

A AMERICAN
C CONSUMER
C CREDIT
C COUNSELING
THE CREDIT COUNSELING PROFESSIONALS

Personal Financial Workbook





American Consumer Credit Counseling (ACCC) is a nonprofit 501(c)(3) organization. Founded in 1991, ACCC offers confidential credit counseling, housing counseling, bankruptcy counseling, a debt management program, and educational resources nationwide.

The Personal Financial Workbook is a tool that you can use to organize your finances and gain an understanding of how you are spending your money. By using the worksheets you'll be able to paint a clear picture of your financial situation and make better decisions for the future. We recommend that you photocopy worksheets before using them so that you may revise the information, and reuse the worksheets as needed.

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Financial Community Guidelines

Calculate and compare your spending to the financial community guidelines.

Compare your spending to the financial community guidelines

Housing 35%

Mortgage or rent, taxes, repairs, improvements, insurance, and utilities

Transportation 20%

Monthly payments, gas, oil, repairs, insurance, parking, and public transportation

Debt 5%

Credit cards, personal loans, student loans, and other debt payments

All other expenses 20%

Food, insurance, prescriptions, doctor & dentist bills, clothing, and personal

Investments & Savings 20%

Stocks, bonds, cash reserves, savings accounts, retirement funds, etc.

*To calculate the recommended expenditure for each category, multiply the recommended percentages by your gross income. For example, if your gross income is \$3,000.00 and the recommended allowance for housing is 35%, multiply \$3,000.00 by .35. The recommended housing expenditure should not exceed \$1,050.00 per month.

*To calculate your true monthly budget expenditure for each category, divide your monthly expense by your gross income, and multiply that by 100. For example, if your housing expense is \$1,200.00, divide by \$3,000.00, and multiply by 100. You are spending 40% of the recommended expenditure on housing.

| Budgeted Expense | Recommended | Recommended Expense (gross income x recommended %) | Actual Expense | Budget Percentage (expense/income) x 100 | Explanation |
|------------------|-------------|---|----------------|---|-------------|
| Housing | 35% | \$ | \$ | % | |
| Transportation | 20% | \$ | \$ | % | |
| Debt Payments | 5% | \$ | \$ | % | |
| All Other | 20% | \$ | \$ | % | |
| Savings | 20% | \$ | \$ | % | |

Household Budgeting Worksheet

Complete this worksheet by entering all of your monthly expenses for the following line items. Total each category and add all categories together to calculate your monthly expenses.

Housing/Utilities

| | |
|---|----------|
| Rent/mortgage | \$ _____ |
| Heating | \$ _____ |
| Electricity | \$ _____ |
| Water/sewage | \$ _____ |
| Renter/homeowner insurance (if not included in mortgage) | \$ _____ |
| Trash service | \$ _____ |
| Telephone and cell phone | \$ _____ |
| Home maintenance | \$ _____ |
| Cleaning supplies | \$ _____ |
| TOTAL | \$ _____ |

Transportation

| | |
|-------------------------------|----------|
| Gas | \$ _____ |
| Car payment(s) | \$ _____ |
| Car insurance | \$ _____ |
| Car inspection | \$ _____ |
| Car repairs and maintenance | \$ _____ |
| Car registration | \$ _____ |
| Public transportation or taxi | \$ _____ |
| Parking and tolls | \$ _____ |
| TOTAL | \$ _____ |

Insurance (if not payroll deducted)

| | |
|--------------|----------|
| Health | \$ _____ |
| Life | \$ _____ |
| Disability | \$ _____ |
| TOTAL | \$ _____ |

Food

| | |
|-----------------------------|----------|
| Groceries | \$ _____ |
| School lunches | \$ _____ |
| Work-related (lunch/snacks) | \$ _____ |
| TOTAL | \$ _____ |

Medical

| | |
|---------------|----------|
| Doctor visits | \$ _____ |
| Dental | \$ _____ |
| Prescriptions | \$ _____ |
| TOTAL | \$ _____ |

Childcare

| | |
|-----------------------|----------|
| Daycare | \$ _____ |
| Babysitter/nanny | \$ _____ |
| Child support/alimony | \$ _____ |
| TOTAL | \$ _____ |

Donations

| | |
|----------------------|----------|
| Religious or charity | \$ _____ |
| TOTAL | \$ _____ |

