

Original creditor: _____

Address: _____

Account number: _____

Responsible party: Husband Wife Joint Business Other party/Co-debtor

Name of co-debtor, if any: _____

Address of co-debtor: _____

Date debt was incurred: _____ Date of last purchase/service: _____

Date of last payment: _____ Amount: \$ _____

Amount owed: \$ _____ Monthly payment \$ _____ Interest rate _____%

Nature of debt (purchases/services provided): _____

If debt is secured (mortgage, auto loan, furniture, etc.) do you intend to keep the collateral?

Yes No Not Sure

Are you current on payments? Yes No

Collection agency/Attorney: _____

Address: _____

Collection agency/Attorney: _____

Address: _____

Include information about any additional debt collectors on the back of this form.

NOTES:

Include the **most recent** statement for each debt, as well as the most recent collection letter from each agency, behind the associated debt sheet.