

GATEWAY EDUCATIONAL SERVICES
TRUTH FOR TRUE FINANCIAL FREEDOM

Street: 1803 N. King Street Honolulu HI. 96819
Mailing: P.O. Box 17870 Honolulu HI. 96817-0870

Phone #: (808) 842-5777
Fax #: (808) 842-0044

Date: _____ Email: _____ Referred By (Circle One): Yellow Pages / Radio / TV / Friend / Walk In / Other: _____

| | | | | | | | |
|----------|---|--|-----------------|---------------|--------------------|-------------------|----------------|
| PERSONAL | Last name | | First | Middle/Maiden | Birth Date | Social Security # | |
| | Spouse's Last Name | | First | Middle/Maiden | Birth Date | Social Security # | |
| | Address | | | City | Island | Zip Code | Home Telephone |
| | Circle One: Single Married Separated Divorced | | # of Dependents | | Ages of Dependents | | Cellular |

| | | | | | | | |
|---|--|---------------------|--------|------------|--------|------------------------------------|-----------------------|
| INCOME | Name of Employer | | | Occupation | Phone# | Net Pay Each Paycheck \$ | MONTHLY NET INCOME \$ |
| | Hourly Rate | # of hours per week | Salary | Pay Dates | | Deductions: _____ / Savings: _____ | |
| | Spouse's Employer | | | Occupation | Phone# | Net Pay Each Paycheck \$ | MONTHLY NET INCOME \$ |
| | Hourly Rate | # of hours per week | Salary | Pay Dates | | Deductions: _____ / Savings: _____ | |
| | Sources of Other Income: Welfare \$ _____ Retirement \$ _____ Unemployment \$ _____ | | | | | | OTHER INCOME \$ |
| Disability Comp \$ _____ Child Support \$ _____ Rental/Borders \$ _____ Part-Time Job \$ _____ | | | | | | | |

| | | | | |
|------------------------------|------------------------------------|---|------------------------------|----------------|
| SECURED DEBTS | ASSETS: | LIABILITIES: | MONTHLY PAYMENT | CURRENT |
| | Real Estate: Market Value \$ _____ | 1 st Mortgage Balance \$ _____ | Mortgage \$ _____ | Yes / No |
| | Automobiles: | 2 nd Mortgage Balance \$ _____ | 2 nd Pmt \$ _____ | Yes / No |
| | Year/Make _____ | Auto Loan Balance \$ _____ | Auto Pmt \$ _____ | Yes / No |
| | Year/Make _____ | Auto Loan Balance \$ _____ | Auto Pmt \$ _____ | Yes / No |
| TOTAL ASSETS \$ _____ | TOTAL LIABILITIES \$ _____ | TOTAL SECURED PMTS \$ _____ | | |

| LIST MONTHLY LIVING EXPENSES | EXISTING | GOAL | OFFICE USE ONLY / MONTHLY SUMMARY | |
|------------------------------|----------|------|-----------------------------------|--|
| AUTO / GAS / MAINTENANCE | | | | |
| BUS FARE | | | | |
| CABLE TV / INTERNET | | | | |
| CHILD CARE / ACTIVITIES | | | | |
| CLOTHES | | | | |
| DONATIONS | | | | |
| ELECTRICITY / GAS | | | | |
| GROCERIES | | | | |
| INSURANCE-AUTOMOBILE | | | | |
| INSURANCE-LIFE | | | | |
| LAUNDRY / CLEANING | | | | |
| MEDICAL PRESCRIPTIONS | | | | |
| MISCELLANEOUS | | | | |
| TELEPHONE / CELLULAR | | | | |
| RENT | | | | |
| WATER | | | | |
| OTHER | | | | |
| TOTAL LIVING EXPENSES | | | | |

| | |
|--|--|
| TOTAL INCOME | |
| (-) LESS: SECURED PAYMENTS | |
| (-) LESS: LIVING EXPENSES (GOAL) | |
| (=) AVAILABLE FOR UNSECURED DEBTS | |
| *PROPOSED DMP* | |

DMP PAYMENT DUE DATE
****CHOOSE ONE DATE ONLY****

1) 5TH EACH MONTH 2) 15TH EACH MONTH

MONEY ORDER OR CASHIER'S CHECK



LIST OF UNSECURED DEBTS
PLEASE PROVIDE COMPLETE NAMES, ADDRESS, & TELEPHONE # FOR ALL CREDITORS
IF ACCOUNT IS HELD JOINTLY, ALL ACCOUNTHOLDER'S INFORMATION MUST BE LISTED ON APPLICATION & PLEASE INDICATE THE NAME OF THE PRIMARY
ACCOUNT HOLDER NEXT TO THE CREDITOR'S NAME*

| | | | | | | | | | Office use only |
|----------------------------------|----------|---------|-------------|----------|----------|------------------|--|--|-----------------|
| CREDITOR NAME / ADDRESS / PHONE# | ACCOUNT# | BALANCE | MONTHLY PMT | DUE DATE | PAST DUE | PROPOSED DMP PMT | | | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| 5. | | | | | | | | | |
| 6. | | | | | | | | | |
| 7. | | | | | | | | | |
| 8. | | | | | | | | | |
| 9. | | | | | | | | | |
| 10. | | | | | | | | | |
| 11. | | | | | | | | | |
| 12. | | | | | | | | | |