

## Financial Obligations

Member Name: \_\_\_\_\_

List all debts including the name of the creditor, current balance, minimum payment, interest rate, due date, and the total months delinquent. This includes all credit cards, medical bills, payday loans, title loans, personal loans with individuals (including family members), installment loans, vehicle loans and mortgages.

| Creditor | Current Balance | Minimum Payment | Interest Rate | Due Date | Months Delinquent | Counselor's Notes |
|----------|-----------------|-----------------|---------------|----------|-------------------|-------------------|
| 1.       | \$              | \$              | %             |          |                   |                   |
| 2.       | \$              | \$              | %             |          |                   |                   |
| 3.       | \$              | \$              | %             |          |                   |                   |
| 4.       | \$              | \$              | %             |          |                   |                   |
| 5.       | \$              | \$              | %             |          |                   |                   |
| 6.       | \$              | \$              | %             |          |                   |                   |
| 7.       | \$              | \$              | %             |          |                   |                   |
| 8.       | \$              | \$              | %             |          |                   |                   |
| 9.       | \$              | \$              | %             |          |                   |                   |
| 10.      | \$              | \$              | %             |          |                   |                   |
| 11.      | \$              | \$              | %             |          |                   |                   |
| 12.      | \$              | \$              | %             |          |                   |                   |
| 13.      | \$              | \$              | %             |          |                   |                   |
| 14.      | \$              | \$              | %             |          |                   |                   |
| 15.      | \$              | \$              | %             |          |                   |                   |
|          |                 |                 |               |          |                   |                   |