DCSD

Debt Counsel for Seniors & the Disabled

Information Sheet – Please fill out and fax to: 312-939-2741

Date: _____ Birth Date: _____

Client Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (___) _____ Best Time to Call: ___ Morning ___ Afternoon ___ Evening

E-mail Address: _____

How did you hear about our company?
Newspaper ads - Name of Newspaper: _____

Other - Please specify: _____

Source of income:

- ☐ Unemployment Benefits _____
- ☐ Workers Compensation _____
- ☐ Social Security _____
- ☐ Disability _____
- ☐ Veterans Benefits _____
- ☐ Other - Please specify _____

Debt Information:

Total amount of Unsecured debt: $ _____

Total number of debts: _____
(credit cards, other unsecured bills such as medical bills)

Owns a home? YES NO Joint owner?

If YES - Value of home: $ _____

(minus) Total of all mortgages (if any): $ _____

= Equity: $ _____

Owns a vehicle? YES NO

Car Model: _____ Year of Car: _____ Value of Car: $ _____

- ☐ I have questions and I would like a DCSD support staffer to contact me.
- ☐ I don't have any questions. Please mail an application.

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