

General Information Worksheet

DATE _____
 COUNSELOR _____
 CLIENT # _____

*Complete as much information as possible. Please use pencil and print.
 DO NOT WRITE IN SHADED AREA*

PERSONAL INFORMATION					
Last Name	First	Middle/Maiden	Date of Birth	Social Security Number	
Spouse Last Name	First	Middle/Maiden	Date of Birth	Social Security Number	
Address No./Street		City	State	Zip Code	Residence Telephone
Email Address:		Have You Been A Victim of Crime: Yes ___ No ___		Are You A Veteran: Yes ___ No ___	
We send out agency newsletters and other important information. Can we email you: Yes ___ No ___					

INCOME PER MONTH			
Gross Pay (Monthly):	Take Home Pay (Monthly):	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semimonthly <input type="checkbox"/> Monthly Gross per period: \$ _____ Take home per period: \$ _____	Employer: _____ Position/Rank: _____ Telephone: _____ Ext: _____
Saving deduction each pay period: \$ _____		Other Income: _____	
Loan deduction each pay period: \$ _____		(Net monthly) \$ _____	

SPOUSE			
Gross Pay (Monthly):	Take Home Pay (Monthly):	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semimonthly <input type="checkbox"/> Monthly Gross per period: \$ _____ Take home per period: \$ _____	Employer: _____ Position/Rank: _____ Telephone: _____ Ext: _____
Saving deduction each pay period: \$ _____		Other Income: _____	
Loan deduction each pay period: \$ _____		(Net Monthly) \$ _____	

Have you filed last year's taxes? Yes ___ No ___	Do you owe the IRS for prior years? <input type="checkbox"/> Yes ___ <input type="checkbox"/> No ___	Amount Owed \$ _____	Amount of Refund \$ _____
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O F F I C E	Gross Pay (Annual):	TOTAL take home (Monthly):	Value of available assets:		Referred By:		
	START DMP:	REASON:	FEE:	<input type="checkbox"/> FCO <input type="checkbox"/> I <input type="checkbox"/> DMP	MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> AFRICAN AM <input type="checkbox"/> ASIAN <input type="checkbox"/> CAUCASIAN	<input type="checkbox"/> HISPANIC <input type="checkbox"/> MULTI-RACIAL <input type="checkbox"/> OTHER
U S E O N L Y	NOTES:						
	Highest level of education: _____ . Spouse highest level of education: _____ .						