CCCS OF MOBILE
Mobile Office: (251) 602-0011
Fax all locations:(251) 666-6850

TOTAL INDEBTEDNESS STATEMENT

List current balances and account numbers for all unsecured debts
If you need additional space, please use a separate sheet. ***USE PENCIL***
(INCLUDE UNSECURED DEBTS ONLY: Credit Cards, Medical Bills, Signature Loans, Student Loans, etc.)
IMPORTANT: PLEASE BRING YOUR MOST RECENT STATEMENTS WITH YOU

A Non-Profit Community
Agency To Help People
Help Themselves
www.lifelinesmobile.org

COUNSELOR USE ONLY

Creditor	*Account Number*	*Primary Cardholder Name*	*Co-sign Y/N*	*# Months Delinquent*	*Current Due Date*	*Stmt Date*	*Current Balance*	*Monthly Payment*	*DMP Payment*	*Interest Rate*	*Card* Status*
						TOTALS					

**** C-Client Destroyed***
D-Destroyed CCCS
L-Lost
N-No Card

4/12