

CREDIT COUNSELLING FAMILY SERVICE THAMES VALLEY
Intake Information Form

Shaded Area is For Office Use Only											
Booking Fee Paid		Partial Booking Fee Amount		Booking Fee Waived		Case Number					
Referral Source											
Counsellor											
Appointment Date (dd/mm/yy)		Appointment Time:		This appointment is a request for:	Assistance with debt problems			Budget counselling			
						Other					
Applicants Name (Last Name, First Name)				Applicant Date of Birth (dd/mm/yy)							
Spouses Name (Last Name, First Name)				Spouse Date of Birth (dd/mm/yy)							
Address				City/Town		Postal Code		How long there? (Years)			
Home Phone #			Listed?		Cell Phone #						
		Unlisted?									
Occupancy Status	Rent		Marital Status	Single							
	Own			Married							
	Board			Separated							
	With Parents			Divorced							
	Other			Common-Law							
				Widowed							
Family Members residing In Household	Name		Relationship		Age		Occupation				
Previous Credit History	Credit Counselling	Yes		No							
	Consumer Proposal	Yes		No							
	Bankruptcy	Yes		No	Name of Trustee						
Applicants Employer				Spouse's Employer							
Occupation				Occupation							
Gross Monthly Income				Gross Monthly Income							
Net Monthly Income				Net Monthly Income							
How long there?				How long there?							
Work Telephone #		Ext.		Work Telephone #		Ext.					
Please note, we do not call your employer											

<p align="center">I acknowledge that I am voluntarily requesting service from Credit Counselling Thames Valley ("the agency") and that the nature of this service is information, insight, support and referral. I hereby release the Agency, its employees and Board of Directors from any liability for consequences resulting from any action taken or information given by the Agency, its employees or Directors.</p>											
Applicant Signature				Spouse Signature				Date (dd/mm/yy)			