these issues on a daily basis.
- Financial strengths and weaknesses need to be honestly communicated so we may meet your financial concerns, identify spending patterns, and assist you in developing plans to meet your financial goals.
- Be certain to list your financial goals. Where do you want to go from here? What do you want to change in your financial life. Are there issues to resolve, better spending and savings habits to learn, future challenges to meet, and goals to reach? Write them down so you may discuss them with your counselor.

### MONTHLY EXPENSE WORKSHEET:

- Round all figures to the nearest dollar as you enter them on the worksheets
- All entries should be in monthly amounts. Example: If groceries cost \$50 each week (50 x 4 wk.) enter \$200 as monthly amount. If gasoline fluctuates between \$20 to \$24 per week (\$24 x 4wk.) enter \$96 per month. If you spend \$300 each December for Christmas (\$300 divided by 12 months) enter \$25 per month. If car repairs and maintenance the past year totaled \$186 (divide by 12 months) enter \$16 per month to plan for this year.
- This worksheet will show the monthly cost of keeping your household afloat, and should also reflect costs of upcoming expenses. (List everything. Unplanned expenses easily become future debts!)
- All money normally spent by your household should be reflected on either the Monthly Expense Worksheet or the Debt Sheet.

### DEBT SHEET:

- The only debts NOT listed on the Debt List are the Mortgage and Vehicle Loan. Both should already be listed on the Monthly Expense Worksheet and on the 2<sup>nd</sup> page under assets.
- Gather all current statements (bills) to provide the information you will need.
- List these same debts on your Debt Sheet, with the required monthly payment.

### After completing the info-packet and worksheets, be certain to enclose:

Paycheck stubs or income statement, current statements, (bills), along with your last years tax forms, and payment for assessment fee. Mail or drop off all paper-work to FISC. Your counselor will review it to prepare for your appointment and financial assessment. Phone us to schedule your appointment.

**We look forward to working with you!**

## Referral Information:

How did you find out about FISC/ Consumer Credit Counseling Service? (Please check all that apply)

- |                                     |  |   |  |
|-------------------------------------|--|---|--|
| <input type="checkbox"/> Friend     | <input type="checkbox"/> EAP                               | <input type="checkbox"/> Creditors                  | <input type="checkbox"/> NFCC Referral Source      |
| <input type="checkbox"/> Family     | <input type="checkbox"/> Employer                          | <input type="checkbox"/> Church                     | <input type="checkbox"/> Advertisement (which one) |
| <input type="checkbox"/> Co- Worker | <input type="checkbox"/> Pay Day Lender                    | <input type="checkbox"/> Other Agency _____         |  |
| <input type="checkbox"/> Attorney   | <input type="checkbox"/> Phone Book                        | <input type="checkbox"/> Credit Union/Bank          | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> Billboard  | <input type="checkbox"/> Good Money/ Prospera Credit Union | <input type="checkbox"/> Pre -Bankruptcy Counseling |  |

## Personal Information:

\_\_\_ Married    \_\_\_ Single    \_\_\_ Divorced    \_\_\_ Separated    \_\_\_ Widowed

**Applicant** \_\_\_\_\_

**Co- Applicant** \_\_\_\_\_

Sex \_\_\_ Social Security \_\_\_ - \_\_\_ - \_\_\_

Sex \_\_\_ Social Security \_\_\_ - \_\_\_ - \_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_

**Address** \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell/ Pager # \_\_\_\_\_ (his/her)

Email \_\_\_\_\_ \* Due to the nature of Internet communication, confidentiality of e-mail cannot be guaranteed

## Demographic Information:

**APPLICANT:** Check your race:

- A. White, not of Hispanic origin
- B. Black/ African American
- C. Hispanic/Latino origin regardless of race
- D. Asian
- E. American Indian or Alaskan Native
- F. Native Hawaiian or other Pacific Islander

Check your highest education level completed:

- |   |   |
|---|---|
| <input type="checkbox"/> A. Elementary School | <input type="checkbox"/> C. College         |
| <input type="checkbox"/> B. High School       | <input type="checkbox"/> D. Graduate School |

**CO-APPLICANT:** Check your race:

- A. White, not of Hispanic origin
- B. Black/ African American
- C. Hispanic/Latino origin regardless of race
- D. Asian
- E. American Indian or Alaskan Native
- F. Native Hawaiian or other Pacific Islander

Check your highest education level completed:

- |   |   |
|---|---|
| <input type="checkbox"/> A. Elementary School | <input type="checkbox"/> C. College         |
| <input type="checkbox"/> B. High School       | <input type="checkbox"/> D. Graduate School |

