



Please fill in this form and submit it promptly by fax 780 428 1526 or email [info@affinitycredit.ca](mailto:info@affinitycredit.ca)

**Customer Information**

Name _____	Affinity Account # _____
Address _____	Client Account # _____
Phone _____	Alternate Phone _____
Email _____	Date of Birth (YYYY-MM-DD) _____

**Employment Information**

Employer Name _____	Phone _____
Address _____	Start Date (YYYY-MM-DD) _____
Position _____	Wage _____

**Income, Savings, Assets & Liabilities**

**Monthly Income**

Income 1	\$
Income 2	\$
Extra Income	\$
<b>Total Monthly Income</b>	<b>\$</b>

*If your monthly income will be changing in the next 6 months please list here*

_____	\$
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**Savings or Investments**

Retirement Account	\$
Investment Account	\$
Education	\$
Other	\$
<b>Subtotal</b>	<b>\$</b>

**Assets & Liabilities**

_____	\$
_____	\$
_____	\$
<b>Total Assets</b>	<b>\$</b>
_____	\$
_____	\$
<b>Total Liabilities</b>	<b>\$</b>
<b>Net Position</b>	<b>\$</b>

**Expenses**

**Housing**

Mortgage or Rent	\$
Second Mortgage or Rent	\$
Phone	\$
Electricity	\$
Gas	\$
Water & Sewer	\$
Internet/Cable	\$
Waste Removal	\$
Maintenance or Repairs	\$
Supplies	\$
Other	\$
<b>Subtotal</b>	<b>\$</b>

**Transportation**

Vehicle 1 Payment	\$
Vehicle 2 Payment	\$
Bus/Taxi Fare	\$
Insurance	\$
Licensing	\$
Fuel	\$
Maintenance	\$
Other	\$
<b>Subtotal</b>	<b>\$</b>

**Children**

Number of Dependents	_____
Medical	\$
Clothing	\$
School Tuition	\$
School Supplies	\$
Organization Dues or Fees	\$
Lunch Money	\$
Child Care	\$
Toys/Games	\$
Other	\$
<b>Subtotal</b>	<b>\$</b>

## Expenses Continued

### Food

Groceries	\$
Dining Out	\$
Other	\$
<b>Subtotal</b>	<b>\$</b>

### Insurance

Home	\$
Health	\$
Life	\$
Other	\$
<b>Subtotal</b>	<b>\$</b>

### Taxes

Federal	\$
Provincial	\$
Property	\$
Other	\$
<b>Subtotal</b>	<b>\$</b>

### Loans

Personal	\$
Student	\$
Credit Card	\$
Credit Card	\$
Other	\$
<b>Subtotal</b>	<b>\$</b>

### Pets

Food	\$
Medical	\$
Grooming	\$
Toys	\$
Other	\$
<b>Subtotal</b>	<b>\$</b>

### Personal

Food	\$
Medical	\$
Grooming	\$
Toys	\$
Other	\$
<b>Subtotal</b>	<b>\$</b>

### Legal

Attorney	\$
Alimony	\$
Payments on Lien or Judgment	\$
Other	\$
<b>Subtotal</b>	<b>\$</b>

### Gifts & Donations

Charity 1	\$
Charity 2	\$
Charity 3	\$
<b>Subtotal</b>	<b>\$</b>

### Entertainment

Subscriptions	\$
Movies	\$
Concerts	\$
Sporting Events	\$
Live Theatre	\$
Other	\$
<b>Subtotal</b>	<b>\$</b>

## Breakdown

Monthly Income

Housing, Transportation, Children, Food,  
Insurance, Taxes, Loans, Pets, Personal  
Legal, Gifts & Donations, Entertainment

Income Minus Expenses

**Total Income \$**

**Total Expenses \$**

**Projected Balance \$**

### Notes:

### Authorization

1. I authorize Affinity Credit Solutions and its agents to discuss, correspond, disclose and release any and all information pertaining to the aforementioned accounts and discuss relevant matters pertaining to me with the third party identified above.

Date (YYYY-MM-DD) \_\_\_\_\_

Full Name \_\_\_\_\_

2. This authorization is effective as of the date indicated below and is to remain in effect until I provide written direction to cancel the authority granted by this document.

Signature \_\_\_\_\_