



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



Mailing Address
P.O. Box 5757
Columbia, SC 29250-5757

DISCLOSURE FORM SUPPLEMENTAL FORM A

S.C. Code Ann. § 37-7-101 et seq.
www.sccconsumer.gov
803-734-4236

Street Address
3600 Forest Drive, 3rd Floor
Columbia, SC 29204-4406

DO NOT FAX THIS FORM

(An original, signed and notarized form is required)

The following information **MUST** be provided on a separate form for EACH MEMBER, OWNER, PARTNER, OFFICER, and DIRECTOR, unless otherwise stated. A MEMBER, OWNER, PARTNER, OFFICER or DIRECTOR that engages in credit counseling activity, i.e. credit counselor, must also complete a Credit Counselor Application. This form may be duplicated. Complete the form in its entirety. Incomplete information could result in delay or denial of the application. Attach additional page(s) as necessary.

1. Company Name: _____
2. Your Legal Name: _____

(Last)
(First)
(Middle)

 Have you been known by any other name? Yes No If yes, state the name: _____
(Ex. Maiden Name, etc.)
3. Business Relationship or Title: _____
4. Resident Address: _____ How long at this address? _____

(City)
(State)
(Zip Code)
(County)
5. Work Telephone Number: _____
6. Home Telephone Number: _____
7. Fax Number: _____
8. E-Mail Address: _____
9. Date of Birth: ____ / ____ / ____ Place of Birth: _____
10. SSN: ____ - ____ - ____
11. Driver's License Number: _____ State and Date of Issue: _____

12. EDUCATIONAL BACKGROUND

School	Address	Dates Attended	Degree Earned
1.			
2.			
3.			
4.			

13. **EMPLOYMENT BACKGROUND:** Describe your employment for the last ten years, starting with your current Position. Account for all time.

Name of Employer, Address, and Telephone Number	Dates of Employment	Position Held	Reason for Leaving	Name of Owner
1.				
2.				
3.				

14. **BUSINESS AFFILIATIONS:** List all firms, companies, corporations, or other business organizations of which you are, at present, a director, officer, employee, member or owner.

Name and Address	Type of Business	Position
1.		
2.		
3.		

MARK AN "X" IN THE APPROPRIATE BOX.

If you answer "YES" to any question, attach a separate sheet giving complete details.

YES NO

15. Have you been convicted of a felony within the past ten years? Provide details about the offense, including conviction date, court, penalty and attach a certified copy of the Criminal Docket Sheet and the Presentence Investigation Report.
16. Have you been convicted of an offense involving breach of trust, moral turpitude or dishonest dealings within the past ten years? Provide details about the offense, including conviction date, court, penalty and attach a certified copy of the Criminal Docket Sheet and the Presentence Investigation Report.
17. Have you ever been charged with any irregularities or shortages in your business accounts or transactions?
18. Have you ever surrendered, resigned, cancelled, or been denied a professional license or other credential in ANY jurisdiction? Provide details, including the name of the profession, the agency, and the agency address.
19. Has ANY licensing or other credentialing agency ever taken any disciplinary action against you, including, but not limited to, any warning, reprimand, suspension, probation, limitation, or revocation? Provide details, including the name of the agency and date of the action.
20. Is disciplinary action pending against you in any jurisdiction? Provide details, including the name of the agency and status of the action.
21. Have you ever had any civil judgments, lawsuits or liens brought against you?

YES NO

- 22. Have you been adjudicated as bankrupt?
- 23. Were you ever an owner, partner, director, officer, member or manager of any firm or company which was adjudicated bankrupt or for which a receiver was appointed either during the time or within one year after you were connected with it?
- 24. Have you made an assignment for the benefit of creditors?
- 25. Do you currently hold, or have you in the past held, any license issued by the State of South Carolina? (Do not include your driver's license). If yes, attach a copy.
- 26. Do you have an ownership interest in an affiliate or subsidiary of the named company or in any other entity that provides a service to the named company or any consumer relating to the company's credit counseling business? Provide details, including ownership interest, service(s) provided by the affiliate, subsidiary, or other entity.
- 27. Have you read and are you familiar with the Consumer Credit Counseling Act, S.C. Code Ann. § 37-7-101 et seq.?

28. **OTHER ATTACHMENTS:** Please use the checklist below to verify your application is complete.

Incomplete information could result in delay or denial of your application.

- Attach or Have Sent a Current (less than 90 days old) Personal Composite Credit Report. The **organization's name** and "**SCDCA- Credit Counseling**" must be on the face of the report.
- Request a Criminal History Check from the State Police in Your Place of Residence Be Sent to the Department, unless otherwise prohibited by law.

I swear or affirm and certify that I have completed and/or reviewed all information on this form and that all information contained herein is true, current and correct. I further certify that I understand that giving false information constitutes cause for denial or revocation of the application and subjects me to criminal prosecution for perjury. I acknowledge that I have a duty and agree to update and correct this information as it changes. Additionally, **I acknowledge that pursuant to S.C. Code 37-7-101 through -122, a criminal records check is required for all applicants.**

Signature of Member, Owner, Partner, Officer or Director
Listed Above

Type or Print your name

SWORN TO AND SUBSCRIBED before me
this _____ day of _____, 20__

Notary Public For _____

My Commission Expires: _____

The South Carolina Freedom of Information Act may require the Department of Consumer Affairs to release this form as a public record; however personal identifying information will be released only if required by law.