

# Debt Reduction Application - Page 1

E-mail your completed Application to: **development@mbbc.edu**

or mail to: MBBC--Development, 745 West Main St., Watertown, WI 53094 920-206-2325

**Download this document into an Excel File at: [www.mbbc.edu/development](http://www.mbbc.edu/development) then click Financial Seminars**

**and look for Debt Reduction Application at the bottom of the page (choice of Excel or PDF)**

## Personal Information

First Name	Middle Initial	Date of Birth
Last Name		
Spouse's First Name	Middle Initial	Date of Birth
Address		
City	State	ZIP Code
Phone (Day)	Phone (Evening)	
Fax #	E-mail	

## Income/Asset Information

What is your monthly gross income?	Husband \$		Wife \$	
What is your "take-home" income?	Husband \$		Wife \$	
What other income sources do you have?			Monthly \$	
Do you usually get an income tax refund?	Yes	No	Amount \$	
Do you count on this refund to meet a particular need each year?				

Do you have a written budget for your household?	Yes	No
Are you currently able to make all your monthly payments?	Yes	No
If no, how short are you each month?	\$	
Do you put money into a savings account?	Yes	No
If yes, what do you estimate you have on hand now?	\$	

Do you have any retirement accounts?	Yes	No
If yes, what is the total estimated value of all accounts?	\$	
How much per month is deducted from your paycheck for retirement accounts?	\$	

Do you own your own home?	Yes	No
If so, what is its approximate market value?	\$	
Do you own any other properties or real estate?	Yes	No
If yes, what is the approximate value of all real estate you own?	\$	

How much life insurance coverage do you have?				
Husband? \$	(Circle One):	Whole Life	Universal Life	Term Life
Wife? \$	(Circle One):	Whole Life	Universal Life	Term Life

Your credit rating is: (circle one)	Excellent	Good	Fair	Poor	
Do you have a will?	Yes	No	A Trust?	Yes	No

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### Liability Account Information

Mortgage Holder	Balance Owed	Interest Rate	Principle & Interest	Length of Loan	Tax Escrow	Insurance Escrow	Payment Due Date

Other Debts	Account Balance	Interest Rate	Monthly Payment	Type * of debt	Credit Limit	Fees	Payment Due Date
<b>Totals</b>							

\* Identify the type of debt this is (credit card, revolving charge, loan, medical bill, etc)

I/we understand that I/we are applying for a debt management plan profile analysis program from Realistic Financial Services and I/we authorize them or their service providers to obtain credit information from credit bureaus, employers, banks, etc as required to process the application. I/we further understand that the \$59 paid with this application is for a personal financial illustration that will describe alternatives to my/our debt servicing plan, and that if the personal financial illustration prepared for me/us indicates potential interest savings of \$10,000 or more, the \$59 fee paid with this application becomes non-refundable. However, if less than \$10,000 in potential interest savings is indicated, the \$59 is fully refundable unless I/we elect to enroll in the program.

Date \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

SSAN \_\_\_\_\_ SSAN \_\_\_\_\_