



RICHARD G. MOXLEY, III  
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\*LICENSED IN AL, MS, FL & GA  
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# HARDSHIP PROGRAM APPLICATION

Please complete this packet in its entirety and provide any and all supporting documentation. The information requested is required to understand your financial situation so that an informed decision can be made regarding your application. If you need more space to amply describe your financial situation please attach additional sheets.

Once complete, you may return the agreement to the firm in one of the following ways:

- Fax it to (334) 387-3580
- Email it to [webcontact@moxleylaw.com](mailto:webcontact@moxleylaw.com) (Please note that the firm will not respond to any inquiry via email in order to best protect your personal private information.)
- Mail it to P.O. Box 4953, Montgomery, AL 36103

If you have any questions please contact our office at (866) 996-3277.

This communication is from a debt collector and is an attempt to collect a debt. Any information obtained will be used for that purpose.



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**GENERAL INFORMATION**

NAME: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

**RESIDENT INFORMATION**

*(Check all that apply)*

Own \_\_\_\_\_ Rent \_\_\_\_\_ Other \_\_\_\_\_, If other Explain: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: STREET \_\_\_\_/\_\_\_\_/\_\_\_\_ CITY HOME PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ STATE ZIP CELL PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**EMPLOYMENT INFORMATION**

PLACE OF EMPLOYMENT: \_\_\_\_\_

EMPLOYMENT ADDRESS: \_\_\_\_\_

EMPLOYER PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ STREET CITY STATE ZIP EMPLOYER FAX: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**ASSET INFORMATION**

**INCOME**

What are your sources of income?

*(Check all that Apply)*

Wages \_\_\_\_\_ Dividends \_\_\_\_\_ Social Security \_\_\_\_\_ Disability \_\_\_\_\_

How often are you paid? Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Semi-Monthly \_\_\_\_\_ Other \_\_\_\_\_

If paid hourly average number of hours worked per week: \_\_\_\_\_

What is your monthly income? \$ \_\_\_\_\_/Month

**PROPERTY**

Do you own property other than your primary residence? Yes \_\_\_\_\_ or No \_\_\_\_\_

If Yes what is the property address: \_\_\_\_\_

STREET CITY STATE ZIP

**BANK ACCOUNTS:**

Name of bank: \_\_\_\_\_

Checking Balance: \_\_\_\_\_ Savings Balance: \_\_\_\_\_ Other Balance: \_\_\_\_\_

**INVESTMENTS:**

Amount in Stocks, Bonds, CDs, Mutual Funds and/or 401k: \_\_\_\_\_

**OTHER ASSETS:**

Type of asset: \_\_\_\_\_ Value: \_\_\_\_\_

Type of asset: \_\_\_\_\_ Value: \_\_\_\_\_





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## **MOBILE TELEPHONE CONSENT TO CONTACT FORM**

If you would like us to contact you on your mobile phone please complete this form and return it to Moxley & Associates, LLC. You may revoke consent at any time by contacting our office by telephone, email, regular mail, or facsimile.

You are not required to sign this agreement as a condition to purchasing, leasing, or otherwise acquiring access to property, goods or services that may be provided to you by Moxley & Associates, LLC as part our representation of our clients. By signing this agreement you authorize Moxley & Associates, LLC to initiate and/or maintain contact with you at the number you provide, using an automatic telephone dialing system (ATDS), an artificial or prerecorded voice and/or text message.

By signing this agreement you agree that you are authorized to sign this agreement as owner of the mobile phone which you are authorizing us to contact.

Contact Number: \_\_\_\_\_

Date: \_\_\_\_\_

Your Name Printed: \_\_\_\_\_

Your Signature: \_\_\_\_\_

To further assist us in making sure your information is properly in our records, please provide the following:

Address: \_\_\_\_\_

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