

PERSONAL CASH FLOW ASSESSMENT

This personal cash flow assessment has been prepared for you in connection with your application to enroll in our debt resolution program. This assessment is based upon the financial information and documents you have shared with us and our estimates of the amounts that will be required to settle each of your debts within a reasonable program term. We have not independently verified the information you have supplied to us so we encourage you to review the information presented below and advise us immediately if you find any errors or if there is additional information that should be taken into consideration.

Your success in our debt resolution program depends upon you making regular deposits into your dedicated account. The amount of your program deposit has been calculated based upon the amount of your outstanding debt and your program length. The periodic program deposit presented in the table below reflects a periodic deposit amount that we believe is appropriate given your particular circumstances. If you believe a different periodic deposit amount is necessary, please contact your debt consultant immediately.

PART I: CASH FLOW SUMMARY & PROGRAM DETAILS

Monthly Cash Flow Summary	
Available Monthly Household Income (from page 2)	
Total Estimated Monthly Expenses (from page 4)	
Monthly Program Deposit ¹	
Optional Third-Party Product/Service Expense	
Monthly Remaining Amount (income <i>minus</i> expenses <i>minus</i> program deposit) ²	
Program Details	
Total Enrolled Debt	
Estimated Total Settlement Amount	
Settlement Fees	
Total Estimated Program Cost (Estimated Total Settlement Amount <i>plus</i> fees)	

(1) Your program deposits may be scheduled monthly, semi-monthly or bi-weekly. If your program deposits are scheduled other than monthly, for purposes of this cash flow assessment we have converted your program deposits to a monthly amount. This monthly amount includes your dedicated account provider charges.

(2) If your Monthly Remaining Amount is a negative number, you may not have enough funds available each month to meet the ongoing deposit requirements of a debt resolution program. If, however, you believe you are or will be able to meet these deposit requirements, please initial here [Applicant: _____ / Co-Applicant: _____] to confirm that (i) you understand the ongoing program deposit requirements described above, (ii) you have the ability to meet these program deposit requirements and (iii) you have been informed of other debt relief options that may be appropriate for you, given your particular circumstances. In addition, please explain further how you expect to supplement your income or manage your expenses by clicking on all grounds for exemption that may apply to you: [<Dropdown List of grounds for exception>](#)

PART II: PERSONAL CASH FLOW STATEMENT

Your personal cash flow statement has been prepared based upon the financial information and documents you have shared with us. This has enabled us to assess your ability to participate in our debt resolution program, as well as the appropriateness of debt resolution for you given your particular circumstances. This personal cash flow statement will also help you understand the impact your participation in your debt resolution program will have on your monthly budget.

In preparing your personal cash flow statement, we have asked that you list all sources of income, including unemployment, child support and all forms of governmental assistance. We have asked that you include all forms of income because it is important that we have a complete view of your monthly cash flow.

Estimated Monthly Income			
<i>For income that you receive other than monthly, please take the whole-year total and divide by 12 before entering.</i>			
Applicant:		Co-Applicant:	
Description:	Monthly Amount:	Description:	Monthly Amount:
Employment Income (net of all deductions) from pay stub(s)		Employment Income (net of all deductions) from pay stub(s)	
Self-employment (including freelance/gig) income from 1099s (net of estimated federal and state tax payments)		Self-employment (including freelance/gig) income from 1099s (net of estimated federal and state tax payments)	
Social Security		Social Security	
Unemployment		Unemployment	
Alimony		Alimony	
Child Support		Child Support	
Other Gov't Assistance		Other Gov't Assistance	
Annuities		Annuities	
Dividends		Dividends	
Retirement		Retirement	
Other (describe) ¹		Other (describe)	
Available Monthly Household Income:			\$ _____

¹ In the space reserved for "other" please include any and all items of income that are not identified above, including support you may receive from friends, family and other sources.

Estimated Monthly Living Expenses

(DO NOT INCLUDE EXPENSES RELATED TO ANY ENROLLED DEBTS)

For expenses that you pay other than monthly, please take the whole-year total and divide by 12 before entering.

<p>HOUSING (monthly rent or mortgage payment (principal, interest, taxes, insurance and any homeowner's or other assessments))</p> <p>Please check the box: RENT [<input type="checkbox"/>] or OWN [<input type="checkbox"/>] your home?</p>	<p>\$ _____</p>
<p>MEDICAL (medical insurance premiums, out of pocket cost of prescriptions, co-pays, monthly portion of annual deductible)</p>	<p>\$ _____</p>
<p>TRANSPORTATION (auto loans or leases, car repairs and maintenance, gas, parking, commuting, insurance, registration)</p>	<p>\$ _____</p>
<p>FOOD (groceries, snacks and eating out)</p>	<p>\$ _____</p>
<p>DEPENDENT CARE (daycare, babysitting, in-home or nursing care)</p>	<p>\$ _____</p>
<p>UTILITIES (cable TV, internet, electric, gas, water, trash, all phone/cell bills)</p>	<p>\$ _____</p>
<p>PERSONAL CARE, HOUSEHOLD, AND MISC. (charity, gifts, pets, clothes, toiletries, hair care, laundry, dry cleaning, gym, other)</p>	<p>\$ _____</p>
<p>COURT-ORDERED EXPENSES (child support, alimony, judgment payments)</p>	<p>\$ _____</p>
<p>OTHER EXPENSES (describe)</p>	<p>\$ _____</p>
<p>Total Estimated Monthly Living Expenses:</p>	<p>\$ _____</p>

Estimated Monthly Non-Enrolled Debt Expenses	
<p><i>(DO NOT INCLUDE EXPENSES RELATED TO ANY ENROLLED DEBTS)</i></p> <p><i>For expenses that you pay other than monthly, please take the whole-year total and divide by 12 before entering.</i></p>	
GOVERNMENT STUDENT LOANS (monthly payment on government insured loans in NON-DEFERRED STATUS)	\$ _____
PRIVATE STUDENT LOANS (monthly payment on private loans in NON-DEFERRED STATUS)	\$ _____
MEDICAL DEBT (excluding premiums, non-delinquent co-pays, etc.)	\$ _____
OTHER DEBT EXPENSES (describe):	\$ _____
Total Estimated Monthly Non-Enrolled Debt Expenses:	\$ _____

TOTAL ESTIMATED MONTHLY LIVING AND NON-ENROLLED DEBT EXPENSES	\$ _____
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I hereby acknowledge that the financial requirements of my debt resolution program have been explained to me and that I understand that my program success is contingent upon my making the described program deposits into my dedicated account. I further acknowledge that the financial information I have provided is, to the best of my knowledge, true, correct and complete.

Applicant Signature

Co-Applicant Signature