

# FINANCIAL QUESTIONNAIRE

Please complete all lines that apply to all applicants



Net Income Monthly		Expenses Monthly	
Salary / Wages	\$	Mortgage	\$
Tips / Commissions	\$	Rent	\$
Spouse's Income	\$	Telephone	\$
Social Assistance	\$	Cable	\$
Child Tax Benefit	\$	Heat	\$
Child Support	\$	Hydro	\$
Spouse Support	\$	Water	\$
Dependant Support	\$	Food	\$
Disability Pension	\$	Clothing	\$
Worker's Compensation	\$	Day Care	\$
Retirement Pension(s)	\$	Car Payments	\$
Invesment Income <small>If there is Investment Income, pls specify</small>	\$	Gas	\$
	\$	Car Insurance	\$
	\$	Bus Pass	\$
	\$	House Insurance	\$
	\$	Spousal Support	\$
	\$	Child Support	\$
Employment Insurance	\$	Health Care Costs	\$
Other Sources of Income <small>Please specify</small>	\$	Glasses / Dental	\$
	\$	Total Loan Payments	\$
	\$	Credit Card Payments	\$
	\$	Other Payments <small>Please specify</small>	\$
		Sports	\$
		Kids Extra Activities	\$
			\$
<b>Total Monthly Income</b>	<b>\$</b>	<b>Total Monthly Expenses</b>	<b>\$</b>
<b>Monthly Surplus/Shortfall</b>		<b>\$</b>	



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## SECURE

Insurance Yes  No   
If yes, Life  Work  Term

## REBUILD

Secure cards required Yes  No   
If not, are current cards active Yes  No   
If yes, has application been provided Yes  No

## GROW

Income \_\_\_\_\_

Cost \_\_\_\_\_

Left Over \_\_\_\_\_

Options Savings  GICS   
RRSP  MICS

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
[Signature]

\_\_\_\_\_  
[Signature]

\_\_\_\_\_  
[Client Name]

\_\_\_\_\_  
[Client Name]

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[Signature]

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[Client Name]

\_\_\_\_\_  
[Client Name]

## PLAN Follow-up Notes:

