



Services Nova Scotia and Municipal Relations
Debtor Assistance

TO COMPLETE THE BUDGET WORKSHEET PLEASE:

- Give complete 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.**

BUDGET WORKSHEET

Referred by _____
 Reason _____
 Marital Status _____
 Applicant Name _____
 Address _____
 S.I.N. _____ D.O.B. _____ Sex M / F
 Phone (Home) _____ (Bus) _____
 Employed by/Address _____

 Occupation _____

Date _____
 Interviewed by _____
 Co-Applicant _____
 S.I.N. _____ D.O.B. _____
 Phone (Home) _____ (Bus) _____ Sex M / F
 Employed by/Address _____

 Occupation _____

DEPENDENTS

Name	D.O.B.	Sex	School		

APPLICANT GROSS INCOME - Monthly _____
 Salary/Wages _____
 Family Allowance _____
 Pension _____
 Social Assistance _____
 Other _____
APPLICANT TOTAL GROSS INCOME \$ _____

CO-APPLICANT GROSS INCOME - Monthly _____
 Salary/Wages _____
 Family Allowance _____
 Pension _____
 Social Assistance _____
 Other _____
CO-APPLICANT TOTAL GROSS INCOME \$ _____

DEDUCTIONS

Income Tax _____
 C.P.P. _____
 U.I.C. _____
 Pension _____
 Union Dues _____
 Medical _____
 Insurance _____
 Other _____
TOTAL DEDUCTIONS \$ _____
APPLICANT MONTHLY NET INCOME \$ _____

DEDUCTIONS

Income Tax _____
 C.P.P. _____
 U.I.C. _____
 Pension _____
 Union Dues _____
 Medical _____
 Insurance _____
 Other _____
TOTAL DEDUCTIONS \$ _____
CO-APPLICANT MONTHLY NET INCOME \$ _____

TOTAL NET INCOME \$ _____

MONTHLY LIVING EXPENSES	Applicant (s)	Office use only	Office use only	Office use only
	1	2	3	4
Food				
Accommodation - Type Rented 9 Owned 9				
Property Taxes				
Utilities - Telephone				
- Electricity				
- Water				
- Fuel Gas 9 Wood 9 Oil 9				
Clothing				
Medical - Prescription Drugs				
Transportation Car 9 Transit 9				
Insurance - Life				
- Auto				
- House				
- Furniture				
Individually - Newspaper				
- Hair care				
- House Repairs				
- School Supplies				
- laundry 9 Dry-Cleaning 9				
Other - Alimony / Child Support				
- Babysitting				
- Recreation				
- Tobacco				
- Miscellaneous				
TOTAL MONTHLY EXPENSES				
MONEY AVAILABLE FOR DEBT PAYMENTS				

- The following is a complete and full statement of my assets and liabilities and of my personal responsibilities.
- 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.			
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 _____