

# Benefit Trust Fund - Budget Planner

**Protected A once completed**



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| Application Type  First  Continuance  Update | | | | | | | | | Is this a veterans' association application?  Yes  No | | | |
| **Applicant Identification** | | | | | | | | | | | | |
| Surname | | | | Given Names | | | | | | | Date of Birth (yyyy-mm-dd) | |
| Tel. Number (incl. area code) | Address | | | | | | | | | | Postal Code (A9A 9A9) | |
| Present Employer Name | | | | Address of Employment | | | | | | | Tel. Number (incl. area code) | |
| **Persons Residing in Your Household** | | | | | | | | | | | | |
| All fields in the following table expand, except the "Age" and "Income per Month" fields. | | | | | | | | | | | | |
| **Full Name** | | | **Relationship to Applicant** | | | **Age** | **Name of Employer or School** | | | **Income per Month** | | **Country of Citizenship** |
|  | | |  | | |  |  | | |  | |  |
|  | | | | | | | | | | Add and Go to New Row | | |
| **Previous Assistance** | | | | | | | | | | | | |
| Reasons for Previous Assistance (this field expands) | | | | | | | | | | | | |
| Amount of Previous Assistance | | | | | | | Date (yyyy-mm-dd) | | | | | |
| **Revenue Information** | | | | | | | | | | | | |
| Include copies of the most recent pay statement for each individual listed in this section. | | | | | | | | | | | | |
| **Individual** | | **Name of Employer** | | | | | | | | | | |
| Applicant | |  | | | | | | | | | | |
| Spouse | |  | | | | | | | | | | |
| **Annual Income** | | **Applicant** | | | **Spouse** | | | **Other** | | | **Total** | |
| Gross Annual Salary | |  | | |  | | |  | | | $0.00 | |
| Old Age Pension and Supplement | |  | | |  | | |  | | | $0.00 | |
| Guaranteed Annual Income Supplement | |  | | |  | | |  | | | $0.00 | |
| Veterans Affairs Canada (VAC) or Disability Income Gains | |  | | |  | | |  | | | $0.00 | |
| Social Assistance | |  | | |  | | |  | | | $0.00 | |
| Child and Family Benefits | |  | | |  | | |  | | | $0.00 | |
| Employment Insurance (EI) | |  | | |  | | |  | | | $0.00 | |
| Family Insurance (Life or Accident) | |  | | |  | | |  | | | $0.00 | |
| Worker's Compensation | |  | | |  | | |  | | | $0.00 | |

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| **Annual Income** | **Applicant** | **Spouse** | **Other** | **Total** |
| Interest from Investments |  |  |  | $0.00 |
| Income from Other Family Members |  |  |  | $0.00 |
| Other Income |  |  |  | $0.00 |
| **Total Annual Income** | $0.00 | $0.00 | $0.00 | $0.00 |
| **Total Monthly Income (Total Annual Income / 12)** | $0.00 | $0.00 | $0.00 | $0.00 |
| **Worth** | | | | |
| **Assets** | | | | |
| **Cash Assets** | | | | **Current Value** |
| Cash | | | |  |
| Total of Savings and Chequing | | | |  |
| Income Tax Refund | | | |  |
| Tax Free Savings Account (TFSA) | | | |  |
| **Marketable Assets** | | | **Cost at Acquisition** | **Current Value** |
| Canada Saving Bonds | | |  |  |
| Investment Certificates | | |  |  |
| Stock and Bonds | | |  |  |
| Mutual Funds | | |  |  |
| Real Estate Investments | | |  |  |
| Cryptocurrencies | | |  |  |
| Business Interests | | |  |  |
| **Long Term Assets** | | | | **Current Value** |
| Registered Retirement Saving Plan (RRSP) | | | |  |
| Registered Education Savings Plan (RESP) | | | |  |
| RCMP Superannuation | | | |  |
| **Personal Assets** | | | **Cost at Acquisition** | **Current Value** |
| Residence | | |  |  |
| Vehicle | | |  |  |
| Recreational Vehicle | | |  |  |
| Household Furnishings | | |  |  |
| Collectibles (stamps, coins, etc.) | | |  |  |

