



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 Dependants: \_\_\_\_\_ 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: \$<br>Net Pay: \$ |
| Investment Income:                           | \$                           |
| Rental Income / Business Income:             | \$                           |
| Alimony / Child Support / Child Tax Benefit: | \$                           |

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

**FAMILY EXPENSES - MONTHLY**

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

**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 #** \_\_\_\_\_