Education

| | |
|--------------------------|----------|
| Tuition | \$ _____ |
| Books and supplies | \$ _____ |
| Newspapers and magazines | \$ _____ |
| TOTAL | \$ _____ |

Personal

| | |
|-----------------------|----------|
| Barber/salon services | \$ _____ |
| Toiletries | \$ _____ |
| Children's allowances | \$ _____ |
| Tobacco products | \$ _____ |
| Beer, wine, or liquor | \$ _____ |
| Clothing | \$ _____ |
| Laundry/dry cleaning | \$ _____ |
| TOTAL | \$ _____ |

Entertainment

| | |
|---------------------------------|----------|
| Sporting events, concerts, etc. | \$ _____ |
| Movies/video rentals | \$ _____ |
| Restaurants/take-out | \$ _____ |
| Internet service | \$ _____ |
| Cable/satellite TV | \$ _____ |
| Gambling/lottery tickets | \$ _____ |
| Fitness/social clubs | \$ _____ |
| Vacation/travel | \$ _____ |
| Hobbies | \$ _____ |
| TOTAL | \$ _____ |

Debts

| | |
|---------------|----------|
| Student loan | \$ _____ |
| Credit card | \$ _____ |
| Medical bills | \$ _____ |
| Personal loan | \$ _____ |
| TOTAL | \$ _____ |

Savings

| | |
|-------------------|----------|
| Emergency fund | \$ _____ |
| Down payment fund | \$ _____ |
| TOTAL | \$ _____ |

Gifts

| | |
|----------------|----------|
| Birthdays | \$ _____ |
| Major holidays | \$ _____ |
| TOTAL | \$ _____ |

| | |
|-------------------------------|----------|
| Total Monthly Expenses | \$ _____ |
| - Net Income | \$ _____ |
| = Cash Flow | \$ _____ |
| (disposable/deficit) | \$ _____ |

Bill Paying Worksheet

This worksheet is to help you get organized when paying bills. Take a moment and fill in all your bills that are due within different dates. This worksheet will help you remember what and when bills are due.

Due Dates - 1st to 7th

| Bills To Pay | Due Date | Payment | Bills To Pay | Due Date | Payment |
|--------------|----------|----------|--------------|----------|----------|
| 1. _____ | _____ | \$ _____ | 6. _____ | _____ | \$ _____ |
| 2. _____ | _____ | \$ _____ | 7. _____ | _____ | \$ _____ |
| 3. _____ | _____ | \$ _____ | 8. _____ | _____ | \$ _____ |
| 4. _____ | _____ | \$ _____ | 9. _____ | _____ | \$ _____ |
| 5. _____ | _____ | \$ _____ | 10. _____ | _____ | \$ _____ |

Due Dates - 8th to 14th

| Bills To Pay | Due Date | Payment | Bills To Pay | Due Date | Payment |
|--------------|----------|----------|--------------|----------|----------|
| 1. _____ | _____ | \$ _____ | 6. _____ | _____ | \$ _____ |
| 2. _____ | _____ | \$ _____ | 7. _____ | _____ | \$ _____ |
| 3. _____ | _____ | \$ _____ | 8. _____ | _____ | \$ _____ |
| 4. _____ | _____ | \$ _____ | 9. _____ | _____ | \$ _____ |
| 5. _____ | _____ | \$ _____ | 10. _____ | _____ | \$ _____ |

Due Dates - 15th to 21st

| Bills To Pay | Due Date | Payment | Bills To Pay | Due Date | Payment |
|--------------|----------|----------|--------------|----------|----------|
| 1. _____ | _____ | \$ _____ | 6. _____ | _____ | \$ _____ |
| 2. _____ | _____ | \$ _____ | 7. _____ | _____ | \$ _____ |
| 3. _____ | _____ | \$ _____ | 8. _____ | _____ | \$ _____ |
| 4. _____ | _____ | \$ _____ | 9. _____ | _____ | \$ _____ |
| 5. _____ | _____ | \$ _____ | 10. _____ | _____ | \$ _____ |

Due Dates - 22nd to 31st

| Bills To Pay | Due Date | Payment | Bills To Pay | Due Date | Payment |
|--------------|----------|----------|--------------|----------|----------|
| 1. _____ | _____ | \$ _____ | 6. _____ | _____ | \$ _____ |
| 2. _____ | _____ | \$ _____ | 7. _____ | _____ | \$ _____ |
| 3. _____ | _____ | \$ _____ | 8. _____ | _____ | \$ _____ |
| 4. _____ | _____ | \$ _____ | 9. _____ | _____ | \$ _____ |
| 5. _____ | _____ | \$ _____ | 10. _____ | _____ | \$ _____ |

