A Non Profit ***COMMUNITY CREDIT COUNSELING CORP.***
501 (C)(3) Corporation **5 Professional Circle, Route 34** ***Telephone (800) 220-9654***
Colts Neck, New Jersey 07722 ***Facsimile (800) 220-9651***

DISCLOSURE STATEMENT
ADDENDUM FOR ILLINOIS RESIDENTS

This Disclosure Statement Addendum shall supersede the Disclosure Statement residents of the State of Illinois. It shall not apply to residents of any state other than the State of Illinois.

As per the Illinois Debt Services Management Act the following must be completed:

Total Outstanding Consumer Debt $ _____

Monthly Service Fee $ _____

Estimated No. of Payments to Complete Program $ _____

I acknowledge that I have received this Disclosure Statement Addendum for Illinois residents. The program has been explained to me.

DO NOT SIGN THIS AGREEMENT WITHOUT FIRST READING IT.

Dated: _____

COMMUNITY CREDIT COUNSELING CORP.

_____ _____
CLIENT **Date**

_____ _____
CLIENT (SPOUSE) **Date**