

(The Debt Clinic of Canada) Evaluation Form:

General Information

Name: _____

Address : _____

Telephone No. : _____

Date of Birth: _____

Email Address: _____

Name of Spouse : _____

No. of Children below 18 years of age: _____

Business Telephone Number: _____

Budget Information

Monthly Income

Gross Pay:

Applicant: _____

Spouse: _____

Net take-home pay:

Applicant: _____

Spouse: _____

Other Income: _____

TOTAL NET INCOME _____

(Net Take-home pay plus Other Income): _____

Monthly Expenses

Food: _____

Housing: _____

Utilities: _____

Clothing: _____

Medical: _____

Transportation: _____

Insurance: _____

Other major expenses (specify): _____

Incidentals: _____

TOTAL MONTHLY EXPENSES: _____

TOTAL DISPOSABLE INCOME

(Subtract Monthly Expenses from Total Net Income): _____

Additional Information

1) Have you sold real estate property within the last 5 years? __Yes __No

2) a) Have you withdrawn RRSPS within the last 12 months? __Yes __No
b) If yes, how much? _____

3) a) Are you behind on some monthly payments? __Yes __No
b) If yes, how many months? _____

4) Have you filed for bankruptcy before? __Yes __No

Assets and Liabilities

Assets:

House: _____

Automobile: _____

Furniture & Household Items: _____

Investments: _____

Others : _____

_____	_____
_____	_____
_____	_____
_____	_____

Total Value: _____

Liabilities

Unsecured: _____

Credit Cards: _____

Personal loans: _____

Others :

_____	_____
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Total Unsecured: _____

Secured: _____

First Mortgage: _____

Second Mortgage: _____

Car Loans: _____

Others: _____

Total Secured: _____

Grand Total: _____