



“Project L.E.A.P” Budgetary Assistance Program Application-B.A.P.



Credit by Creations LLC

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Credit Improvement Agreement-Project L.E.A.P - Revised January 2018

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B.A.P. Application - Form A

Client Details

Client Full Name: _____

Client Address: _____

City _____ State _____ Zip Code _____

Client Date of Birth: _____ Social Security: _____

Client Email Address: _____ Home Phone: _____

Mobile Phone: _____

Client Annual Income: _____

Current Employer: _____ Office Phone: _____

Spouse Details

Spouse Full Name: _____

Spouse Address: _____

City _____ State _____ Zip Code _____

Spouse Date of Birth: _____ Social Security: _____

Spouse Email Address: _____ Home Phone: _____

Mobile Phone: _____

Spouse Annual Income: _____

Spouse Current Employer: _____ Office Phone: _____



List everyone currently living in your home beside yourself:

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

How long have you lived at your current address? _____ How long at your previous address? _____

Employment Information

Current employer: _____

How long have you worked there? From ___/___/___

Previous employer: _____

How long did you work there? From ___/___/___ To ___/___/___

If you are currently unable to work, state why.



Community Services & Worship Affiliations Information

Do you attend any community/neighborhood group? ___Yes ___No Name of group leader: _____

Are you a member or volunteer of any church? ___Yes ___No Which area(s)? _____ List individuals who know you at that church (for reference purposes):

Elder/Sister _____ Length of relationship _____

Minister _____ Length of relationship _____

Ministry Leader _____ Length of relationship _____

List individuals you have contacted and asked for financial assistance:

Family Member: _____ Relationship: _____

Their response: _____ Phone # (____) _____

Family Member: _____ Relationship _____

Their response: _____ Phone # (____) _____

Friend(s) _____

Their response: _____ Phone # (____) _____

Neighborhood group or organization/ministry area:



Their response: _____

Agencies/Other: _____

Their response: _____

Have you received financial assistance from _____ before? ___ Yes ___ No

Approval Amount: _____

How much money or what services are you requesting? _____ and for what purpose _____



Help Us, To Help You:

Questionnaire: Please answer the questions fully; so, that an advisor can gain a clear understanding of what your needs are and how we can best assist you:

Please tell us in detail why you are unable to pay for Credit and Financial Improvement Services?



Please tell us what caused you to be in your present negative financial state?

Can you name some Money, Wealth, Prosperity & Abundance affirmations which you could use to help you in journey for financial empowerment? _____



After you have restored and enhanced your distressed financial profile, what are your instant, short and long term goals and actions to maintain all new-found prosperity in your life?

Finally, please provide motivation for why we should accept your application for our "Project L.E.A.P" Budgetary Assistance Program-B.A.P?



By signing below, I certify that the all statements made above and on any attachment(s) and Financial Ability Assessment are true and complete to the best of my knowledge. I give permission for _____ to make inquiries as needed to determine if they can assist me.

I hereby waive any claim to challenge and question the failure of my application for free or low-cost Credit Improvement Assistance Service offered by _____.

Client Full Name: _____ Date: _____

Client Signature: _____

Spouse Full Name: _____ Date: _____

Spouse Signature: _____

Authorized Signatory- Be advised I am not signing the document personally, but on behalf of the Credit by Creations LLC.

Sign Here



_____/Date: _____

Advisor Signature: *Name, Title/mbr of Credit By Creations LLC, on behalf of Credit By Creations LLC as its Manager/Mbr.*

****No verbal communication will supersede this agreement and this agreement cannot be modified in any way. I have read, understand and concur with this document prior to signing.***



Financial Ability Assessment

EXPENSES	\$ PER MONTH	INCOME	\$ PER MONTH
Rent/Mortgage		Yourself (after taxes)	
Electric		Others in household (after taxes)	
Gas (home)		Child support	
Water		Unemployment compensation	
Car payment(s)		Social security (SS)	
Car insurance		Supplemental security income (SSI)	
Gas (auto)		Supplemental security disability income (SSDI)	
Bus fare		Supplemental disability income (SDI)	
Groceries		Retirement savings	
Phone		Food stamps	
Cell phone		Family/Friends support	
Pager		Clothing	
Child care		Rentals (i.e. equip/furniture)	
Child support		Offering/Tithe	
Alimony		Cable	
Court ordered judgments		Entertainment	
Credit cards		Other:	
Loan payment		Other	
Doctor or dentist bills			
Total=		Total=	



Application Status

Application Received Date: _____

Application Reviewed By: _____

Application Accepted or Rejected By **Name:** _____

Title: _____

Application Accepted or Rejected; if rejected, why? _____

Please check an answer:



Approval Stamp here:

If Application Accepted, for how many cycles of service: _____

File Worked-up and "Clear to Process" Date: _____

File Fully Finalized and Case Closed Date: _____