

Pre-Qualification Package

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WARNING:

Completion of this Pre-qualification Package does not require a consumer to participate in a debt settlement/debt negotiation program, file for bankruptcy, or participate in a credit counseling/debt management program. Likewise, completion of this Pre-qualification Package does not mean a consumer will be accepted into a debt settlement/debt negotiation program, be accepted as a candidate for bankruptcy, or be accepted into a credit counseling/debt management program.

The text of this Pre-qualification Package is the property of Financial Solutions Service Center LLC. No portion of the text may be used without the express advance written authorization from Financial Solutions Service Center LLC.

Applicant Information

FIRST NAME		MIDDLE NAME		LAST NAME	
GENDER	NUMBER OF DEPENDENTS	DATE OF BIRTH **** DO NOT FILL ****		SSN **** DO NOT FILL ****	
HOME PHONE		WORK PHONE		CELL PHONE	
LANGUAGE PREFERENCE		HOUSING STATUS		MARITAL STATUS	
EMPLOYMENT TYPE		EMPLOYMENT STATUS		EMAIL ADDRESS	
MAILING ADDRESS				APARTMENT #	
CITY		STATE		ZIP CODE	

Co-Applicant Information

FIRST NAME		MIDDLE NAME		LAST NAME	
GENDER	NUMBER OF DEPENDENTS	DATE OF BIRTH		SSN	
HOME PHONE		WORK PHONE		CELL PHONE	
LANGUAGE PREFERENCE		HOUSING STATUS		MARITAL STATUS	
EMPLOYMENT TYPE		EMPLOYMENT STATUS		EMAIL ADDRESS	
MAILING ADDRESS				APARTMENT #	
CITY		STATE		ZIP CODE	

Primary Employer Information

	Applicant	Co-Applicant
Employer Name	_____	_____
Length of Employment	_____	_____
Occupation	_____	_____
Status	_____	_____
Phone	_____	_____
Address	_____	_____

Secondary Employer Information (If Applicable)

	Applicant	Co-Applicant
Employer Name	_____	_____
Length of Employment	_____	_____
Occupation	_____	_____
Status	_____	_____
Phone	_____	_____
Address	_____	_____

Has either Applicant(s) declared Bankruptcy within the past seven (7) years?

Applicant: <input type="checkbox"/> Yes / <input type="checkbox"/> No	Co-Applicant: <input type="checkbox"/> Yes / <input type="checkbox"/> No
If yes, Filing Date _____	District Court _____
Case Number _____	BK Chapter _____
Discharge Date _____	

Hardship

Instructions: What circumstances caused you to get in this situation and what effect has this situation had on your life? We need as much information as possible, including dates, history, circumstances, amounts and your current financial situation.

<input type="checkbox"/> Business Failure	<input type="checkbox"/> Death in the Family	<input type="checkbox"/> Employment Transfer	<input type="checkbox"/> Illness in the Family	<input type="checkbox"/> Military Service	<input type="checkbox"/> Situation Permanent
<input type="checkbox"/> Casualty Loss	<input type="checkbox"/> Disability	<input type="checkbox"/> Excessive Obligation	<input type="checkbox"/> Incarceration	<input type="checkbox"/> Other	<input type="checkbox"/> Situation Temporary
<input type="checkbox"/> Curtailment of Income	<input type="checkbox"/> Divorce	<input type="checkbox"/> Fraud	<input type="checkbox"/> Marital Difficulties	<input type="checkbox"/> Out of Job	<input type="checkbox"/> Unemployment

Briefly Explain Hardship

Please do not hesitate to tell us everything that has happened. Be sure to write clearly and to use full sentences. (Use an additional page if needed.)

Financial Profile

Monthly Income				Monthly Expenses			
Income Source	App	Co-App	Total	Expense Type	App	Co-App	Total
Base Income				Mortgage/Rental Payment			
Overtime				Home Insurance			
Commissions/Bonuses				Life Insurance			
Rental Income				Medical Care			
Other Incomes				Child Care			
Less: Federal Income Tax				Cable/Satellite TV			
Less: State Income Tax				Donations/Charity			
Less: Other				Entertainment			
Total Monthly Net				Gym/Health			
Assets				Personal Care			
Source of Asset	App	Co-App	Total	Back Taxes			
Checking				Food			
Savings				Household Items			
Stocks & Bonds				Clothing			
401K, Annuities, CDs, etc.				Dry Cleaning			
Cash				Utilities (Water, Gas, Electric)			
Other				Telephone			
Total Assets				Automobile			
Current Expenses vs. Income Analysis				Auto Other			
Total Monthly Expenses				Automobile Insurance			
Total Monthly Net Income (All Apps)				Education			
Total Monthly Disposable Income				Student Loans			
				Other			
				Transportation(Bus/Gas/etc)			
				Child Support/Alimony			
				Total Monthly Expenses			

Credit Counseling/Debt Management/Debt Settlement:

Were you previously involved in a Credit Counseling/Debt Management or Debt Settlement program?

