**895 Don Mills Road**

**Toronto, ON MI Inc. Building 2, Suite 900**

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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 ANDAMOUNTS 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 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**