



Financial Counseling

FINANCIAL INFORMATION STATEMENT

Please complete this form giving all the information you can. If you are in the area, bring this form with you to your counseling appointment, along with your most current pay stubs showing a month's pay and current bill statements. Please be courteous and call 757-397-1234, ext. 126 if you cannot keep your appointment or if you need to reschedule. If you are outside the Hampton Roads area, please call 1-800-659-1850, ext. 126 and/or fax the above mentioned information to the Financial Counseling Department at 757-393-9447.

Account # _____ Additional Acct # _____

Last Name _____ First _____ Middle _____

Social Security Number _____ E-mail Address _____

Last Name _____ First _____ Middle _____

Social Security Number _____ E-mail Address _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Marital Status _____ Number in Household _____ Own Rent

Employer _____ How Long? _____ Work Phone _____

Joint Person's Employer _____ How Long? _____ Work Phone _____

State reason for wanting financial counseling/debt management: _____

INCOME

	<u>Your Wages</u>	<u>Joint Wages</u>	<u>Support (Spouse/Child)</u>	<u>Other Earnings</u>	<u>Total Income</u>
GROSS Monthly Income	_____	_____	_____	_____	_____
NET Monthly Income	_____	_____	_____	_____	_____

LIABILITY RELEASE STATEMENT

All final decisions are solely the member's responsibility. GFCU presents only debt management alternatives. These alternatives may not be the only way to resolve situations. "I/we am/are under no obligation to follow any suggestions made, and I/we will," "in all cases, ultimately hold the final responsibilities for any results of decisions" made. "I/we hold GFCU and its employees harmless from any claim, suit, action or" "demand of my creditors, myself or any other person resulting from advice" or counseling.

Member's Signature _____ Date _____

Member's Signature _____ Date _____

MONTHLY LIVING EXPENSES

Please complete the **ACTUAL** column.
Do not list any amounts that come out of your gross pay.

PRIORITY EXPENSES (Essential)	ACTUAL	PROPOSED <i>(GFCU Use Only)</i>
Tithe/Charitable Donations	_____	_____
Savings/Investments	_____	_____
Mortgage Payment/Rent	Past Due \$ _____	_____
2nd Mortgage/Home Equity	Past Due \$ _____	_____
Real Estate Tax	} If not included in Mortgage Payment/Rent	_____
Renters/Home Ins.		Past Due \$ _____
Groceries/Household/Diapers	Past Due \$ _____	_____
Electricity	Past Due \$ _____	_____
Gas/Heating Fuel	Past Due \$ _____	_____
Water/Garbage/Sewer	_____	_____
Telephone	_____	_____
Medical Insurance	_____	_____
Medical/Dental/Optical/Co-Pays	_____	_____
Life Insurance	_____	_____
Clothing/Shoes	_____	_____
Laundry/Dry Cleaning	_____	_____
Hair Care/Cosmetics/Toiletries	_____	_____
Auto Insurance (S)	_____	_____
Auto DMV/Personal Property Tax (S)	_____	_____
Auto Repairs/Tires (S)	_____	_____
Auto Fuel/Van/Bus Fare/Parking	_____	_____
Day Care/Sitter	_____	_____
Child/Spousal Support	_____	_____
TOTAL PRIORITY EXPENSES	_____	_____

SECONDARY EXPENSES	ACTUAL	PROPOSED <i>(GFCU Use Only)</i>
School/Work Lunch	_____	_____
School Expenses	_____	_____
Children Allowances	_____	_____
Home/Yard Maintenance	_____	_____
Pets/Vet	_____	_____
Cell Phone/Pager	_____	_____
Cable TV	_____	_____
Internet Service	_____	_____
Newspaper/Magazines/Books	_____	_____
Christmas/Gifts (S)	_____	_____
Eating Out/Entertainment	_____	_____
Music/Videos	_____	_____
Sports/Clubs/Dance Lessons	_____	_____
Crafts/Hobbies	_____	_____
Vacation (S)	_____	_____
Alcohol/Tobacco	_____	_____
Postage/Bank Fees	_____	_____
Miscellaneous:	_____	_____
TOTAL SECONDARY EXPENSES	_____	_____
TOTAL LIVING EXPENSES	_____	_____

DEBTS

In this section, list all car payments, taxes, school loans, and any bills that you have used collateral to secure the loan.

