

Senior Debt Relief Referral Information Sheet
(Fax Sheet to: 916-965-5418)

Date: _____ Time: _____ Birth Date: ____/____/____

Client Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (|__|__|__|) - |__|__|__| - |__|__|__|

Best Time to Call: Morning Afternoon Evening

E-mail Address: _____

How did you hear about our company?:

Newspaper ads - Name of Newspaper _____

Other: Please specify: _____

Source of Income:

- Unemployment Benefits _____
- Workers Compensation _____
- Social Security _____
- Disability _____
- Veterans Benefits _____
- Other: Please specify: _____

Debt Information:

Total Amount of Unsecured debts: \$ _____

Total Number of debts (credit cards, other unsecured bills such as medical bills): _____

Owns a home? YES NO Joint Owner?

If Yes, Value of Home: \$ _____

(minus) Total of all mortgages (if any): \$ _____

(=) Equity: \$ _____

State's Exemption: \$ _____

1) Equity exceeds exemption or

2) Equity exceeds debts

Owns a vehicle? YES NO

Car Model: _____ Year of Car: _____ Worth of Car: \$ _____

Referrer Name: _____ Phone: _____

E-mail Address: _____