Yes____ No____

If yes, when did you start? (Month/Year) _____

If yes, when did you stop participating and why? (Month/Year)

Name of Program / Company:

Tax Issues:

Do you have any tax problems such as deficiencies with the Internal Revenue Service or any other local, state or governmental agencies? Yes____ No____

If yes, describe and state amount owed and the nature of the issue:

Source of Funds:

What is the source of your Negotiation Funds and Fees? Do you expect the situation on this source to change over the next 36 months? Yes____ No____

Explain:

Special Creditor Considerations:

Do you have a mortgage/real estate loan, vehicle loan or bank account with any of the creditors you seek to enroll in the Program? Yes____ No____

If yes, list:

If yes, you may need to close any bank account with a creditor in the Program or exclude the debt. You may also need to remove any creditor when you have a real estate or motor vehicle loan.

Litigation/Arbitration:

Are you in litigation or arbitration status with any of your creditors?

Yes____ No____ If yes, please list the account(s).

Note: the particular account cannot be part of the Program

Employment Issues:

Are you in the military, law enforcement, have a security clearance, or work in the financial sector?

Yes____ No____ If yes, specify:

Anticipated Major Expense in the Near Future and Other Factors:

Do you anticipate any major expenses such as repairs in the next 12 months? Yes____ No____

If yes, describe:

Special Conditions and Comments:

Is there anything you believe that Financial Solutions Service Center needs to know? Yes____ No____

For example, if a family member or friend is providing support, if you are living rent free with a friend or family member or do not need a motor vehicle because you can walk to work, it should be explained here. Likewise, if there are any other unusual circumstances it should also be set out here. Completion of this Section in detail can speed up the evaluation process.

If yes, describe:

Name and relationship of person(s) who assisted in completing this form (if none write none):

Any person assisting should not be suggesting to do anything other than help you portray a complete and accurate understanding of your financial situation. In most cases, your Consultant will be the only person assisting you to complete this form and execute any necessary Disclaimers.

How did you learn about this Program?

List of Proposed Debts

List the debts of the Applicant and/or Co-Applicant which are to be included in the program. Do not list any business debts unless Applicant's or Co-Applicant's social security number is on the account or Applicant or Co-Applicant provided a personal guarantee for payment by a corporate entity, the entity defaulted and the Applicant or a Co-Applicant is already liable under the guarantee.

1	Creditor:		Collector:			
	Account Number:	Balance:	Status:	Last Payment Date:	Applicant	
					Co-Applicant	

2	Creditor:		Collector:			
	Account Number:	Balance:	Status:	Last Payment Date:	Applicant	
					Co-Applicant	

3	Creditor:		Collector:			
	Account Number:	Balance:	Status:	Last Payment Date:	Applicant	
					Co-Applicant	

4	Creditor:		Collector:			
	Account Number:	Balance:	Status:	Last Payment Date:	Applicant	
					Co-Applicant	

5	Creditor:		Collector:			
	Account Number:	Balance:	Status:	Last Payment Date:	Applicant	
					Co-Applicant	

6	Creditor:		Collector:			
	Account Number:	Balance:	Status:	Last Payment Date:	Applicant	
					Co-Applicant	

7	Creditor:		Collector:			
	Account Number:	Balance:	Status:	Last Payment Date:	Applicant	
					Co-Applicant	

8	Creditor:		Collector:			
	Account Number:	Balance:	Status:	Last Payment Date:	Applicant	
					Co-Applicant	

9	Creditor:		Collector:			
	Account Number:	Balance:	Status:	Last Payment Date:	Applicant	
					Co-Applicant	

10	Creditor:		Collector:			
	Account Number:	Balance:	Status:	Last Payment Date:	Applicant	
					Co-Applicant	

11	Creditor:		Collector:			
	Account Number:	Balance:	Status:	Last Payment Date:	Applicant	
					Co-Applicant	

12	Creditor:		Collector:			
	Account Number:	Balance:	Status:	Last Payment Date:	Applicant	
					Co-Applicant	

13	Creditor:		Collector:			
	Account Number:	Balance:	Status:	Last Payment Date:	Applicant	
					Co-Applicant	

14	Creditor:		Collector:			
	Account Number:	Balance:	Status:	Last Payment Date:	Applicant	
					Co-Applicant	

15	Creditor:		Collector:			
	Account Number:	Balance:	Status:	Last Payment Date:	Applicant	
					Co-Applicant	

16	Creditor:		Collector:			
	Account Number:	Balance:	Status:	Last Payment Date:	Applicant	
					Co-Applicant	

	RESERVED FOR DEBT AMOUNTS ON ADDITIONAL CREDITOR LISTING FORMS:					
		Balance:				

Total Balance