Personal Asset Worksheet

Use this worksheet to identify your current assets and value. Identify your current beneficiary (if applicable) and name the person for future designation.

| Type of Asset | Current Value | Current Beneficiary (if applicable) | Future Designation |
|---------------------------|---------------|--|--------------------|
| Home/Residence | | | |
| Land | | | |
| Other: | | | |
| Savings Accounts | | | |
| Checking Accounts | | | |
| Certificates of Deposit | | | |
| IRA (1) | | | |
| IRA (2) | | | |
| 401K (1) | | | |
| 401K (2) | | | |
| Mutual Funds | | | |
| Money Market | | | |
| Life Insurance Policy (1) | | | |
| Life Insurance Policy (2) | | | |
| Annuities | | | |
| Cash on Hand | | | |
| Education Account | | | |
| Household Goods | | | |
| Personal Collections | | | |
| Other Assets | | | |
| Total Assets | | | |

Household Inventory

Use this worksheet to to estimate the value of all of your possessions.

BEDROOM(S)

| # | ITEM | VALUE |
|---|--|-------|
| | Furniture (bed, dresser) | |
| | Misc furniture (tables, lamps, mirrors, etc) | |
| | Bedding (blankets, pillows, etc) | |
| | Rugs, draperies | |
| | Paintings, pictures, art | |
| | Electronics | |
| | Other: | |
| | Other: | |

PERSONAL EFFECTS - FAMILY

| # | ITEM | VALUE |
|---|--------------------|-------|
| | Cameras | |
| | Firearms | |
| | Exercise equipment | |
| | Sports equipment | |
| | Heirlooms | |
| | Other: | |
| | Other: | |
| | Other: | |
| | Other: | |

PERSONAL EFFECTS - MAN

| # | ITEM | VALUE |
|---|-------------|-------|
| | Clothing | |
| | Outerwear | |
| | Jewelry | |
| | Shoes | |
| | Accessories | |
| | Other: | |
| | Other: | |
| | Other: | |
| | Other: | |

PERSONAL EFFECTS - WOMAN

| # | ITEM | VALUE |
|---|-------------|-------|
| | Clothing | |
| | Outerwear | |
| | Jewelry | |
| | Shoes | |
| | Accessories | |
| | Other: | |
| | Other: | |
| | Other: | |
| | Other: | |

PERSONAL EFFECTS - CHILDREN

| # | ITEM | VALUE |
|---|-------------|-------|
| | Clothing | |
| | Outerwear | |
| | Jewelry | |
| | Shoes | |
| | Accessories | |
| | Other: | |
| | Other: | |
| | Other: | |
| | Other: | |

Household Inventory

Continued.... Use this worksheet to estimate the value of all your possessions.

LIVING ROOM

| # | ITEM | VALUE |
|---|--|-------|
| | Furniture (chairs, sofas) | |
| | Misc furniture (tables, lamps, mirrors, etc) | |
| | Paintings, pictures, art decorations | |
| | Rugs, draperies | |
| | Musical instruments | |
| | Electronics | |
| | Other: | |
| | Other: | |

KITCHEN, UTILITY ROOM

| # | ITEM | VALUE |
|---|--|-------|
| | Furniture (chairs, sofas) | |
| | Major appliances (stove, refrigerator, dishwasher) | |
| | Small appliances (toaster, microwave, coffeemaker) | |
| | Dishes, glassware | |
| | Pots, pans, serving dishes | |
| | Silverware | |
| | Other: | |
| | Other: | |

DINING ROOM

| # | ITEM | VALUE |
|---|--------------------------|-------|
| | Chairs and tables | |
| | Draperies, rugs | |
| | China, glassware | |
| | Silverware | |
| | Linens | |
| | Paintings, pictures, art | |
| | Other: | |
| | Other: | |

BATHROOMS

| # | ITEM | VALUE |
|---|---------------------------|-------|
| | Rugs, mats, draperies | |
| | Medicine cabinet contents | |
| | Linens, towels | |
| | Electrical appliances | |
| | Other: | |
| | Other: | |

