

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) after deductions (verification of your income should be included).
- Give complete breakdown of your monthly living expenses.
- 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 Worksheet to your local or nearest office of Access Nova Scotia or Service Nova Scotia and Municipal Relations.

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.

Referred by _____	Date _____
Reason _____	Interviewed by _____
Marital Status _____	
Applicant Name _____	Co-Applicant Name _____
D.O.B. _____ Sex: M / F	D.O.B. _____ Sex: M / F
Address _____	
Telephone (Res) _____ (Bus) _____	Telephone (Res) _____ (Bus) _____
Employed by _____	Employed by _____
Address _____	Address _____
Occupation _____	Occupation _____

DEPENDENTS

Name						
D.O.B.						
Sex						
School						

INCOME INFORMATION:

Monthly Net Income	Applicant	Notes	Code	Monthly Net Income	Co-Applicant	Notes	Code
Net Employment Income	\$		10	Net Employment Income	\$		10
Net Pensions/Annuities	\$		20	Net Pensions/Annuities	\$		20
Child Tax Benefit	\$		30	Child Tax Benefit	\$		30
Net Child Support	\$		30	Net Child Support	\$		30
Net Spousal Support	\$		40	Net Spousal Support	\$		40
Net EI Benefits	\$		50	Net EI Benefits	\$		50
Net Social Assistance	\$		60	Net Social Assistance	\$		60
Gross Self Employment Income	\$		69	Gross Self Employment Income	\$		69
Net Self Employment Income	\$		70	Net Self Employment Income	\$		70

APPLICANT'S TOTAL NET INCOME \$ _____ **CO-APPLICANT'S TOTAL NET INCOME \$** _____
TOTAL MONTHLY NET INCOME \$ _____

EXPENSE INFORMATION:

Monthly Expenses	Applicant	Notes	Code	Monthly Expenses	Applicant	Notes	Code
Child support payments	\$		10	Prescriptions	\$		200
Spousal support payments	\$		20	Dental	\$		205
Child care	\$		30	Food/Grocery	\$		220
Mortgage/Rent	\$		1 00	Laundry/Dry cleaning	\$		225
Property taxes/Condo fees	\$		1 05	Grooming/Toiletries	\$		230
Heating Oil/Gas/Wood	\$		110	Clothing	\$		235
Telephone	\$		115	Car lease/Payments	\$		250
Cable/Internet	\$		120	Repair/ Maintenance/Gas	\$		255
Electricity/Hydro	\$		125	Public transportation	\$		260
Water	\$		130	Vehicle Insurance	\$		280
Furniture/House Repairs	\$		135	House Insurance	\$		285
Smoking	\$		150	Furniture/Contents Insur	\$		290
Alcohol	\$		155	Life Insurance	\$		295
Dining/Lunches/Restaurants	\$		160	To secured creditor	\$		310
Entertainment/Sports/Newspaper	\$		165				
Gifts/Charitable Donations	\$		170				

TOTAL MONTHLY EXPENSES \$ _____
TOTAL MONTHLY NET INCOME LESS TOTAL MONTHLY EXPENSES = \$ _____
TOTAL MONTHLY NET INCOME LESS TOTAL MONTHLY EXPENSES = MONEY AVAILABLE FOR DEBT REPAYMENT