## Dependent Information:

List Dependents or others who live in your household:

<u>Name</u>	<u>Claimed on tax forms?</u>	<u>Age</u>	<u>D.O.B</u>	<u>Name</u>	<u>Claimed on tax forms?</u>	<u>Age</u>	<u>D.O.B</u>
_____	Y / N	___	_____	_____	Y / N	___	_____
_____	Y / N	___	_____	_____	Y / N	___	_____
_____	Y / N	___	_____	_____	Y / N	___	_____

**OFFICE USE ONLY:** Counselor \_\_\_\_\_ Appt Date \_\_\_\_\_ Time \_\_\_\_\_

Payment Date \_\_\_\_\_

# Household Income Info

## Applicant

<u>Employer</u> _____	PT or FT _____	<u>Pay Periods</u> Weekly    Bi-weekly Semi-monthly    Monthly	Gross Pay \$ _____	Net Pay \$ _____
1. _____		Salaried or Hourly _____	Work Phone # _____	
Position _____				
How Long? _____				
<u>Employer</u> _____	PT or FT _____	<u>Pay Periods</u> Weekly    Bi-weekly Semi-monthly    Monthly	Gross Pay \$ _____	Net Pay \$ _____
2. _____		Salaried or Hourly _____	Work Phone # _____	
Position _____				
How Long? _____				

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## Co Applicant

<u>Employer</u> _____	PT or FT _____	<u>Pay Periods</u> Weekly    Bi-weekly Semi-monthly    Monthly	Gross Pay \$ _____	Net Pay \$ _____
1. _____		Salaried or Hourly _____	Work Phone # _____	
Position _____				
How Long? _____				
<u>Employer</u> _____	PT or FT _____	<u>Pay Periods</u> Weekly    Bi-weekly Semi-monthly    Monthly	Gross Pay \$ _____	Net Pay \$ _____
2. _____		Salaried or Hourly _____	Work Phone # _____	
Position _____				
How Long? _____				

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## Other Income

SSI \$ \_\_\_\_\_ Unemployment \$ \_\_\_\_\_ Child Support/Alimony \$ \_\_\_\_\_  
SSDI \$ \_\_\_\_\_ Social Security \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

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## Assets

### Car #1

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
Estimated Value \$ \_\_\_\_\_ Balance Owed \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_ Interest rate \_\_\_\_\_%

### Car #2

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
Estimated Value \$ \_\_\_\_\_ Balance Owed \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_ Interest rate \_\_\_\_\_%

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## House

Market Value \$ \_\_\_\_\_ 1<sup>st</sup> Mort. Balance \$ \_\_\_\_\_ Mo Payment \$ \_\_\_\_\_ 2<sup>nd</sup> Mort/ Balance \$ \_\_\_\_\_ Mo Payment \$ \_\_\_\_\_  
\$ \_\_\_\_\_ Rate \_\_\_\_\_% \_\_\_\_\_ Rate \_\_\_\_\_%  
Months Delinquent \_\_\_\_\_ Months Delinquent \_\_\_\_\_  
Lender \_\_\_\_\_ Lender \_\_\_\_\_

### Account Balances

Checking Account    1. \_\_\_\_\_  
                                  2. \_\_\_\_\_  
Savings Account    1. \_\_\_\_\_  
                                  2. \_\_\_\_\_  
IRA, 401k, etc      1. \_\_\_\_\_  
                                  2. \_\_\_\_\_  
Other: Life Ins, Stocks, etc    \_\_\_\_\_

### Other Assets

	<u>Value</u>	<u>Payment</u>
Recreation Vehicles	1. _____	_____
	2. _____	_____
Cottage/ Cabin	_____	_____
Land	_____	_____
Antiques	1. _____	_____
	2. _____	_____
Other	_____	_____

{PRIVATE }  
CCCS OF NORTHEASTERN WISCONSIN

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**CONFIDENTIAL INFORMATION QUESTIONNAIRE**

PLEASE MAKE INDIVIDUAL COMMENTS IF MORE THAN ONE PERSON IS COUNSELING WITH CCCS:

1. Describe your current financial concern. How have you been dealing with it? What have you tried in attempting to deal with it?

2. What do you expect from financial counseling?

PLEASE CHECK THE APPROPRIATE BOX WHICH YOU THINK MAY APPLY NOW OR IN THE PAST:

	Now	Past	App	Co App
Foreclosure threatened or actual	_____	_____	_____	_____
Repossession	_____	_____	_____	_____
Garnishment	_____	_____	_____	_____
Bankruptcy	_____	_____	_____	_____

Chapter 7     Chapter 11     Chapter 13    Year \_\_\_\_\_

Use the space below to give us any additional information or explanations you feel will be helpful to us in counseling with you.

