

**Democracy Federal Credit Union**



*Financial Counseling*

*Exceeding  
Expectations  
Every Time*

**Democracy**  
Federal Credit Union

Financial Freedom **for ALL.**



Financial Freedom **for ALL.**

Democracy FCU Valued Member:

Thank you for your interest to participate in Democracy FCU Financial Counseling Services. Attached is a leaflet providing information of the Democracy FCU Financial Counseling Department and a financial intake package that identifies the required documents to provide and to allow your financial counselor proper assessment of your case. Please complete the intake package, provide updated credit reports and if you don't have this item, see attached information to assist you in retrieving complimentary credit reports.

You may elect to fax your information to my attention at **(571)527-2355** or mail to 200 Independence Avenue, SW 2<sup>nd</sup> Fl. Washington, DC 20201. Upon receipt of your intake package and supporting documents, we will then schedule a one-on-one interview or phone conference.

**Comments:**

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Sincerely,

Delta M. Payne  
Certified Financial Counselor

**FINANCIAL COUNSELING**

**APPLICATION**

**Name of Member(s)** \_\_\_\_\_

**Member Number(s)** \_\_\_\_\_

Burdensome debt problems are not easy to solve. You have indicated an acute awareness of the problem by turning to the financial counseling service for guidance.

We realize there may be many reasons for your present situation. The important thing now is to resolve the problem and pay your debts. You have taken the first step by seeking advice and counsel. The financial counseling service was designed to assist you, provided you are willing to work hard at the problem and cooperate fully. You now have the opportunity to proceed with the counseling service but you must realize that it is not going to be easy.

At the start, you must recognize the following facts:

1. Only you can get yourself out of debt, the counseling service is not a charity.
2. You may have to accept some changes; certainly, you must not create new debts or obligations. It may be necessary to reduce your spending or attempt to increase your total income. There will be difficult decisions to make between what would be “nice” or “convenient” and what is really “necessary.”
3. Above all, you must keep your word with us! There is no charge for our services. Your creditors are generally willing to help, so we can usually procure their cooperation. If we can arrange an agreement between you and your creditor, you must keep faith with them and us! Only with this assurance can we ask creditors to make concessions necessary to help you out of your difficulties.
4. Upon your initial start-up you will have at least 60 days to participate in financial counseling. If there is no activity on your part, your case will close. This action will not prohibit you to reapply for Financial Counseling. We must keep accurate records in compliance with our regulators.

The decision is yours – An honest, fair and determined decision – to see this matter through. If you do this, we will go out of our way to help.

I hereby certify that all the information provided here is true and complete and submitted for the purpose of receiving financial counseling.

Date: \_\_\_\_\_

Member: \_\_\_\_\_

Joint Member: \_\_\_\_\_

Financial Counselor: \_\_\_\_\_

## MEMBER COUNSELING AGREEMENT

**Member Account Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I hereby apply to the Financial Counseling Service, as sponsored by Democracy Federal Credit Union, to attempt to accomplish the service of comprehensive financial counseling in compliance to National Credit Union Administration (NCUA) rules and regulations, 12 CFR 748.1 and applicable Federal and State laws of the Federal Credit Reporting Act.

I understand that my member file will be maintained in compliance to the Federal and State laws whether it is in person, orally or written.

I understand that the information that I provide to the Financial Counselor of Democracy Federal Credit Union is true and correct to the best of my/our knowledge. I consent and agree to hold Democracy Federal Credit Union, their Board members, CEO, Directors, Employees and consultants and other associated free and harmless from any claim, suit or demand arising from all or any part of the Financial Counseling involved.

