

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, 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 902-424-5200 or toll free at 1-800-670-4357.

Please return the completed Budget Worksheet to your local or nearest office of Access Nova Scotia.

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 www.accessns.ca/individuals/debtor-assistance.asp

ACCESS NOVA SCOTIA OFFICE LOCATIONS

Toll-Free: 1-800-670-4357 (within North America) **TTY:** 1-877-404-0867 (toll-free within North America)

Metro local: 902-424-5200

Access Nova Scotia -AMHERST

144 Robert Angus Drive Amherst, NS B4H 4R7

Access Nova Scotia -ANTIGONISH

Antigonish Mall Annex, Suite 3 149 Church Street,

Antigonish, NS B2G 2E2

Access Nova Scotia -BRIDGEWATER

81 Logan Road

Bridgewater, NS B4V 3T3

Access Nova Scotia -DARTMOUTH

250 Baker Drive Suite 134 Dartmouth, NS B2W 6L4

Access Nova Scotia -HALIFAX

300 Horseshoe Lake Drive Halifax, NS B3S 0B7

Access Nova Scotia -KENTVILLE

5 Shylah Drive

Kentville, NS B4N 0H2

Access Nova Scotia -PORT HAWKESBURY

218 MacSween Street, Suite 222 Port Hawkesbury, NS B9A 2J9

Access Nova Scotia -SACKVILLE

486 Sackville Drive

Lower Sackville, NS B4C 2R8

Access Nova Scotia -STELLARTON

94 Lawrence Blvd. P.O. Box 1420

Stellarton, NS B0K 1S0

Access Nova Scotia -SYDNEY

380 Kings Road Sydney, NS B1S 1A8

Access Nova Scotia -TRURO

15 Alderbrook Drive Truro Heights, NS B6L 0C4

Access Nova Scotia -YARMOUTH

10 Starrs Road Suite 127 Yarmouth, NS B5A 2T1



Budget Worksheet

Please return completed form to your local office of Access Nova Scotia

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

Income Information

Monthly Not Income	Applic	ant	Co-Applicant		
Monthly Net Income	Income	Notes	Income	Notes	
Net Employment Income	\$		\$		
Net Pensions/Annuities	\$		\$		
Child Tax Benefit	\$		\$		
Net Child Support	\$		\$		
Net Spousal Support	\$		\$		
Net El Benefits	\$		\$		
Net Social Assistance	\$		\$		
Gross Self Employment Income	\$		\$		
Net Self Employment Income	\$		\$		
Total Net Income	\$		\$		
Total Monthly Net Income	\$				

Expense Information

Monthly Expenses	Applicant	Notes	Monthly Expenses	Applicant	Notes
Child support payments	\$		Gifts/Charitable Donations	\$	
Spousal support payments	\$		Prescriptions	\$	
Child care	\$		Dental	\$	
Mortgage/Rent	\$		Food/Grocery	\$	
Property taxes/Condo fees	\$		Laundry/Dry cleaning	\$	
Heating Oil/Gas/Wood	\$		Grooming/Toiletries	\$	
Telephone	\$		Clothing	\$	
Cable/Internet	\$		Car lease/Payments	\$	
Electricity/Hydro	\$		Repair/Maintenance/Gas	\$	
Water	\$		Public Transportation	\$	
Furniture/House Repairs	\$		Vehicle Insurance	\$	
Smoking	\$		House Insurance	\$	
Alcohol	\$		Furniture/Contents Insurance	\$	
Dining/Lunches/Restaurants	\$		Life Insurance	\$	
Bank Account Service Charges	\$		To secured creditor	\$	
Entertainment/Sports/Newspaper	\$				

TOTAL MONTHLY EXPENSES:	\$
TOTAL MONTHLY NET INCOME LESS TOTAL MONTHLY:	\$
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Liabilities and Assets

- 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 Name		Creditor Ad	dress	Total Amount Monthly Owning Payment	
Name:				,	,
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Name:				\$	\$
Name:				\$	\$
Name:				\$	\$
Name.					
				\$	\$
Name:					
				\$	\$
Name:					
				\$	\$
Name:				Υ	7
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Name:				\$	\$
Name:				\$	\$
. Tame					
Name				\$	\$
Name:					
				\$	\$
Name:					
				\$	\$
			Total:	\$	\$
3. My creditors hold securit	y (Mortgag	es & Liens) as follows:	· ocui	T	7
Name of Creditor	Des	cription & Serial No.	Estimated Value	Encumbi	rances

4. I have an interest (own or partly own property & land) in the following:

Description of Property/Land	Estimated Value	Encumbrances

Debtor Signature:	Date:	