

This counseling worksheet may be submitted electronically or it may be printed out and faxed to: **905-707-7895** It can be mailed to: **Community Credit Counselling Services - York Region**  
**Attn: Counselor, CCS. Thornhill Square, 300 John Street, Suite 300, Thornhill, Ontario, L3T 5W4**  
**Phone: 905-707-7695**

Name \_\_\_\_\_

## Debt Profile Sheet

	Creditor name & address	% of interest	total owing	mthly pymt	# of mths past due
account #		creditor phone #			

	Creditor name & address	interest	total owing	pymt	past due
account #		creditor phone #			

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account #		creditor phone #			

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