I understand that if I mishandle or misrepresent my case in a suspicious manner, it will be grounds to file a SAR Report (see below for details). The Credit Union will also file a suspicious activity report on all transactions conducted or attempted at or through the Credit Union if the Credit Union knows, suspects, or has reason to suspect that a wrongdoing has occurred or been attempted. The following are considered to be instances of suspicious activity and are to be reported within 30 calendar days after the activity is discovered:

**The following activities will be considered suspicious and require the filing of a SAR:**

- Structuring/money laundering (as defined in the Bank Secrecy Act)
- Bribery or gratuity
- Check fraud
- Consumer lending fraud
- Check kiting
- Counterfeit checks
- Counterfeit credit or debit cards
- Other counterfeiting instruments
- Credit card fraud
- Debt card fraud
- Defalcation or embezzlement
- False statements
- Misuse of position or self-dealing
- Mortgage loan fraud
- Mysterious disappearance
- Wire transfer fraud

### PRIVACY STATEMENT

I authorize the Financial Counseling Service to release any information pertaining to my debts, obligations, liabilities or credit in attempting to budget, or in budgeting, similarly any information pertaining to my assets, earnings, finances or prospects to parties that would be directly divulged in assisting in Financial Counseling Services as deemed necessary for the betterment of my financial conditions.

On occasion, it will be necessary to exchange personal information with other individuals or companies in order to set up your Debt Management Plan or any Financial Counseling Services. Signing below indicates you are in agreement with this and you give your permission for your financial counselor to exchange information with your creditors necessary for setting up your payment plan.

**Witness Signature**

**Member Signature**

**Joint Member Signature**

\_\_\_\_\_

*The above is to be signed at the time financial statement is taken.*

## WHAT TO BRING TO YOUR FIRST FINANCIAL COUNSELING APPOINTMENT

### PLEASE BRING COPIES OF THE FOLLOWING DOCUMENTS

#### COPIES ONLY

1. Credit Report not more than 6 months old (if any)
2. Documentation of ALL your monthly FIXED EXPENSES
  - a. For Example:
    1. Mortgage/Rent
    2. Telephone
    3. Electricity
    4. Gas
    5. Water
    6. Insurance (Car, Life, and/or Home/Renters)
3. Current state from ALL creditors
  - a. For Example:
    1. Credit Cards
    2. Auto Loans
    3. Student Loans
    4. Parent Loans
    5. 2<sup>nd</sup> Mortgages
    6. Past Due Notices
    7. Collection Notices
    8. Judgments
    9. Garnishments
    10. Child Support
4. A list of ALL your FLEXIBLE EXPENSES
  - a. For Example:
    1. Food
    2. Gasoline
    3. Child Care
    4. Gifts/ Holiday
    5. Entertainment
    6. Health Care costs, etc.
5. Copies of your TWO most recent paystubs.



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**FINANCIAL COUNSELING  
DATA SHEET**

Name \_\_\_\_\_

Job Title \_\_\_\_\_ DOB \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Member Account No. \_\_\_\_\_ Spouse \_\_\_\_\_

Member Payroll Frequency: Weekly\_\_\_\_ Bi-weekly \_\_\_\_ Twice a Month \_\_\_\_ Monthly\_\_\_\_

Spouse's Payroll Frequency: Weekly\_\_\_\_ Bi-weekly \_\_\_\_ Twice a Month \_\_\_\_ Monthly\_\_\_\_

**Number of individuals currently living in home with you:**

Adults \_\_\_\_\_ Children (Under 18) \_\_\_\_\_

**Purpose for Initial Counseling Session:** \_\_\_\_\_

**Objectives you want to accomplish during the financial counseling process. What do you want? When do you want it? List in order of importance.**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

## FINANCIAL COUNSELING – DEMOCRACY FEDERAL CREDIT UNION

Member's Name \_\_\_\_\_ Member # \_\_\_\_\_

**Monthly Living Expenses (In each case state the average per month. Estimates are acceptable.)**

Expenses	To be Completed by Member Monthly	To be completed by interviewer (Adjusted) Monthly - Remarks
Housing Rent/Mortgage		
Property Taxes		
Homeowners/Renters Insurance		
Electric		
Gas/Oil/Kerosene (Home)		
Water		
Garbage Removal		
Pest Control		
Other (pool/lawn care)		
Telephone		
Cellular Phone		
Cable/ Satellite TV		
Other		
Car Payment		
Gas (Car)		
Car Insurance		
Repairs, Tires, Oil Changes, Etc.		
Tags & Property Taxes		
Car Pool/Bus/Subway		
Other		
Education Tuition		
Books		
Other		
Groceries		
Dining Out (including fast food)		
School Lunches		
Work Lunches		
Beverages		
Other		
Medical Doctor		
Dentist		
Medication		
Health Insurance		
Life Insurance		
Disability Insurance		
Dental Insurance		
Other		





