

Bankruptcy Debtor Education Application

Thank you for selecting Northwest Michigan Community Action Agency (NMCAA) to assist you with your Bankruptcy Debtor Education. During your session our trained counselors will cover budget development, money management, wise use of credit, and important consumer information. At the conclusion of your session you will receive a Debtor Education completion certificate that will allow you to continue with the bankruptcy process.

Applicant:

Last Name _____ First Name _____ Middle Initial _____

Social Security # _____ -- _____ -- _____ Gender: M or F Date of Birth: _____

Highest Education Level (circle): Grade School High School GED Associates Bachelors Masters

Gross Wage Income \$ _____ Other Income \$ _____ Child Support \$ _____ Soc.Sec. \$ _____ SSA
SSI SSDI

Ethnicity: Hispanic or Non-Hispanic Race: American Indian/Alaskan Native, Asian, Black/African American
Native Hawaiian/Other Pacific Islander, White/Caucasian,
Other/specify: _____

Language Preference: _____ Do You Have a Disability of Long Duration? _____

Address _____ City/Town _____ State _____

Zip _____ County _____ Housing status: Own or Rent

Home Telephone # () _____ - _____ Cell # () _____ - _____ Email _____

Co-Applicant:

Last Name _____ First Name _____ Middle Initial _____

Social Security # _____ -- _____ -- _____ Gender: M or F Date of Birth: _____

Highest Education Level (circle): Grade School High School GED Associates Bachelors Masters Degree

Gross Wage Income \$ _____ Other Income \$ _____ Child Support \$ _____ Soc.Sec. \$ _____ SSA
SSI SSDI

Ethnicity: Hispanic or Non-Hispanic Race: American Indian/Alaskan Native, Asian, Black/African American
Native Hawaiian/Other Pacific Islander, White/Caucasian,
Other/specify: _____

Language Preference: _____ Do You Have a Disability of Long Duration? _____

Household size: _____ Marital status: _____ Dependents: _____ Ages of Dependents: _____

Cause of Financial Difficulties: Over Obligation Accident/Disability/Medical Unemployment

Reduced Income Death in Family Divorce/Separation Other/specify: _____

Attorney Referral: Firm _____ Attorney Last Name _____ First _____

Phone number () _____ --- _____ FAX# () _____ --- _____

Bankruptcy Case Number: _____

I/We certify that the above information is accurate and complete to the best of my/our knowledge.

Signed: Applicant _____ Co-Applicant _____

Date: _____