# MONTHLY EXPENSE WORKSHEET

NAME: \_\_\_\_\_

	JOB#1	JOB#2	JOB#3	JOB#4	Total	For Counselor Use Only						
Monthly Gross Income						Revision Date: _____						
Federal Income Tax												
State Income Tax												
FICA/Medicare										MONTHLY NET INCOME		
Benefit Deductions										MONTHLY EXPENSES		
Savings/401(k)/403B										DEBT PAYMENTS		
Garnishments/Other										SURPLUS / (DEFICIT)		
<b>Net Income</b>												

Category	Monthly	Revised	S	<input checked="" type="checkbox"/> C	Comments	Category	Monthly	Revised	S	<input checked="" type="checkbox"/> C
Savings Account						<b>CLOTHING</b>				
<b>HOUSING</b>						Clothing / Shoes / Boots				
Rent or Mortgage						Uniforms / Dry Cleaning				
2nd Mort or Lot Rent										
Property Tax						<b>EDUCATION</b>				
Heating						School Supplies/Field Trips				
Electricity						Tuition / Lessons				
Phone- Land Line						Books / Papers / Magazine				
Phone-Cell/Pager						School & Baby Pictures				
Water/Sewer/Trash						College Fund				
Home Maint/Improvement										
Furnishings/Appliances						<b>DONATIONS</b>				
Lawn Care/Snow Removal						Church Tithes / Dues				
<b>GROCERIES</b>						All Other				
Food										
Paper Products						<b>GIFTS</b>				
Cleaning Supplies						Major Holidays				
Laundry						Other Gifts / Cards				
Lunches/Snacks/Work/School										
Pet Food						<b>PERSONAL</b>				
Bulk Food Reserve						Professional Hair Care				
						Personal Care Items				
<b>TRANSPORTATION</b>						Allowances: Adults				
Gas / Oil / Bus Fare						Allowances: Children				
Repairs and Maintenance						Health Club				
Car Wash / Parking						Cigarettes / Tobacco				
Licenses & Registration						Alcohol Beverages				
Car /Payment/Replace										
						<b>ENTERTAINMENT</b>				
<b>INSURANCES</b>						Vacations / Short Trips				
Health Insurance						Entertainment (Videos/Eat Out)				
Vehicle Insurance						Cable TV				
Homeowners / Rental Ins.						Internet Access				
Life / Disability / Long Term						Gambling				
						Buy movies, music, games				
<b>CHILDCARE</b>						Baby sitter				
Child Support										
Child Care						<b>MISCELLANEOUS</b>				
Diapers/Supplies Expense						Misc. / Office Supplies				
						Check / Money Order Fees				
<b>MEDICAL</b>						Union / Prof Dues				
Doctor						Hobbies				
Dentist/ Braces						Postage				
Prescriptions						Tax Prep/Tax Payments				
Glasses /Exams/Contacts						Veterinary Care				
Chiropractic										
Counseling										

**Debt List**

Creditor Name \_\_\_\_\_

Account # \_\_\_\_\_

Account Balance \_\_\_\_\_

Payment amount \_\_\_\_\_ Interest \_\_\_\_\_

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**Debt List**

Creditor Name \_\_\_\_\_

Account # \_\_\_\_\_

Account Balance \_\_\_\_\_

Payment amount \_\_\_\_\_ Interest \_\_\_\_\_

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Creditor Name \_\_\_\_\_

Account # \_\_\_\_\_

Account Balance \_\_\_\_\_

Payment amount \_\_\_\_\_ Interest \_\_\_\_\_

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Account # \_\_\_\_\_

Account Balance \_\_\_\_\_

Payment amount \_\_\_\_\_ Interest \_\_\_\_\_

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Creditor Name \_\_\_\_\_

Account # \_\_\_\_\_

Account Balance \_\_\_\_\_

Payment amount \_\_\_\_\_ Interest \_\_\_\_\_

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Creditor Name \_\_\_\_\_

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Creditor Name \_\_\_\_\_

Account # \_\_\_\_\_

Account Balance \_\_\_\_\_

Payment amount \_\_\_\_\_ Interest \_\_\_\_\_

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Creditor Name \_\_\_\_\_

Account # \_\_\_\_\_

Account Balance \_\_\_\_\_

Payment amount \_\_\_\_\_ Interest \_\_\_\_\_

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Creditor Name \_\_\_\_\_

Account # \_\_\_\_\_

Account Balance \_\_\_\_\_

Payment amount \_\_\_\_\_ Interest \_\_\_\_\_

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Creditor Name \_\_\_\_\_

Account # \_\_\_\_\_

Account Balance \_\_\_\_\_

Payment amount \_\_\_\_\_ Interest \_\_\_\_\_

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Creditor Name \_\_\_\_\_

Account # \_\_\_\_\_

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Payment amount \_\_\_\_\_ Interest \_\_\_\_\_

