DEBTS (<u>use a separate form for each debt</u>):

Name _____
First Middle Last Social Security Number

Type of Debt: ☐ Credit Card ☐ Charge Account ☐ Student Loan ☐ Other _____

Account number: _____ **Date debt originated (Mo/Yr)**:_____

Original amount of debt: $_____ **Date of last payment (Mo/Yr)**: _____

Current balance: $_____

Name of original creditor: _____

Address _____ Suite _____

City _____ State _____ ZIP _____

If different from above, current creditor: _____

Address _____ Suite _____

City _____ State _____ ZIP _____

Detailed description of the circumstances surrounding this debt and the reason(s) for delinquency:

_____

Present status of this debt: _____

If a balance remains, indicate whether you have:

_____ **<u>Established a payment plan</u>**:
Initials

1) Date (month/year) of inception of payment plan
2) Date (month/year) of first payment
3) Amount to be paid each month
4) Date (month/year) of anticipated payoff
5) Provide a copy of the written agreement and details of the plan
6) Provide the following documentation:
   - Proof of the first **<u>two</u>** (2) payments made if plan was established within the last 60 days **OR**
   - Proof of the **<u>two</u>** (2) most recent payments made if plan was established more than 60 days ago

_____ **<u>Placed the account in forbearance</u>**: Provide *official documentation* that the account has been placed in forbearance
initials

_____ ***<u>Successfully</u>* disputed the debt**: Provide *official documentation* from the creditor <u>or</u> one of the major credit reporting
initials agencies of the successful dispute.

_____ **<u>Paid the account in full</u>** (including settling for a lesser amount. Provide *official documentation* of a zero (0) balance
initials