

FINANCIAL INFORMATION STATEMENT

Your Name:		Today's date:	
Social Insurance Number:			
Home Address (include street address if you have a PO Box):			
Home Phone: ()		Work Phone: ()	
Cell Phone: ()			
If renting, landlord's name:		Landlord's address:	
1. Your employer:		Employer's address:	
2. Your secondary employer:		Employer's address:	
Your occupation or position held:			
Spouse/common law spouse's name:		Social Insurance Number:	

Household Net Income and Expense Statement

(Choose Monthly except for once yearly income or expenses)

Net Income	Monthly	Annual	Expenses	Monthly	Annual
Your Net Income	\$		<u>Food:</u> Groceries	\$	
Business/Farm Net Income	\$		Tobacco / Alcohol	\$	
Spouses Net Income	\$		All other misc. spending not listed below	\$	
Commissions	\$		<u>Housing:</u> Rent	\$	
Dividends and Interest	\$		Mortgage (principle & interest)	\$	
Child Tax Benefits	\$		Community Fees	\$	
GST Credits	\$		Condo Fees	\$	
Employment Insurance	\$		Property Taxes	\$	
Social Assistance	\$		Repairs / maintenance	\$	
Alimony and Child Support	\$		Other (cleaning, etc.)	\$	
Workers Comp. Benefits	\$		<u>Utilities:</u> Phone (local and long distance)	\$	
Canada Pens. Plan Benefits	\$		Phone (cellular)	\$	
Old Age Security Benefits	\$		Cable TV	\$	
Alberta Seniors Benefits	\$		Electric / Water	\$	
Employment Pension	\$		Heating (natural gas)	\$	
Rental Income	\$		Internet Connection	\$	
Annual Bonuses	\$		<u>Insurance:</u> Life (policy 1)	\$	
Other Income (specify)	\$		Life (policy 2)	\$	
Total Income	\$		Home	\$	
			Auto (all vehicles)	\$	
			<u>Transportation:</u>	\$	
			Vehicle Payment	\$	
			Gas / oil for all vehicles	\$	
			Maintenance for all vehicles	\$	
			Parking	\$	
			Public transportation	\$	
			<u>Medical:</u> Alberta Health Care	\$	
			Prescriptions, extra billing	\$	
			Dental	\$	
			<u>Personal:</u> (adults and dependents)	\$	
			Clothing/Personal care/Personal Spending	\$	
			Memberships / club fees	\$	
			Recreation / entertainment	\$	
			Education - adults	\$	
			Education - dependents	\$	
			<u>Banking:</u> Monthly fees	\$	
			Safety deposit box rental	\$	
			<u>Loans:</u> Banks (all)	\$	
			Credit cards (minimum payments)	\$	
			Other Loans (relatives, etc.)	\$	
			Daycare	\$	
			Charitable donations	\$	
			Alimony and child support payments	\$	
			Total Expenses	\$	

ASSETS

Bank Accounts	Financial Institution (Name and Branch Address)	Joint (Y/N)	Balance
1.			\$
2.			\$
3.			\$

Properties	Address	Owner(s)	Market Value
Primary Residence			\$
Rental Property			\$
Investment Property			\$
Recreation (Cottage, etc.)			\$
Other			\$

Investments/ Savings	Institution (where held) (list Bank/Broker)		Market Value
RRSP		Type (Mutual Funds,etc.):	\$
RRSP		Type (Mutual Funds,etc.):	\$
Bonds		Maturity Date:	\$
Term Deposits		End of Term:	\$
GIC		Maturity Date:	\$
GIC		Maturity Date:	\$
Stocks		Publicly Traded? (Y/N):	\$
Stocks		Publicly Traded? (Y/N):	\$
Other:			\$
Are you a Director or Partner of any Business?	Details: (Business name, GST number)	Address and Phone #:	

Vehicles (including recreational)	Make	Model	Year	Market Value
1.				\$
2.				\$
3.				\$
4.				\$

Other Assets (Collectibles, Antiques, et c.)	Market Value
	\$
	\$
	\$

LIABILITIES

Bank Loans	Lender's Address	Completion Date	Security Used	Balance
1.				\$
2.				\$
3.				\$
Other Loans (e.g. relatives)				
1.				\$
2.				\$
Mortgage(s)				
1.				\$
2.				\$
Guaranteed Debts (Co-Signed)				
1.				\$
2.				\$
Vehicle Leases				
1.				\$
2.				\$
Credit Cards				
	Card Type, Name of Issuer	Expiration Date	Minimum Payment	Balance
1.				\$
2.				\$
3.				\$
4.				\$
Other Debts				
		Completion Date		Balance
1.				\$
2.				\$

Dependent's name	Age	Income contributed to household
		\$
		\$
		\$