

# CREDIT COUNSELLING OF SIMCOE COUNTY

## On-Line Assessment Form

**Instructions: Fill in all yellow fields. Grey are optional. Use TAB or SHIFT-TAB to move between fields. Hit the 'Submit' button at the end to submit your information.**

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
*(If req'd)*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ rov: \_\_\_\_\_ PC: \_\_\_\_\_

How long there: \_\_\_\_\_ yrs. Rent/Own/Board: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Occupation: \_\_\_\_\_ How long there: \_\_\_\_\_

Gross Income Annually: \_\_\_\_\_ Pay Period: \_\_\_\_\_  
*(or hourly rate)*

Spouse's Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Occupation: \_\_\_\_\_ How long there: \_\_\_\_\_

Gross Income Annually: \_\_\_\_\_ Pay Period: \_\_\_\_\_  
*(or hourly rate)*

# of family members residing in your household: \_\_\_\_\_

Have you been bankrupt before: \_\_\_\_\_

### ASSETS & NET WORTH

### AMOUNT

Cash on hand or deposit	
Securities – bonds, certificates, credit union shares, stocks, etc.	
1 <sup>st</sup> Mortgage	
2 <sup>nd</sup> Mortgage	
3 <sup>rd</sup> Mortgage	
Value of Equity in Real estate	
Value of Household Goods	
Value of Automobile	
Value of Boat, Camper, Snowmobile, Camper trailer, Motorcycle	
Value of Other Assets- Specify:	
Life Insurance - Cash Value/Type	
Value of RRSP	
Total Assets	



## MONTHLY EXPENSES

<b>HOUSING EXPENSES</b>	<b>Amount</b>
First Mortgage PI PIT	
Second Mort /LOC	
Property Taxes	
House/mort/tenant Ins	
Rent/Condo Fees	
Telephone	
Tele Long Distance	
Cell Phone /Pager	
Hydro	
Heat - G,O,W,E.	
Water/ Sewer	
Internet	
Cable/ Satellite	
Mtce. Imm Needs	
Mtce. Contracts	
<b>WORK EXPENSES</b>	<b>Amount</b>
Transit – Applicant	
Transit – Spouse	
Lunches/Breaks - Applicant	
Lunches/Breaks - Spouse	
Daycare	
Licenses	
Parking	
Bus/transit/cab	
Tools/Clothing	
<b>LIVING EXPENSES</b>	<b>Amount</b>
Food / Groceries	
Household Cleaners	
Clothing	
Alimony & Support	
Life/health Insurance	
Medical/doctor/glasses	
Prescript/Med's/Vitamins	
Dental	
Bank service charges	
Laundry/Dry cleaning	
Pet supplies /vet	
Extra Travel-Transit	
Auto Insurance	
Auto License/Mtce	
Vehicle Payment #1	
Vehicle Payment #2	

<b>PERSONAL EXPENSES</b>	<b>Amount</b>
Tobacco	
Alcohol/Beverages	
Entertainment	
Recreation/sports/gym	
Babysitter	
Personal Grooming	
Hair cuts/ colours	
Newspaper/ Magazine	
Gifts	
Church/Donations	
Bingo/ Lottery	
School Expense	
Allowances	
<b>TOTAL EXPENSES</b>	
<b>NET INCOME</b>	
<b>Less Expenses</b>	
<b>FUNDS AVAILABLE</b>	