

GENERAL INFORMATION

First Name:	Last Name:	
Spouse First Name:	Spouse Last Name:	
Home Address:	City/Province:	Postal Code:
Home Number:	Cell Number:	
Email:	Number Of Dependants:	

EMPLOYMENT INFORMATION

Employer:	Work Number:	
Employer Address:	City/Province:	Postal Code:
Paydays:	Occupation:	
Net Monthly Pay (after tax):	Start Date:	Overtime:

SPOUSE EMPLOYMENT INFORMATION

Employer:	Work Number:	
Employer Address:	City/Province:	Postal Code:
Paydays:	Occupation:	
Net Monthly Pay (after tax):	Start Date:	Overtime:

MONTHLY EXPENSES

Rent or Mortgage:	Property Taxes:	Strata Fees/Condo Fees:
Home/Tenant Insurance:	Hydro:	Sewer/Water:
Natural Gas/Heating:	Home Phone:	Cell Phone:
Cable/Satellite	Internet:	Groceries:
Public Transportation:	Gas For Vehicle:	Vehicle Payments:
Car Insurance:	Car Maintenance:	Banking Fees:
Rev. Canada Payments:	Cigarettes (Max. \$100):	Entertainment (Max. \$100):
Prescriptions:	Medical Plan:	Dental Plan:
Day Care:	Child Support:	Spousal Support:
Life Insurance:	Clothing (Max. \$50/person):	Pet Expenses:
Student Loan Payments:	Secured Loan Payments:	Toiletries/Miscellaneous:
Total Monthly Expenses:	*** Miscellaneous includes anything else not listed, but please list what exactly the expenses are for in the notes below.	

MONTHLY INCOME

Your Income:	Spouse Income:	Child Tax Credit:
Other Income:	Other Income Source:	
Total Monthly Income:	Total Monthly Expenses:	Your Available Income is:

ASSETS

Value of Home:	Mortgage Owed:	Value of Vehicle:
Vehicle Loan Amount:	RRSP's:	Mutual Funds:
Other Investments:	Household Goods:	
Mortgage Held By:		
Vehicle Year, Make, Model and Loan Provider:		

LIST OF CREDITORS (DEBTS)

** This category is for UNSECURED debt only.
 ** Please list Mortgages and Vehicle loans in the assets section and any other Secured debt in the Notes below.
 ** If you have debts that are Joint or Co-signed please indicate this in the notes section below.

Total Debt:

Creditor Name:	Account Balance:
Account Number:	Monthly Payment:
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Account Number:	Monthly Payment:
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Account Number:	Monthly Payment:
Creditor Name:	Account Balance:
Account Number:	Monthly Payment:

Notes:

** For Joint accounts please indicate who is Joint on them and if that party is applying for the Consolidation with you.
 ** Please list any other items below if you are not sure where to enter them on this Worksheet

