

Formerly Collection Service of Windsor Ltd.

STATEMENT OF NET MONTHLY INCOME & EXPENSES

Full Name: _____ SIN #: _____ Ph. #: _____
 Address _____ Postal Code: _____
 Number in family (include spouse) _____
 Name of employer: _____ Name of employer: _____

MONTHLY INCOME: PROOF OF INCOME MUST BE SUPPLIED BY BOTH APPLICANT & SPOUSE
 (i.e. Letter from employer, cheque stub or letter confirming receipt of U.I.C. or social assistance)

	APPLICANT	+	SPOUSE	=	MONTHLY TOTAL
Gross monthly earning	\$ _____	+	\$ _____	=	\$ _____
Net earnings	\$ _____	+	\$ _____	=	\$ _____
(add amounts diverted at source for savings or payment of a debt)					
U.I.C./Welfare	\$ _____	+	\$ _____	=	\$ _____
Family Allowance	\$ _____	+	\$ _____	=	\$ _____
Alimony or support received . . .	\$ _____	+	\$ _____	=	\$ _____
Disability Income	\$ _____	+	\$ _____	=	\$ _____
(C.P.P. /Q.P.P., Insurance, Provincial Assistance, Workers Compensation, Private Pension Plan, Specify : _____)					
Other (specify _____) . .	\$ _____	+	\$ _____	=	\$ _____

TOTAL MONTHLY INCOME: _____ = _____ = _____

EXPENSES (AVERAGE PER MONTH)

Shelter

Rent	\$ _____
Mortgage (principal, interest, taxes)	\$ _____
Home Insurance.....	\$ _____
Electricity/Heat/Water	\$ _____
Telephone.....	\$ _____
Cable/Satellite.....	\$ _____
Internet	\$ _____

Other Living Expenses

Food	\$ _____
Medical/Dental	\$ _____
Insurance (personal)	\$ _____
Child Care	\$ _____

Transportation

Public Transport	
Car - operation and upkeep	\$ _____
- Insurance	\$ _____
- loan	\$ _____

Other

Alimony or support paid	\$ _____
Entertainment	\$ _____
Miscellaneous (explain if more than \$75/month).....	\$ _____
TOTAL MONTHLY EXPENSES	\$ _____

STATEMENT OF ASSETS AND LIABILITIES

AS OF _____

ASSETS:

FINANCIAL INSTITUTIONS:

NAME OF BANK _____	LOCATION _____
TYPE OF ACCOUNT _____	BAL. TO DATE _____

NAME OF BANK _____	LOCATION _____
TYPE OF ACCOUNT _____	BAL. TO DATE _____

LOANS:

NAME OF BANK _____	LOCATION _____
ORIGINAL AMOUNT _____	BAL. REMAINING _____

ESTIMATED VALUE OF REAL ESTATE HOLDINGS _____

CASH VALUE OF STOCKS, BONDS, RRSP, ETC. _____

CAR (#1 – MODEL _____, YEAR _____)

VALUE _____

CAR (#2 – MODEL _____, YEAR _____)

VALUE _____

OTHER (SPECIFY) _____

LIABILITIES:

MORTGAGE (BALANCE OF PRINCIPAL) _____

CAR LOAN (BALANCE OF PRINCIPAL) _____

OTHER DEBTS (SPECIFY, ie: VISA, MASTERCARD, BANK LOAN, CREDIT CARDS, ETC.) BALANCE OWING

NAME (please print) _____

SIGNATURE _____

DATE _____