NCN FINANCIAL REVIEW

Neighbour Care NETWORK

Participant Name: _____

Statement of Understanding and Confidentiality

Protecting your privacy is very important to us.
We share your information with other volunteers who are involved with helping you.
Our volunteers come from area churches who partner with Neighbour Care Network.
If a volunteer recognizes your name, they will not be involved with your file without your permission.
Neighbour Care Network and Kerr Street Mission staff may see your information in order to assist the volunteers as they maintain records. We do collect statistics but we will not use your name or other identifying information.
All Neighbour Care Network and Kerr Street Mission staff, as well as church volunteers, will follow the laws in regards to suspected child abuse or potential of harm to yourself or others.

I understand the above and that the information shared will be handled in a confidential and discreet manner:

_____	_____	_____
Participant Signature	Budget Volunteer Signature	Date (m/d/y)

Do you feel that you are financially stable? _____
_____
_____
_____
_____

Income:

Income Source:	*Primary Participant:*		*Other household Member:*	
	Date:	*Verify*	*Date:*	*Verify*
Employment Earnings (Wages/ EI)	$		$	
Ontario Works	$		$	
Disability Related (ODSP, CPP)	$		$	
Student Loan	$		$	
Pension (OAS, CPP)	$		$	
Child Support	$		$	
Other:				

TOTAL MONTHLY INCOME: $ _____

Employment Status (if appliable):

	Full-time		Part-time
	Unemployed		Retired
	Student		Other:

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Expenses:

Fixed Expenses	$	Verified		Variable Expenses	$
Rent				Debt Repayment/ Credit Card	
Mortgage & Property Tax				Car – Gas	
Electricity				Car – Repairs	
Gas & Water Heater				Public Transportation	
Condo Fees				Taxi/ Parking	
Cable				Medical / Dental	
Cell Phone 1				Groceries	
Cell Phone 2				Personal Care	
Internet				Restaurant/ Dining	
House Insurance				Entertainment	
Life/ Death Insurance				Clothes	
Car Insurance				Pets	
Car Payment				Gifts/ Charity	
Childcare				Bank Fees	
RESP:				Alcohol/ Cigarettes	
Other:					
Other (yearly):				Other:	
TOTAL FIXED:	$			TOTAL VARIABLE:	$

Arrear Expenses	Monthly Payment	Total Balance Owing	Verified
Rent/ Mortgage			
Car Payments			
Utilities			
Childcare			
Internet & Phone			
Credit Card 1:			
Credit Card 2:			
Other:			
TOTAL:			

TOTAL MONTHLY EXPENSES:
(fixed + variable + monthly arrear payment)
$ _____

1) TOTAL MONTHLY INCOME = _____
2) TOTAL MONTHLY EXPENSES = _____

*INCOME – EXPENSES = _____

Items to Verify:

- ☐ Transfers from other accounts
- ☐ Transfers from other banks

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SUMMARY of Recommendations:

_____
_____
_____
_____
_____
_____
_____
_____
_____

Budget Team Volunteer Name(s):

_____
_____

Budget Team Volunteer Signature(s):

_____
_____

Participant Signature:

_____