

STATEMENT OF FINANCIAL POSTION

ECOLL Ref #.	_____
Full name	_____
Address	_____

Contact No's Ph.:	_____
Wk:	_____
Mob	_____

Monthly Income	
Income Earner 1	\$ _____
Income Earner 2	\$ _____
Centerlink Benefits & Family Assistance	\$ _____
Child Support	\$ _____
Rental Income	\$ _____
Other	\$ _____
Other	\$ _____
Other	\$ _____
Total Monthly Income	\$ _____

Monthly Living Expenses	
Residential	
Rent	\$ _____
Home loan repayments	\$ _____
Rates/Body corporate	\$ _____
Gas, electricity, water	\$ _____
Telephone, mobile, internet	\$ _____
House & contents insurance	\$ _____
Transport	
Vehicle lease payments	\$ _____
Vehicle reg. & insurance	\$ _____
Petrol & parking	\$ _____
Public transport costs	\$ _____
Medical	
Doctors/specialist fees	\$ _____
Medication	\$ _____
Health insurance	\$ _____

Education /Children	
School fees	\$ _____
School expenses	\$ _____
Classes	\$ _____
Child care	\$ _____
Child support payments	\$ _____
Uniform/clothing	\$ _____
Personal	
Food & groceries	\$ _____
Lunches/take away	\$ _____
Shoes & Clothing	\$ _____
Sports & entertainment	\$ _____
Pay TV	\$ _____
Birthdays & Christmas	\$ _____
Pet Expenses	\$ _____
Other	\$ _____
Total Monthly Expenses	\$ _____

Liabilities

Loans Secured by Property (e.g. Land/House)	Balance Owed	Monthly Repayments
Owed To:	\$ _____	\$ _____
Owed To:	\$ _____	\$ _____
Owed To:	\$ _____	\$ _____

Loans Secured by Other Assets (e.g. Car/Boat)	Balance Owed	Monthly Repayments
Owed To:	\$ _____	\$ _____
Owed To:	\$ _____	\$ _____
Owed To:	\$ _____	\$ _____

Unsecured Loans/Overdraft Facilities	Balance Owed	Monthly Repayments
Owed To:	\$ _____	\$ _____
Owed To:	\$ _____	\$ _____
Owed To:	\$ _____	\$ _____

Credit cards (e.g. Visa/ MasterCard/Store Cards)	Balance Owed	Monthly Repayments
Owed To:	\$	\$
Owed To:	\$	\$
Owed To:	\$	\$
Owed To:	\$	\$

Other Debt/Repayment Obligations (e.g. Child support, Fines)	Balance Owed	Monthly Repayments
Owed To:	\$	\$
Owed To:	\$	\$
Owed To:	\$	\$
Owed To:	\$	\$
Total Liabilities	\$	\$

Assets

Property That You Own (e.g. Land/House)	Estimated Value
Residential	\$
Investment	\$
Investment	\$

Other Assets That You Own (e.g. Car/Boat)	Estimated Value
Make/Year/Model:	\$
Make/Year/Model:	\$
Make/Year/Model:	\$

Other Assets That You Own (e.g. Shares, Terms Deposits)	Estimated Value
	\$
	\$
	\$

Other	Estimated Value
Savings	\$
Superannuation	\$
Household Furnishings	\$
Other	\$
Other	\$
Total Assets	\$

Total Income	\$ _____	Total Assets	\$ _____
Less		Less	
Total Expenditure	\$ _____	Total Liabilities	\$ _____
Uncommitted Income	\$ _____	Net Assets	\$ _____

I/we declare that the information given on this form is true and correct and any misleading information could result in the cancellation of any agreements and initiation of legal action for debt recovery.

Signed

Date:

Signed _____

Date: _____