

Assessment Submission Worksheet

CCFC/Referral Representative Information

Name _____ Date _____
Company _____
Address _____
City _____ State _____ ZIP _____
Phone _____ Fax _____

Client Information

Name of client _____
Contact person _____
Address _____
City _____ State _____ ZIP _____
Phone _____ Fax _____

Collateral Information

Description of collateral _____

Portfolio Summary

Item	Amount or number
Total amount of assessments in package	
Total number of assessments in package	
Average amount of assessment/fee	
Amount delinquent 0 – 30 days	
Amount delinquent 31 – 60 days	
Amount delinquent 61 – 90 days	
Amount delinquent 91 – 120 days	
Amount delinquent 121+ days	

Seller's Motivation/Need