STORAGE ROOM, GARAGE

| # | ITEM | VALUE |
|---|----------------------|-------|
| | Outdoor furniture | |
| | Lawnmower, equipment | |
| | Hand tools | |
| | Snow blower | |
| | Sports equipment | |
| | Other: | |
| | Other: | |

FAMILY ROOM/DEN

| # | ITEM | VALUE |
|---|--|-------|
| | Furniture (chairs, sofas) | |
| | Misc furniture (tables, lamps, mirrors, etc) | |
| | Paintings, pictures, art decorations | |
| | Rugs, draperies | |
| | Books | |
| | Electronics | |
| | CDs, DVDs | |
| | Other: | |

Net Worth Worksheet

Complete each category by entering a value for assets and subtracting any liabilities. The difference will be your net worth.

| ASSETS | VALUE |
|--------------------------------------|----------|
| PERSONAL POSSESSIONS | |
| Cash | |
| Money in checking | |
| Market value of home | |
| Market value of vacation home | |
| Market value of any businesses | |
| Furniture | |
| Art, antiques, & collectibles | |
| Jewelry | |
| Resale value of car 1 | |
| Resale value of car 2 | |
| Boats or other recreational vehicles | |
| Other: | |
| SAVINGS AND INVESTMENTS | |
| Money in savings accounts | |
| Money in emergency fund | |
| Certificates of deposit (CDs) | |
| Money market accounts | |
| Annuities | |
| Cash value of life insurance | |
| Stocks | |
| Bonds | |
| Mutual funds | |
| Real estate | |
| Other: | |
| RETIREMENT SAVINGS | |
| Employee pension | |
| 401K or 403B accounts | |
| IRA accounts | |
| Keough accounts | |
| Other: | |
| TOTAL ASSETS | = |

| LIABILITIES | BALANCE |
|------------------------------------|----------|
| DEBTS | |
| Mortgage | |
| Vacation home mortgage | |
| Home equity loan | |
| Car loan 1 | |
| Car loan 2 | |
| Credit card 1 | |
| Credit card 2 | |
| Credit card 3 | |
| Student loans | |
| Bank loans | |
| Private loans (friends and family) | |
| Cash advances | |
| Medical bills | |
| Taxes owed | |
| Alimony/child support owed | |
| Other debt 1 | |
| Other debt 2 | |
| TOTAL LIABILITIES | = |
| TOTAL ASSETS | |
| TOTAL LIABILITIES | - |
| TOTAL NET WORTH | = |

Organizing Your Financial Records

Use this worksheet as a guide when organizing your finances.

| Financial Record General Category | Specific Items Within Category | Filed | Lockbox | Safe Deposit |
|-----------------------------------|--------------------------------|-------|---------|--------------|
| Automotive/Recreational Vehicles | | | | |
| | | | | |
| | | | | |
| Bank Accounts | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Credit | | | | |
| | | | | |
| | | | | |
| | | | | |
| Employment | | | | |
| | | | | |
| | | | | |
| | | | | |
| Insurance | | | | |
| | | | | |
| | | | | |
| | | | | |
| Medical Records | | | | |
| | | | | |
| | | | | |
| | | | | |
| Personal | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Notes: _____

Organizing Your Financial Records

Continued...

| Financial Record General Category | Specific Items Within Category | Filed | Lockbox | Safe Deposit |
|-----------------------------------|--------------------------------|-------|---------|--------------|
| Residence | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Retirement Savings | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Schools | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Social Security | | | | |
| | | | | |
| | | | | |
| | | | | |
| Taxes | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Warranties and Receipts | | | | |
| | | | | |
| | | | | |
| Wills and Trusts | | | | |
| | | | | |
| | | | | |
| | | | | |

Notes: _____

Financial Goals Worksheet (SMART)

Use this worksheet to create a SMART goal. Identify a goal that is short, mid, and long-term when completing. Make copies of this worksheet for each individual goal.

Today's Date: _____

Start Date: _____

Date Achieved: _____

Verify that your goal is **SMART**

Specific: *What is your goal? (What? Why? and How?)*

Measurable: *How will you measure your progress? (How many? How much?)*

Achievable: *Is achieving this goal realistic with effort and commitment? What steps are involved?*

Realistic: *What skills and knowledge are necessary to reach the goal? Is it do-able?*

Timely: *When will you achieve this goal?*

This goal is important because: _____

Financial Goals Worksheet - Take Action!

Identify the obstacles you may face when working to achieve your goals, and find solutions.

