



**GOVERNMENT OF
NEWFOUNDLAND AND LABRADOR**

Department of Finance

FINANCIAL CONDITION REPORT

Name: _____

Address: _____

Phone Number: (work) _____ (home) _____ (fax) _____

Account Number: _____

***** ALL SECTIONS OF THIS FORM MUST BE COMPLETED *****

PERSONAL INFORMATION

Marital Status: _____ SIN #: _____

Date of Birth: _____ Are you employed: _____ Yes _____ No

If Yes, Please indicate Place of Work: _____

Spouses Name: _____ SIN#: _____

Spouses Date of Birth: _____ Is your spouse employed? _____ Yes _____ No

If Yes, Please indicate Place of Work: _____

Number of Dependents: _____ Name/Address of Bank: _____

ASSETS

	RESALE VALUE	AMOUNT OWING ON LOAN	EQUITY
HOME/BUILDINGS	\$	\$	\$
AUTOMOBILES	\$	\$	\$
RECREATION VEHICLES	\$	\$	\$
OTHER	\$	\$	\$

Please use the space below for any comments you may wish to make regarding your ability to repay this outstanding balance:

STATEMENT OF MONTHLY INCOME & EXPENSES

FAMILY INCOME - MONTHLY

Employment Income:	Gross Pay: \$	Net Pay: \$
Investment Income:		\$
Rental Income / Business Income:		\$
Alimony / Child Support / Child Tax Benefit:		\$

U. I. C. / CPP income:	\$
Other Income: (Explain)	\$
Total Family Income - Monthly	\$

FAMILY EXPENSES - MONTHLY

Rent, Mortgage, or Board (Please provide necessary support)	\$
Utility Expenses (heat & light, phone, etc.)(Please provide necessary support)	\$
Transportation Expenses (Exclude car loan payment)	\$
Food	\$
Clothing	\$
Alimony / Child Care Expenses (Please provide necessary support)	\$
Insurance (Home, Auto, Etc.) (Please provide necessary support)	\$
Medical Expenses: (Explain) (Please provide necessary support)	\$ \$ \$ \$ \$
Other Loan / Credit Card Payments – List (Please provide necessary support) Name: Balance Outstanding:	\$ \$ \$ \$ \$
Other Expenses: (Please provide necessary support)	\$
TOTAL FAMILY EXPENSES - MONTHLY	\$

CERTIFICATION:

I hereby certify that the above statements are true and accurate to the best of my knowledge and belief.

Debtor=s Signature

Date

DECLARATION AND CONSENT

I/we hereby authorize the **Department of Finance** to obtain at any time, information concerning **my/our** financial affairs which includes savings and investments, from any party including, but not limited to, Banks, Canada Customs and Revenue Agency, Credit Bureaus and Financial Institutions and to discuss same to any party with whom I/we have or propose to have financial dealings and who request this information from the Department of Finance.

I/we authorize the Canada Customs and Revenue Agency to release to the Department of Finance copies of my/our income tax returns and other related documents.

Date: _____ **Signature** _____ **SIN #** _____

Date: _____ **Signature** _____ **SIN #** _____