



## Benefit Trust Fund - Budget Planner

Application Type <input type="radio"/> First <input type="radio"/> Continuance <input type="radio"/> Update	Is this a veterans' association application? <input type="radio"/> Yes <input type="radio"/> 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

# Benefit Trust Fund - Budget Planner

Protected A  
once completed

Annual Income	Applicant	Spouse	Other	Total
Interest from Investments				\$0.00
Income from Other Family Members				\$0.00
Other Income				\$0.00
<b>Total Annual Income</b>	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total Monthly Income (Total Annual Income / 12)</b>	\$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.)			

# Benefit Trust Fund - Budget Planner

Protected A  
once completed

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	Total Liabilities	Net Worth (total assets - total liabilities)
\$0.00	\$0.00	\$0.00

## Expenses

Monthly	
Savings	Amount
Emergency Fund	
Food	Amount
Groceries	
Restaurant and Take-out	
Housing	Amount
First Mortgage	

# Benefit Trust Fund - Budget Planner

Protected A  
once completed

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

# Benefit Trust Fund - Budget Planner

Protected A  
once completed

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

# Benefit Trust Fund - Budget Planner

Protected A  
once completed

Housing		Amount
Property Maintenance		
<b>Total</b>		
Subtotal Monthly Expenses	Subtotal Annual Expenses	Total Monthly Average Expenses (Monthly Expenses + Annual Expenses / 12)
\$0.00	\$0.00	\$0.00
Monthly Income	Remaining Balance (Total Income - Total Expenses)	
\$0.00	\$0.00	
<b>Applicant Attestation</b>		
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)