Potential Obstacles

Potential Solutions

Who are the people you will ask to help you?

Specific Action Steps: *What steps need to be taken to reach your goal?*

What:

Expected completion date:

Completed:

| | | |
|-------|-------|-------|
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |

Bank Account Comparison Worksheet

Use this worksheet to decide which type of bank account is right for you.

| FEATURES | Account Name | | Account Name | |
|--|--------------------------|----|--------------------------|----|
| | Bank | | Bank | |
| | FDIC/NCUA Yes No | | FDIC/NCUA Yes No | |
| RATES & FEES | | | | |
| Average minimum balance | \$ _____ | | \$ _____ | |
| Daily minimum balance required | \$ _____ | | \$ _____ | |
| Monthly service fee (if below minimum balance) | \$ _____ | | \$ _____ | |
| CHECKS | | | | |
| Direct deposit required | Yes | No | Yes | No |
| Free or discounted printing of checks | Yes | No | Yes | No |
| Limit on number of checks written each month | Yes | No | Yes | No |
| Checks imaged or returned | Yes | No | Yes | No |
| ATM & DEBIT CARD | | | | |
| ATM card | Yes | No | Yes | No |
| Check card | Yes | No | Yes | No |
| Free use of another bank's ATM | Yes | No | Yes | No |
| ONLINE BANKING | | | | |
| Online banking (costs?) | Yes (\$) No | | Yes (\$) No | |
| Online bill pay (costs?) | Yes (\$) No | | Yes (\$) No | |
| TELEPHONE BANKING | | | | |
| Automated telephone access | Yes | No | Yes | No |
| 24/7 customer service | Yes | No | Yes | No |
| OTHER SERVICES | | | | |
| Overdraft protection option | Yes | No | Yes | No |
| Travelers checks fees | \$ _____ | | \$ _____ | |
| Money orders & cashier's checks fees | \$ _____ | | \$ _____ | |
| Safe deposit box monthly fees | \$ _____ | | \$ _____ | |
| INVESTMENTS & TRADING | | | | |
| Online investing access | Yes | No | Yes | No |
| Linked brokerage accounts | Yes | No | Yes | No |

Investment Options Worksheet

Use this worksheet to compare various investment options available.

| Feature | Investment #1 | Investment #2 | Investment #3 |
|---|---------------|---------------|---------------|
| Guaranteed or recent investment rate of return (e.g., 7%) | | | |
| Minimum initial deposit (e.g., \$500) | | | |
| Minimum subsequent deposit (e.g., \$50) | | | |
| Up-front cost or commission, if any | | | |
| Investment objective (e.g., growth, income) | | | |

Assessing Your Creditworthiness Using the Five C's of Credit

Use this worksheet to rate yourself on each of the five C's of credit using the following scale.
(1=unacceptable, 2=needs work, 3=good, 4=excellent)

Based on your assessment, identify goals for improving your creditworthiness.

| | Score | Notes |
|--|-------|-------|
| Capacity <ul style="list-style-type: none">• Wage, salary, and other income sufficient to make payments• Affordable current monthly payment obligations | | |
| Capital <ul style="list-style-type: none">• Positive net worth, appropriate for life-cycle stage | | |
| Collateral <ul style="list-style-type: none">• Valuable assets in addition to income (checking, savings, investment accounts)• Adequate collateral for loan (if applicable) | | |
| Character <ul style="list-style-type: none">• Previous experience with credit• Past credit history indicates a good attitude towards paying debts• No history of bankruptcy• Stable employment and residency | | |
| Conditions <ul style="list-style-type: none">• Job and employer security• General economic conditions are favorable | | |

Plan for improving creditworthiness

- 1.
- 2.
- 3.
- 4.
- 5.

Debt-to-Income Ratio Calculator

Use this worksheet to calculate your debt-to-income ratio. Fill in your monthly take home income and all your monthly debt payments. Then use the calculation key to determine your ratio.

