

## Services Nova Scotia and Municipal Relations Debtor Assistance

#### TO COMPLETE THE BUDGET WORKSHEET PLEASE:

- Give <u>complete</u> mailing address, place of employment, and home and business telephone numbers as the counsellor will be contacting you by telephone.
- List all dependents and dates of birth.
- List income(s) before and after deductions (verification of your income should be included).
- Give complete breakdown of your monthly living expenses in column one of the space provided.
- List all creditors (everyone you owe money to), their addresses, account numbers and the approximate amount owing to each one. **Include a copy of the most recent statement from each one**, if available.
- List all assets under Section #3., i.e, car (make and year), etc. and list which lending institution (bank, finance company) has a secured lien on these items, if applicable.
- List any property (home, mobile home, land, cottage) you may own under Section #4, include assessed value (from tax bills) and how much is owing on these properties.

If you require any assistance please contact us at 424-5200 or toll free at 1-800-670-4357.

Please return the completed Budget Work Sheet to your nearest Service Nova Scotia and Municipal Relations, or Access Nova Scotia centre.

We will review the information that you have provided and we will be in contact with you at the earliest possible date to arrange a suitable appointment time.

Debtor Assistance Section Nova Scotia Government Web Site http:www.gov.ns.ca/snsmr

# **BUDGET WORKSHEET**

	y						
	tus						
	Name	_ Co-Applicant					
				D.O.B			
	D.O.B. Sex M/F			(Bus)	Sex M/F		
	me) (Bus) by/Address		Address				
Occupation	1	Occupation					
DEPENDE	ENTS	•	<u> </u>				
Name							
D.O.B.							
Sex							
School							
ADDI ICA	NT GROSS INCOME - Monthly	CO ADDI ICA	NT CDOSS INCO	ME Monthly			
	ges			ME - Monthly			
-	owance						
Social Assi	istance	_ Social Assistan	ce		<del></del>		
	NT TOTAL CDOSS INCOME ¢		NT TOTAL CROS	S INCOME \$			
APPLICA	NT TOTAL GROSS INCOME \$	_ CO-APPLICA	INT TOTAL GROS	S INCOME \$			
DEDUCTI	IONS	DEDUCTION	S				
	X						
	S						
	5						
			Medical Insurance				
Other		Other					
TOTAL DI	EDUCTIONS \$						
APPLICA	NT MONTHLY NET INCOME \$			ET INCOME \$			
			<u> </u>		T		
MONTH	LY LIVING EXPENSES	Applicant (s)	•	-	Office use only		
Food		1	2	3	4		
	odation - Type Rented 9 Owned 9						
Property '							
	Telephone						
	- Electricity						
	- Water						
	-Fuel Gas 9 Wood 9 Oil 9						
Clothing	Duscovintion Duyes						
	Prescription Drugs tation Car 9 Transit 9						
			+				
Insurance							
	- Auto		+				
	- House						
	- Furniture						
Individua	lly - Newspaper						
	- Hair care						
	- House Repairs	1	1				
	- School Supplies	1	+		1		
	- laundry 9 Dry-Cleaning 9		+		1		
	limony / Child Support	+	+		+		
- B		1					
	abysitting						
	ecreation						
- T	ecreation obacco fiscellaneous						
- T	obacco						

- 1. The following is a complete and full statement of my assets and liabilities and of my personal responsibilities.
- 2. All of my creditors and the payout (principle plus interest as of date of this application) amounts owing by me to them are as follows: If space is insufficient, attach an additional sheet.

CREDITOR	ADDRESS	AMOUNT	MONTHLY PAYMENT
Name			
Account No.			
Name			
Account No.			
Name			
Account No.			
Name			
Account No.			
Name			
Account No.			
Name			
Account No.			
Name			
Account No.			
Name			
Account No.			
Name			
Account No.			
Name			
Account No.			
Name			
Account No.			
Name			
Account No.			
Name			
Account No.			
Name			
Account No.			
	TOTAL '		

### 3. My creditors hold security as follows:

NAME OF CREDITOR	DESCRIPTION AND SERIAL NO.	ESTIMATED VALUE	STATUS

### 4. I have an interest in the following:

DESCRIPTION	VALUE	ENCUMBRANCES
	\$	\$
	\$	\$
	\$	\$

Debtor's	Signature		