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FINANCIAL ASSESSMENT FORM

(Please complete all information and please print legibly)

NAME _____

Mailing Address _____
Street Number City Province Postal code

Phone _____

Income/Assets

Employer: _____

Your Pay Days: _____

Your Monthly Income \$ _____

Your Spouse's Monthly Income/Other Household Income \$ _____

Monthly Income from other Sources Listed Below \$ _____
(Submit Benefits Letter if any)

TOTAL MONTHLY INCOME \$ _____

Please List Sources of Income You Receive and the Amount(s):

__ Welfare \$ _____ (Monthly) __ Retirements \$ _____ (Monthly)
__ Disability \$ _____ (Monthly) __ Soc. Sec. \$ _____ (Monthly) __ Unemployment \$ _____ (Monthly)
__ Child Support \$ _____ (Monthly) __ Other Income \$ _____ (Monthly) __ Food Stamps \$ _____ (Monthly)

Accounts Information (Include all Checking, Savings, Investments, etc.):

Name of Financial Institution Type of Account Balance \$ _____

Name of Financial Institution Type of Account Balance \$ _____

TOTAL FINANCIAL ACCOUNT BALANCES \$ _____

IF YOU RECEIVING ANY GOVERNMENTAL ASSISTANCE, YOU MUST SUBMIT A COPY OF YOUR AWARD BENEFITS LETTER STATING ALL ASSISTANCE AND AMOUNTS RECEIVED (THIS INCLUDES ANY CHILD SUPPORT ORDER). FOR THIS APPLICATION TO BE REVIEWED, YOU MUST SUBMIT THIS INFORMATION.

Do you own or are you purchasing a Home or own any other Real Estate? _____ Yes ____ No

If yes, Where? _____

Do you Live with Parents? _____ Yes ____ No

Other (Please Explain) _____

List Other Persons in Household other than Parent(s) or Child(ren) and Whom _____

Automobiles

Year Make Model Year Make Model _____

Vehicle Loan Balances \$ _____ Monthly Payment \$ _____

Please list all of your Creditors (Credit Card Accounts, Finance Companies, Banks, etc.) Use a separate sheet of Paper if needed.

Company Name Balance Monthly payment

Company Name Balance Monthly Payment

Company Name Balance Monthly Payment

Various Monthly Expenses:

Rent/mortgage \$ _____

Utilities (electricity, water, gas) \$ _____

Telephone \$ _____

Cell phone \$ _____

Cable \$ _____

Internet \$ _____

Food and Sundries \$ _____

Clothing \$ _____

Medical, Dental and Drug Expenses \$ _____

Insurance (auto, life, medical, homeowners/rental) \$ _____

Alimony or Child Support Payments \$ _____

Taxes not included in Mortgage \$ _____

School Books and Expenses \$ _____

Other Expenses: _____ \$ _____

TOTAL EXPENSES \$ _____

List of all Personal Property Owned by You or Spouse and Value

Cash on Hand \$ _____

Household Furniture and Furnishings: \$ _____

Household Goods and Supplies: \$ _____

Jewelry: \$ _____

Sports Equipment and Musical Instruments: Televisions,
VCRs, DVDs, Stereo, Camera Equipment: \$ _____

Household Appliances: \$ _____

Trailers, Boats, Motorcycles, ATVs, etc. and Accessories: \$ _____

Machinery, Tools, Lawn and Garden Equipment \$ _____

Computers, Printers, Office Equipment, Supplies, Furniture, Inventory, etc. \$ _____

Farm Equipment, Supplies, Livestock, and Other Animals: \$ _____

Any Other Property Not Listed Above: \$ _____

TOTAL PROPERTY AMOUNT \$ _____