

Ishpeming Community Federal Credit Union Financial Counseling

Our Mission at the Ishpeming Community Federal Credit Union is to help people achieve financial success. We are here to assist our members with managing their credit wisely, developing a customized household budget, exploring solutions to get out of debt, and many other things to help their financial concerns and goals. We also provide education on bankruptcy prevention and credit score information.

This free service starts by providing us with accurate and complete information that will assist your counselor in leading you to achieve financial success. This information includes your financial concerns and goals, a detailed list of all household expenses and income, and a complete list of all debts.

To request your first financial counseling session, please complete the forms listed below and submit them to our financial counselor.

- Financial Counseling Information Sheet
- Budget Worksheet
- Financial Obligations
- Financial Concerns and Goals

Once you have completed each form, you may send it to us in the following ways:

Email: Istanaway@thecu.net

Fax: (906) 485-4077

Mail: Ishpeming Community Federal Credit Union
Attn: Lindsay Stanaway
1419 North Second Street
Ishpeming, MI 49849

Once we have received this information, we will contact you to schedule your first counseling session. Please note that if you are married, both husband and wife are encouraged to attend.

Please note that all information provided to us is confidential.

NOTICE OF DISCLAIMER: Financial Counseling is offered at no cost to all members of the Ishpeming Community Federal Credit Union.

**Ishpeming Community Federal Credit Union
Financial Counseling Information Sheet**

Personal Information

Name: _____ Member #: _____

Address: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Single	Married	Divorced	Separated	Widowed
Please circle one				

Spouse's _____ Name: _____

Email _____ Address: _____

Cell Phone: _____

Dependent Information

List Dependents or others who live in your household:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Employment Information

Current Employer: _____

Position: _____

Length of Employment: _____

Take Home Pay: \$ _____

Payroll Frequency: Weekly Bi-Weekly Bi-Monthly Monthly

Please Circle One

Spouse's Current Employer: _____

Position:

Length of Employment:

Take Home Pay: \$ _____

Payroll Frequency: Weekly Bi-Weekly Bi-Monthly Monthly

Please Circle One

Other Income

Social Security Income: \$ _____

Social Security Disability: \$ _____

Child Support: \$ _____

Alimony: \$ _____

Unemployment: \$ _____

Other: \$ _____

Assets

Type of Asset

Fair Market Value

Real Estate \$ _____

Vehicles – Please provide year, make, model, and mileage

1- _____ \$ _____

2- _____ \$ _____

3- _____ \$ _____

4- _____ \$ _____

401(k) \$ _____

Life Insurance \$ _____

Cash on Hand \$ _____

Checking Account 1 \$ _____

Checking Account 2 \$ _____

Savings Account 1 \$ _____

Savings Account 2 \$ _____

Money Market Account \$ _____

Mutual Funds \$ _____

Stocks or Bonds \$ _____