



Financial Capacity Assessment Form

Customer Information

Name:	PCM Account #:
Address:	Client Account #:
Phone Number:	SIN #:
Alternate Phone Number:	Date of Birth:

Employment Information

Employer Name:	Phone Number:
Address:	Start Date:
Position:	Wage:

Income, Savings, Assets & Liabilities

Monthly Income		Savings or Investments		Assets & Liabilities	
Income 1	\$	Retirement account	\$		\$
Income 2	\$	Investment account	\$		\$
Extra income	\$	College	\$		\$
Total Monthly Income	\$	Other	\$	Total Assets	\$
		Subtotals	\$		\$
If your monthly income will be changing in the next 6 months please list it here	\$				\$
				Total Liabilities	\$
				Net Position	\$

Expenses

Housing		Transportation		Children	
Mortgage or rent	\$	Vehicle 1 payment	\$	Number of Dependants	
Second mortgage or rent	\$	Vehicle 2 payment	\$	Medical	\$
Phone	\$	Bus/taxi fare	\$	Clothing	\$
Electricity	\$	Insurance	\$	School tuition	\$
Gas	\$	Licensing	\$	School supplies	\$
Water and sewer	\$	Fuel	\$	Organization dues or fees	\$
Cable	\$	Maintenance	\$	Lunch money	\$
Waste removal	\$	Other	\$	Child care	\$
Maintenance or repairs	\$	Subtotals	\$	Toys/games	\$
Supplies	\$			Other	\$
Other	\$			Subtotals	\$
Subtotals	\$				

Food		Insurance		Taxes	
Groceries	\$	Home	\$	Federal	\$
Dining out	\$	Health	\$	Provincial	\$
Other	\$	Life	\$	Property	\$
Subtotals	\$	Other	\$	Other	\$
		Subtotals	\$	Subtotals	\$

Loans		Pets		Personal	
Personal	\$	Food	\$	Food	\$
Student	\$	Medical	\$	Medical	\$
Credit card	\$	Grooming	\$	Grooming	\$
Credit card	\$	Toys	\$	Toys	\$
Other	\$	Other	\$	Other	\$
Subtotals	\$	Subtotals	\$	Subtotals	\$

Legal		Gifts & Donations		Entertainment	
Attorney	\$	Charity 1	\$	Video/DVD	\$
Alimony	\$	Charity 2	\$	CDs	\$
Payments on lien or judgment	\$	Charity 3	\$	Movies	\$
Other	\$	Subtotals	\$	Concerts	\$
Subtotals	\$			Sporting events	\$
				Live theater	\$
				Other	\$
				Subtotals	\$

Breakdown

Total Income		Total Expenses		Projected Balance	
Monthly Income	\$	Housing, Transportation, Children, Food, Insurance, Taxes, Loans, Pets, Personal, Legal, Gifts & Donations, Entertainment	\$	Income minus Expenses	\$

NOTES:

Signature: _____	Date: _____