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| **Personal Assets** | | | | | **Cost at Acquisition** | | | **Current Value** | |
| Recreational Equipment | | | | |  | | |  | |
| Other: | | | | |  | | |  | |
|  | | | | | Add and Go to New Row | | | | |
| **Liabilities** | | | | | | | | | |
| For each credit card that you list, provide one year of credit card statements.  **For the Annual Interest Rate column, please enter the percentage as a decimal (e.g. 25.22 percent would be entered as 0.2522).** | | | | | | | | | |
| **Type of Liability** | **Name of Creditor** | | **Number of Payments Left** | **Annual Interest Rate** | | **Monthly Payment** | **Original Loan** | | **Current Balance** |
| 1st Mortgage |  | |  |  | |  |  | |  |
| 2nd Mortgage |  | |  |  | |  |  | |  |
| Credit Card No. 1 |  | |  |  | |  |  | |  |
|  | | | | | | | Add and Go to New Row | | |
| **Type of Loan** | **Name of Creditor** | | **Number of Payments Left** | **Annual Interest Rate** | | **Monthly Payment** | **Original Loan** | | **Current Balance** |
|  |  | |  |  | |  |  | |  |
|  | | | | | | | Add and Go to New Row | | |
| **Other Liabilities** | | | | | | | **Current Balance** | | |
| Line of Credit | | | | | | |  | | |
| Taxes | | | | | | |  | | |
| Charitable Pledges | | | | | | |  | | |
| Unpaid Bills | | | | | | |  | | |
| Other: | | | | | | |  | | |
|  | | | | | | | Add and Go to New Row | | |
| **Total** | | | | | | | | | |
| Total Assets  $0.00 | | Total Liabilities  $0.00 | | | | Net Worth (total assets - total liabilities)  $0.00 | | | |
| **Expenses** | | | | | | | | | |
| **Monthly** | | | | | | | | | |
| **Savings** | | | | | | | **Amount** | | |
| Emergency Fund | | | | | | |  | | |
| **Food** | | | | | | | **Amount** | | |
| Groceries | | | | | | |  | | |
| Restaurant and Take-out | | | | | | |  | | |
| **Housing** | | | | | | | **Amount** | | |
| First Mortgage | | | | | | |  | | |

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| **Housing** | **Amount** |
| Second Mortgage |  |
| Rent |  |
| Cleaning Supplies |  |
| Electricity |  |
| Water and Sewage |  |
| Heating |  |
| **Communications** | **Amount** |
| Telephone |  |
| Cell Phone |  |
| Cable or Satellite |  |
| Streaming Subscriptions |  |
| Internet |  |
| **Transportation** | **Amount** |
| Gasoline |  |
| Parking |  |
| Public Transportation |  |
| **Childcare** | **Amount** |
| Child Support Payments |  |
| Children's Allowance |  |
| Other: |  |
|  | Add and Go to New Row |
| **Repayments** | **Amount** |
| Credit Card Obligations |  |
| Loans |  |
| **Personal Allowances** | **Amount** |
| Applicant |  |
| Spouse |  |
| Children |  |
| Other: |  |
|  | Add and Go to New Row |

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| **Recreation** | **Amount** |
| Extracurricular Activities |  |
| **Annual** | |
| **Gifts and donations** | **Amount** |
| Charitable Donations |  |
| Gifts |  |
| **Medical** | **Amount** |
| Medical Expenses / Medication |  |
| Dental Fees |  |
| **Clothing** | **Amount** |
| Applicant |  |
| Spouse |  |
| Children |  |
| Other: |  |
|  | Add and Go to New Row |
| **Education** | **Amount** |
| Tuition |  |
| Books and Supplies |  |
| **Recreation** | **Amount** |
| Travel |  |
| Season Tickets |  |
| Memberships |  |
| **Insurance** | **Amount** |
| Life |  |
| Property |  |
| Vehicle |  |
| Other |  |
| **Taxes** | **Amount** |
| Property Taxes |  |
| Income (if paid directly) |  |

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| --- | --- | --- | --- |
| **Housing** | | | **Amount** |
| Property Maintenance | | |  |
| **Total** | | | |
| Subtotal Monthly Expenses  $0.00 | Subtotal Annual Expenses  $0.00 | Total Monthly Average Expenses (Monthly Expenses + Annual Expenses / 12)  $0.00 | |
| Monthly Income  $0.00 | | Remaining Balance (Total Income - Total Expenses)  $0.00 | |
| **Applicant Attestation** | | | |
| I solemnly declare that the information in the budget planner is true and I hereby consent to the release of any personal information which, may be deemed necessary in the investigation of my case. | | | |
| Signature | | | Date (yyyy-mm-dd) |