| Monthly Take-Home Income | | | |
|------------------------------|-----|--------|-------|
| | You | Spouse | Total |
| Salary/Wages | | | |
| Social Security | | | |
| Military Pay | | | |
| Pension/Retirement Income | | | |
| Bank and Investment Interest | | | |
| Alimony | | | |
| Rental Income | | | |
| Unemployment | | | |
| Food Stamps | | | |
| Royalties | | | |
| Business Income | | | |
| Other | | | |
| Other | | | |
| Total Income | | | |

| Outstanding Monthly Debt Payments | | | |
|--|-----|--------|-------|
| | You | Spouse | Total |
| Credit Card Pmts | | | |
| Student Loans | | | |
| Car Payments | | | |
| Recreational Vehicle/ Boat Payments | | | |
| Bank/Credit Union/ Loan Payments | | | |
| Med/Dental Bills | | | |
| Computer/Electronic Bill Payments | | | |
| Other Credit Loans or Accounts | | | |
| Other | | | |
| Other | | | |
| Total Monthly Pmts | | | |

| Calculation Key | |
|----------------------|---|
| Monthly Debt Payment | |
| (divided by) | / |
| Monthly Income | |
| (equals) | = |
| Debt-to-Income Ratio | |

How do you measure up for the creditors?

| | |
|----------------|-------------------|
| Less than 10% | Great Shape |
| 10 - 20% | Good Credit Risk |
| 20 - 35% | Questionable Risk |
| 35% and higher | High Risk |

Credit Card Options Worksheet

Use this worksheet to compare various credit card offers before signing up for an account

WARNING: *We do not encourage the use of multiple credit cards, but understand you may need them for business, emergencies, etc. Please do your research before signing up for a credit card.*

| Feature | Credit Card #1 | Credit Card #2 | Credit Card #3 |
|------------------------|----------------|----------------|----------------|
| Annual Fee | | | |
| Grace Period | | | |
| APR | | | |
| Maximum Credit Offered | | | |
| Benefits | | | |

Resources

American Consumer Credit Counseling

130 Rumford Ave, Suite 202
Auburndale, Ma 02466
800-769-3571

Credit Reporting Agencies

Experian

www.experian.com
800-682-7654

Equifax

www.equifax.com
800-865-1111

Transunion

www.transunion.com
800-916-8800

FICO Scores

To purchase your FICO scores; one from each bureau.
www.myFICO.com
800-319-4433

Free Annual Credit Report

This website enables you to order a free copy of your credit report from each of the credit reporting agencies
www.annualcreditreport.com
877-322-8228

Federal Deposit Insurance Corporation

You can find resources provided by the FDIC protect and educate consumers
www.fdic.gov
877-275-3342

Federal Trade Commission

www.ftc.gov

Federal Reserve

www.federalreserve.gov

Internal Revenue Service

The nation's tax collection agency where you can find information on tax related information
www.irs.gov
800-829-1040

Social Security Benefits

To order earnings and benefits statement or to report fraudulent use of SS#
www.ssa.org
800-772-1213

Affordable Care Act

Information on the Affordable Care Act and various health care options can be found here.
www.healthcare.org

Medicare

www.medicare.com
800-MEDICARE (800-633-4273)

Medicaid

www.cms.gov
800-633-4227

Making Homes Affordable

If you are having trouble making your mortgage payments or have missed a payment, contact to see what options are available to you.
www.makinghomesaffordable.gov
888-995-4673

Credit Card Offer Removal List

The national credit bureaus offer a toll free number for you to opt out of all preapproved credit card offers with just one phone call.
888-5OPT-OUT (888-567-8688)

Direct Mail Removal List

The Direct Marketing Association has developed a tool to help manage your mail. Contact them be removed from mailing lists including catalogs, newsletters, donation requests, and more.
www.dmachoice.org
212-768-7277

National Credit Union Association

You can learn more about how to join a credit union and financial self sufficiency
www.ncua.gov
703-518-6300

Resources

Safelink

A government supported program that provides free cell phone and air time to income eligible participants.

www.safelinkwireless.com

800-977-3768

Check Systems

You can order a report to learn what information, if any, is listed in your consumer file at ChexSystems.

www.consumerdebit.com

800-428-9623

TeleCheck

To report fraudulent use of your checks you may file a report with TeleCheck. You may also order a file report if you believe that there may be inaccurate or incomplete information.

www.telecheck.com

Government Benefits

Online access to government benefits and assistance programs.

www.benefits.gov

USA Government Made Easy

A-Z resources through the government's official portal

www.usa.gov

800-333-4636

Student Loans

Department of Education (Student Loans, Forgiveness, grants and more)

www.edu.gov

800-621-3115



American Consumer Credit Counseling
130 Rumford Ave, Suite 202
Auburndale, MA 02466-1371

1-800-769-3571

ConsumerCredit.com