SECURED DEBTS	Creditor Name	Payment Amount	Balance	Recommended Changes (GFCU Use Only)
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
TOTAL SECURED DEBTS		_____	_____	_____

In this section, list all credit/charge cards, finance companies, gas cards, NSF's, doctor bills and all other unsecured loans and bills.

UNSECURED DEBTS	Creditor Name	Payment Amount	Balance	Recommended Changes (GFCU Use Only)
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____
11	_____	_____	_____	_____
12	_____	_____	_____	_____
13	_____	_____	_____	_____
14	_____	_____	_____	_____
15	_____	_____	_____	_____
16	_____	_____	_____	_____
17	_____	_____	_____	_____
18	_____	_____	_____	_____
19	_____	_____	_____	_____
20	_____	_____	_____	_____
TOTAL UNSECURED DEBTS		_____	_____	_____
TOTAL DEBTS		_____	_____	_____

Management Plan Summary

	ACTUAL	PROPOSED (GFCU Use Only)
Monthly Net Income	\$ _____	\$ _____
Total Living Expenses	- _____	- _____
Money Available for Debt Payment	= _____	= _____
Total Monthly Payments Required (Subtract)	- _____	- _____
	= \$ _____	= \$ _____

If a Minus Number, bracket the figure []

INSTRUCTIONS FOR FINANCIAL INFORMATION STATEMENT

1. Gross and Net Monthly Income (After Deductions)

- List all of your take home pay from every source in this section.
- Then total these amounts and enter this Total Monthly Gross and Net Income.

2. Monthly Priority Expenses

- Using your checkbook, current bill statements and credit card statements as guides, estimate as closely as you can what you now spend on Monthly Priority (living) Expenses. Expenses with an (S) are those which don't occur every month, but for which money must be set aside (saved) each month in order to pay them when they come due.
- If you don't know the exact amounts of any bills, it's okay; simply estimate them as closely as you can.
- Then total these amounts and enter this Total Priority Expenses again on line (2) in the Management Plan Summary section.

3. Outstanding Debt

- List all of your outstanding debts, listing the secured debts in the secured section and the unsecured in the unsecured section, such as credit cards.

- In each section, enter the total of the two on the Total Debts line.

4. Management Plan Summary

- From Monthly Net Income, subtract Total Living Expenses and enter this amount on the Money Available for Debt Payment line.
- Then subtract Total Debts from the amount on the line right above it. If this is a negative number, put the amount in brackets []. This means that your Monthly Priority (living) Expenses and the minimum required payments on your outstanding debt is greater than your Monthly Net Income.

5. Adjustment to Spending

- If your total Monthly Living Expenses and the minimum required payments on your Outstanding Debt are greater than your Monthly Net Income after deductions, then you must find ways of increasing your income and/or reducing your Monthly Living Expenses and your Outstanding Debt Payments in order to bring your income and spending into balance. Failure to do so will lead to more severe financial problems, possible foreclosure on your home, repossession of your car, attachment of your wages, or even bankruptcy.



Main Office

1 Guardian Court • P.O. Box 1337 • Portsmouth, VA 23705
Local 757.397.1234 • Toll-Free 800.659.1850 • Fax 757.393.9447 • www.guardianfcu.org

Branch Offices

USCG ISC
Portsmouth, VA
(Night Deposit, ATM)

Norfolk Federal Building
Norfolk, VA

USCG Finance Center
Chesapeake, VA

USCG Support Center
Elizabeth City, NC
(Drive-Thru, ATM)