

Request for Program Worksheet

Christian Debt Relief

Fill out and fax back to 877-274-0933

(if you type info in cells, please make sure you save before emailing)

List All Unsecured Creditors
(needed for ALL ADSI programs)

	Creditor Name	Current Balance
1		\$
2		\$
3		\$
4		\$
5		\$
6		\$
7		\$
8		\$
9		\$
10		\$
11		\$
12		\$
13		\$
14		\$
15		\$
16		\$
17		\$
18		\$
19		\$
20		\$
	Total Unsecured Debt	\$ -

Name:

Email:

Best Time to Contact
(from 9am to 5pm CST)

Best Contact Phone#

Monthly - Income/Expense Overview	
Monthly Income (less taxes):	
Applicant	\$
Spouse	\$
Other (business, family etc.)	\$
Total Monthly Income	\$ -
Necessary Monthly Expenses: (do not include credit card pymts)	
Housing (rent/mortgage, dues, gas, electric, water etc.)	\$
Living (food, phone, cell phone, cable etc.)	\$
Transportation (car pymt, gas, insurance etc.)	\$
Medical (copays, deductibles, prescriptions etc.)	\$
Other Expenses (childcare, alimony, school etc.)	\$
Other Secured Debt (total monthly payments)	\$
Total Monthly Expenses	\$ -
(Total Income - Total Expenses) = Disposable Income	\$ -

Briefly Describe---

Reason for Financial Hardship: Example: unexpected and/or major medical expenses, loss of job/income, loss of spouse job/income or other unexpected expenses