## **DEBT TO INCOME ASSIGNMENT**

Turn in at your interview or fax to your  
Financial Counselor attn: Delta M. Payne

Fax # 571-527-2355



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**DEBT TO INCOME RATIO**

**Complete the following to calculate your  
“Debt to Income Ratio”**

**Monthly Mortgage or Rent:** \_\_\_\_\_  
**Minimum Monthly Credit Card Payments**  
**(for all credit cards):** \_\_\_\_\_

**Monthly Car Loan Payments:** \_\_\_\_\_

**Student Loan Payments:** \_\_\_\_\_

**Other Loans:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A. Total of Monthly Debt Payments:** \_\_\_\_\_

**Annual Gross Salary (before deductions):** \_\_\_\_\_

**Bonuses & Overtime:** \_\_\_\_\_

**Alimony:** \_\_\_\_\_

**Total Annual Gross Income:** \_\_\_\_\_

**B. Divide “Total Annual Gross Income” by 12 to get Monthly Gross Income:**

\_\_\_\_\_

**(A) Divided by (B) = Your Debt to Income Ratio:** \_\_\_\_\_





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Dear Democracy FCU Valued Member –

Attached is information to assist you in receiving your free annual credit reports by all three credit bureaus.

Make sure to follow the instructions as indicated. You may elect to call your request in, mail or go on the web.

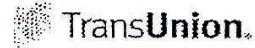
Allow up to 15 days for a response. After you receive the reports, contact your Financial Counselor at **(202) 488-5400 ext. 1865** to begin Financial Counseling.

It's a pleasure to serve you in this capacity.

Sincerely,

*Delta M. Payne*

Certified Financial Counselor



# Annual Credit Report Request Form

You have the right to get a free copy of your credit file disclosure, commonly called a credit report, once every 12 months, from each of the nationwide consumer credit reporting companies - Equifax, Experian and TransUnion.

For instant access to your free credit report, visit [www.annualcreditreport.com](http://www.annualcreditreport.com).

For more information on obtaining your free credit report, visit [www.annualcreditreport.com](http://www.annualcreditreport.com) or call 877-322-8228.

Use this form if you prefer to write to request your credit report from any, or all, of the nationwide consumer credit reporting companies. The following information is required to process your request. Omission of any information may delay your request.

Once complete, fold (do not staple or tape), place into a #10 envelope, affix required postage and mail to:  
Annual Credit Report Request Service P.O. Box 105281 Atlanta, GA 30348-5281.

Please use a Black or Blue Pen and write your responses in PRINTED CAPITAL LETTERS without touching the sides of the boxes like the examples listed below.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 0 1 2 3 4 5 6 7 8 9

Social Security Number:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Date of Birth:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Month Day Year

Fold Here

Fold Here

\_\_\_\_\_  
First Name M.I.

\_\_\_\_\_  
Last Name JR, SR, III, etc.

Current Mailing Address:

\_\_\_\_\_  
House Number Street Name

\_\_\_\_\_  
Apartment Number / Private Mailbox For Puerto Rico Only: Print Urbanization Name

\_\_\_\_\_  
City State ZipCode

Previous Mailing Address (complete only if at current mailing address for less than two years):

\_\_\_\_\_  
House Number Street Name

Fold Here

Fold Here

\_\_\_\_\_  
Apartment Number / Private Mailbox For Puerto Rico Only: Print Urbanization Name

\_\_\_\_\_  
City State ZipCode

Shade Circle Like This → ●  Not Like This → ⊗ ⊛	I want a credit report from (shade each that you would like to receive): <input type="checkbox"/> Equifax <input type="checkbox"/> Experian <input type="checkbox"/> TransUnion	<input type="checkbox"/> Shade here if, for security reasons, you want your credit report to include no more than the last four digits of your Social Security Number.
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If additional information is needed to process your request, the consumer credit reporting company will contact you by mail.

Your request will be processed within 15 days of receipt and then mailed to you.

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