



Application for Debt Mediation Counselling Services

Instructions for completion are after Page 4.

1. Applicant's Name:		Age:	Male:	Female:
Applicant's SIN#				
2. Spouse's / Partner's Name:		Age:	Male:	Female:
Spouse's / Partner's SIN#				
3. Street Address:		City/Town/Village:		
Postal Code:	Residence Phone Number: (306)	Work Number, if it is okay to call you there: (306)		
4. Applicant's Occupation:		Employer:		
Spouse's / Partner's Occupation:		Employer:		
5. Names of Dependents:		Relationship:	Age:	
6. How did you learn about the program?				
7. Have you ever been on one of our programs before?		If yes, year started program:		
8. Have you ever filed for bankruptcy?		If yes, year of discharge:		

Monthly Income:	Gross	Net	Pay Period (Monthly, Semi-Monthly, Weekly, Bi-weekly)
Applicant	\$	\$	
Spouse	\$	\$	
Child Tax Benefit	\$	\$	
Other (Identify):	\$	\$	
Other (Identify):	\$	\$	
Other (Identify):	\$	\$	
Total Monthly Net Income:	\$	\$	

Monthly Living Expenses:		
		Total Monthly Net Income: \$
Food		
Rent or Mortgage		
Property Taxes (if paid separately)		
Utilities:	Power \$	Energy \$
	Water \$	Phone \$
House Repairs and Maintenance		
Clothing		
Personal Health Care (Dental/Drugs/Optical/Grooming)		
Car Expenses		
Transportation		
Insurance:	Fire/Property \$	Automobile \$
	Life/Medical (if not deducted from pay) \$	
Child Care Expenses		
Recreation:	Gifts \$	Social/cultural/religious/sports \$
	School related \$	Magazines/Newspaper \$
	Entertainment \$	Other \$
Cable Television		
Alcohol/Tobacco		
Alimony/Support Payments		
Other		
		Total Monthly Expenses: \$
Discretionary Income* (subtract Expenses from Net Income):		\$
*This is the amount you have available for debt payments.		

Assets:	
Equity (Value of House \$ _____ Less Mortgage Owing \$ _____)	
Value of House Contents	
Value of Vehicles	
Financial Assets	
Other	
Total Assets: \$	

Creditor Information				
Creditor Name & Address	Account No.	Contractual Balance Owing	Monthly Payment	Security held or co-signors/guarantors - if any
1.		\$	\$	
2.		\$	\$	
3.		\$	\$	
4.		\$	\$	
5.		\$	\$	
6.		\$	\$	
7.		\$	\$	
8.		\$	\$	
9.		\$	\$	
10.		\$	\$	

Signature

Date

Creditor Information				
Creditor Name & Address	Account No.	Contractual Balance Owing	Monthly Payment	Security held or co-signors/guarantors - if any
11.		\$	\$	
12.		\$	\$	
13.		\$	\$	
14.		\$	\$	
15.		\$	\$	
16.		\$	\$	
17.		\$	\$	
18.		\$	\$	
19.		\$	\$	
20.		\$	\$	

Signature

Date

INSTRUCTIONS FOR COMPLETING APPLICATION:

These guidelines may be helpful to you in completing the income and living expense sections.

INCOME

- This budgeting sheet is based on monthly income. If you are not paid on a monthly basis (weekly, bi-weekly), or your income fluctuates (Commission, self-employed), please provide an estimate of your monthly income based on annual income.
- Under “Other” include all income from sources besides those identified (i.e. rent, pension).

MONTHLY LIVING EXPENSES

- **Food**
Include your monthly expenditure on food items and things like laundry soap and toothpaste, that you buy when grocery shopping, but do not include the costs of restaurant meals.
- **Rent or Mortgage**
If you are renting living accommodation, enter monthly rent payment. If you are purchasing a home enter the amount you pay on your mortgage in one month.
- **Property Taxes (if paid separately)**
If you are purchasing a home, and the mortgage payment does not include property taxes, divide the annual tax amount by 12 and enter this monthly amount.
- **Utilities**
Calculate your average monthly expenditure on electricity, gas, water and sewer, and telephone including long distance calls.
- **Clothing**
Estimate the average monthly expenditure on clothing, including footwear.
- **Personal Health Care**
This section should include your average monthly expenditures on all personal health care needs, such as prescription drugs, contraceptives, dental care, non-prescription drugs (i.e. aspirin, tylenol, etc.), personal grooming needs such as hair cuts. Enter only your share after any Plans have paid their share.
- **Car Expenses**
Include the cost of gas, oil and repairs for your vehicle(s) per month. Also include the cost of any car lease and parking fees.
- **Transportation**
Calculate the cost of public transportation for one month.
- **Insurance**
This should include insurance premiums for property, vehicle, life and medical insurance. Divide the total annual insurance premiums by 12 to arrive at your monthly expenditure.
- **Child Care Expenses**
Only the cost of child care resulting from parent(s) working or involved in training/educational programs should be entered.

INSTRUCTIONS FOR COMPLETING APPLICATION, continued:

- **Recreation**
Monthly expenditures on all recreational and entertainment activities are to be included in this area. As well, report expenditures for your childrens' school activities.
- **Alcohol/Tobacco**
Identify monthly expenditures on these items.
- **Alimony/Support Payments**
Any maintenance or alimony payments should be entered in terms of monthly amounts.
- **Other**
Items of expenditure that have not been included above should be entered in this section. Please specify the nature of the expenditure.

ASSETS

- **Equity**
This refers to real estate such as a house or mobile home, or other property in which you have equity.
- **Value of House Contents**
This refers to household goods and should reflect resale value, not replacement value.
- **Value of Vehicles**
Include all vehicles (cars, trucks, campers, etc.) in this section.
- **Financial Assets**
Include all savings, retirement plans, RRSPs, RHOSPs, cash value of life insurance policies, investments.
- **Other**
Include any other tangible assets such as jewellery, antiques, etc.

CREDITOR INFORMATION

- Enter all outstanding debts and identifying information in all areas on the form.
- Be sure to include all creditors, including individuals to whom you owe money.
- Make sure you indicate whether any of the creditors have any of your possessions put up as security for the debt or whether someone has signed for the debt.

Sign and date the form, and return it to the Debt Management and Credit Counselling Program at the Provincial Mediation Board location nearest you:

Regina Office
120 - 2151 Scarth Street
Regina, SK S4P 2H8

Phone (306)787-5387 or Toll Free in Saskatchewan 1-877- 787-5408
Fax (306)787-5574