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Account # \_\_\_\_\_

Account Balance \_\_\_\_\_

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**{PRIVATE }**  
**CCCS OF NORTHEASTERN WISCONSIN**

P.O. Box 335  
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1660 W Mason  
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4335 Calumet Avenue  
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2561 8<sup>th</sup> St. South  
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715-323-0337

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**AGREEMENT FOR SERVICES**

I/We hereby authorize CCCS of Northeastern Wisconsin, a business conducted by FISC (CCCS), a non-profit agency, its employees, agents and volunteers to counsel and advise me/us on its money management and budgeting pertaining to my/our financial situation. Our counselors are trained and certified in accordance with the National Foundation for Credit Counseling (NFCC).

Client fees for the counseling program include \$25 which is submitted with the infopac. Another \$25 will be collected at the 1<sup>st</sup> appointment. If you believe you are unable to pay, a counselor will help you determine if the fee can be waived. If it is determined that a Debt Management Plan would be beneficial, \$25 of the original fee will be refunded. This counseling is available without regard to the client's ability to pay.

In addition to client fees this agency receives financial support from the United Way, Goodwill Industries of North Central Wisconsin, the community (corporate, professional, church and individual) and grantors. A portion of funding comes from voluntary contributions from creditors who participate in DMPs. Since creditors have a financial interest in having debts repaid, most are willing to make a contribution to help fund the overall services of the agency.

I/We hereby hold CCCS, its employees, agents and volunteers harmless from any claim, suit, action, or demand of my/our creditors, myself/ourselves or any other person arising out of or connected with said advice or counseling. Nothing herein shall apply to actions or claims under the provisions of the United States Bankruptcy Code, 11 U.S.C. 101 et seq.

Furthermore, I/we understand that bankruptcy is a legal matter and that CCCS does not give legal advice. If I/we are referred to an attorney by CCCS, I/we understand that this is only to obtain legal advice and not a recommendation to file bankruptcy. If I/we are referred to an attorney, I/we will contact CCCS, and inform CCCS of the outcome of the advice given.

In the event I/we have an FHA (HUD) mortgage, I/we hereby authorize CCCS, a non-profit agency, its employees, agents and volunteers to contact my/our mortgage company for the purpose of requesting our FHA Case Number.

I/WE hereby authorize CCCS, a non-profit agency, its employees, agents and volunteers:

1. To act for me/us in a plan to liquidate my/our financial obligations.
2. To communicate with my/our creditor(s), asset holder(s) and others for the purpose of obtaining information about my/our account(s), including, but not limited to verifying balances, payments, interest rates and late charges.
3. To provide my/our creditor(s), asset holder(s) and others with such information as is deemed necessary, in the sole discretion of CCCS, for my/our creditor(s), asset holder(s) and others to implement the plan, and providing my/our creditor(s) and others with my/our personal information, including but not limited to, home address(es), telephone number(s), employment information, income, assets and debts.
4. To make necessary arrangements with my/our creditors and others to aid in the solution of my/our financial problems.
5. To obtain a credit report from and/or to inform any credit reporting agency of my/our participation in the repayment plan. A Debt Management Plan may affect my credit report either favorably or unfavorably according to a creditor's policy with respect to a DMP and my payment history prior to and during my participation in a DMP.
6. To contact, cooperate and exchange information with any law enforcement, prosecuting agency or collection agency.

Further, I/we authorize any collection agency to release and continue to release, any and all information in its files to CCCS until I/we revoke authorization to the collection agency in writing.

I/We further agree:

1. To cooperate with present creditor(s) on my/our behalf until a repayment plan can be set up through CCCS and to perform my/our obligation as agreed upon in such a plan.
2. That CCCS has no responsibility or obligation for any past, present or future credit rating to the client by any of his or her creditors.
3. To hold CCCS, its employees, agents and volunteers harmless from any claim, suit action or demand of my/our creditor(s), myself/ourselves or any other person arising out of or connected with said establishment and implementation of such a plan. Nothing herein shall apply to actions or claims under the provisions of the United States Bankruptcy Code, 11 U.S.C. 101 et seq.

Date \_\_\_\_\_

Applicant \_\_\_\_\_ Counselor \_\_\_\_\_

Applicant \_\_\_\_\_ Counselor \_\_\_\_\_