



Dear United Federal Credit Union Member:

Congratulations! You have made a very important decision for your financial future. We look forward to meeting with you and hope that United Federal Credit Union can play an important role in helping you achieve your financial goals.

The Financial analysis outline requires you to provide information prior to your appointment. While completing the analysis, please allow yourself time to determine what you are realistically spending. Inaccurate figures will only create an inaccurate budget. Some categories may be easier for you to figure on a weekly basis while others may be monthly or yearly.

The financial analysis can be submitted electronically via our website, www.unitedfcu.com, fax or US Mail. Once we have received the completed financial analysis with the signed waiver you will be contacted to schedule your appointment.

I look forward to meeting with you!

Judy Baker, CCUFC
Financial Counselor
United Federal Credit Union
Member Assistance Program
Phone: 888-200-7834
FAX: 269-695-2488
Jbaker@unitedfcu.com

WAIVER

MEMBER ASSISTANCE PROGRAM

I chose to participate in the use of the Member Assistance Program provided by United Federal Credit Union at no charge to me. I understand that financial decisions have risk and rewards. I agree that I am responsible for my own financial decisions. I assume all risks associated with my financial decisions.

United Federal Credit Union and I share certain goals and interest, yet at the same time, our interests can differ and sometimes conflict. For example, the credit union may have an interest in reducing my debt to the credit union or increasing deposit accounts at the credit union. I waive all liability for this conflict of interest. I acknowledge that I can obtain financial counseling from others on a fee basis.

I acknowledge that my financial decisions are not insured or guaranteed by any agency or institution.

I fully and forever release and discharge United Federal Credit Union and their successors, agents, and representatives from any and all claims, causes of action, or liability for any loss or damage sustained or incurred by me arising out of or in any way associated with my use of the Member Assistance Program including all claims, causes of actions or liability arising out of the negligence of United Federal Credit Union or their agents or representatives. I agree to indemnify and hold harmless United Federal Credit Union, its agents or representatives, from any loss, damage or expense sustained or incurred by them arising from any such claims causes of action or liability whether brought by me, anyone acting on my behalf, or by anyone else because of conduct attributed to me.

This release shall be binding upon my heirs, assigns and any personal entity acting on my behalf, including a parent, guardian or friend.

This agreement also gives United Federal Credit Union permission to request a copy of my Credit Bureau Report for account information verification, and to discuss my financial obligations with any of my creditors, if needed.

NOTE - This waiver form *must* be signed and returned prior to your financial analysis session.

I have read this agreement before signing it. As of this date, I am eighteen (18) years old or older.

(Signature)

Dated: _____

(Print Name)

(Signature)

Dated: _____

(Print Name)

United Federal Credit Union Member Assistance Packet

Name:

Address

Member #

Phone (home)
Phone (work)

Best time to contact

Employer #1
Employer #2

Marital Status: _____

Number of dependents: _____

Ages:

Referred by:

Other information:

INCOME

| | |
|----------------------------|--|
| Employer #1 Take Home Pay | |
| Employer # 2 Take Home Pay | |
| Other Income | |
| Other Income | |
| Other Income | |

Total Income



Insurance Expenses

| | Monthly Payments |
|------------------------|-------------------------|
| Auto | |
| Home | |
| Renter | |
| Life | |
| Camper | |
| Other | |
| Total Insurance | |

| Counselor Input |
|------------------------|
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Personal Expenses

| | Monthly Payments |
|-----------------------|-------------------------|
| Clothes | |
| Medicine | |
| Dr. Co-pays | |
| Education | |
| Professional expenses | |
| Gifts | |
| Entertainment | |
| Child Care | |
| Vacations | |
| Haircuts | |
| Dry cleaning | |
| Pets | |
| Self employment tax | |
| Donations | |
| Medical | |
| Total Personal | |

| Counselor Input |
|------------------------|
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Total Living Expenses

TOTAL INCOME MINUS EXPENSES

Income

Total Living Expenses (pg. 2-3)

Total Outstanding Debt Payments (pg. 4)

Total Expenses

(Shortage)/Overage