



Credit Risk Management

Financial Capacity Assessment Form

Consumer Information

Name:	CRM Account #:
Address:	Client Account #:
Phone #:	SIN:
Alternate Phone #:	Date of Birth:
Employment Information	
Employer Name:	Phone Number:
Address:	Start Date:
Position:	Wage:

Income, Savings, Assets & Liabilities

Monthly Income	
Income 1	\$
Income 2	\$
Extra income	\$
Total Monthly Income	\$

Savings and Investments	
Retirement account	\$
Investment account	\$
College	\$
Other	\$
Subtotal	\$

Assets and Liabilities	
	\$
	\$
	\$
<i>Total Assets</i>	\$
	\$
	\$
<i>Total Liabilities</i>	\$
Net Position	\$

If your monthly income will be changing in the next 6 months please list it here	\$
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Monthly Expenses

Housing	
Mortgage or rent	\$
2nd Mortgage or rent	\$
Phone	\$
Electricity	\$
Gas	\$
Water and sewer	\$
Cable	\$
Waste removal	\$
Maintenance or repairs	\$
Supplies	\$
Other	\$
Subtotal	\$

Transportation	
Vehicle 1 payment	\$
Vehicle 2 payment	\$
Bus/taxi fare	\$
Insurance	\$
Licensing	\$
Fuel	\$
Maintenance	\$
Other	\$
Subtotal	\$

Children	
Number of Dependents	
Medical	\$
Clothing	\$
School tuition	\$
School supplies	\$
Organization dues or fees	\$
Lunch money	\$
Childcare	\$
Toys/games	\$
Other	\$
Subtotal	\$

Food	
Groceries	\$
Dining out	\$
Other	\$
Subtotal	\$

Insurance	
Home	\$
Health	\$
Life	\$
Other	\$
Subtotal	\$

Taxes	
Federal	\$
Provincial	\$
Property	\$
Other	\$
Subtotal	\$

Loans	
Personal	\$
Student	\$
Credit card 1	\$
Credit card 2	\$
Other	\$
Subtotal	\$

Pets	
Food	\$
Medical	\$
Grooming	\$
Toys	\$
Other	\$
Subtotal	\$

Personal	
Food	\$
Medical	\$
Grooming	\$
Toys	\$
Other	\$
Subtotal	\$

Legal	
Attorney	\$
Alimony	\$
Payments on lien or judgment	\$
Other	\$
Subtotal	\$

Gifts and Donations	
Charity 1	\$
Charity 2	\$
Charity 3	\$
Subtotal	\$

Entertainment	
Video/DVD	\$
CDs	\$
Movies	\$
Concerts	\$
Sporting events	\$
Live theatre	\$
Other	\$
Subtotal	\$

Breakdown

Total Income	
Monthly Income	\$

Total Expenses	
Monthly Expenses	\$

Projected Balance	
Income Minus Expenses	\$

NOTES:

Signature:	Date:
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By checking this box and clicking "Submit", I acknowledge that I am offering a digital signature and that I assume any liability to the above-mentioned account and document and that all information herein is correct and complete.