

PERSONAL DATA: APPLICANT

First name:	Middle Name:	Last Name:
Other name(s) used (AKA):	Gender: Male Female	
Birthdate (YYYY/MM/DD):	Marital status:	
Street Address:		
City:	Province:	
Postal Code:	At address since:	
Home Phone:	Work Phone:	
Cell Phone:	Email Address:	
Occupation:	Employer:	
Social Insurance Number:	Employer Address:	
Highest level of education: <input type="checkbox"/> High School <input type="checkbox"/> Post secondary <input type="checkbox"/> University		

HOUSEHOLD INFORMATION: APPLICANT

Number of dependants under 17 years of age:		Number of persons in household family unit inc debtor:
Dependant name:	Age:	Date of birth:
Dependant name:	Age:	Date of birth:
Dependant name:	Age:	Date of birth:
Dependant name:	Age:	Date of birth:
Dependant name:	Age:	Date of birth:
Dependant name:	Age:	Date of birth:

PERSONAL DATA: SPOUSE (IF APPLICABLE)

First name:	Middle Name:	Last Name:
Other name(s) used (AKA):	Gender: Male Female	
Birthdate (YYYY/MM/DD):	Marital status:	
Street Address:		
City:	Province:	
Postal Code:	At address since:	
Home Phone:	Work Phone:	
Cell Phone:	Email Address:	
Occupation:	Employer:	
Social Insurance Number:	Employer Address:	
Highest level of education: <input type="checkbox"/> High School <input type="checkbox"/> Post secondary <input type="checkbox"/> University		

PERSONAL DATA: SPOUSE (IF APPLICABLE)

Number of dependants under 17 years of age:		Number of persons in household family unit inc debtor:
Dependant name:	Age:	Date of birth:
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PRIOR BANKRUPTCY/PROPOSAL INFORMATION

Prior Bankruptcy:	Yes:	No:	Prior Proposal:	Yes:	No:
Date of Bankruptcy/ Proposal:			Name of Trustee:		
City, Province:			Date of Discharge or Full Performance:		

CAUSES OF FINANCIAL DIFFICULTY (Check all that apply)

<input type="checkbox"/> Overextension of credit	<input type="checkbox"/> Job loss	<input type="checkbox"/> Financial Mismanagement
<input type="checkbox"/> Reduction in income	<input type="checkbox"/> Health issues	<input type="checkbox"/> Relationship breakdown
<input type="checkbox"/> Gambling	<input type="checkbox"/> Business failure	<input type="checkbox"/> Other (specify below)
Other Reasons:		
Please Explain in your own words the reason(s) for your financial difficulty:		

ASSET INVENTORY

ASSETS					
Description	Value Debtor	Value Spouse	Exempt/ Enc.	Details	
Cash					
RRSP, RIF, LIRA Provide Statements					
RESP Provide Statements					
Other Inv. and Life Ins.					
Household Furn.					
Personal Effects					
Tools of the Trade Provide Detailed List				Include year or purchase, cost, present value (attach separate list)	
House Title Holder Mortgage Co.					
Cottage Title Holder Mortgage Co.					
Rental or other Property Title Holder Mortgage Co.					
Motor Vehicle				Year:	Model:
				Make:	KM:
Motorcycle/Boat/ Snowmobile/Quad				Year:	Model:
				Make:	KM:
Trailer/RV				Year:	Model:
				Make:	KM:
Business Assets					
Other					

LIABILITIES

Creditor Name & Address	Account #	Balance Owning	Debtor	Spouse	Joint
			(Check which applies)		

LIABILITIES CONT.

Creditor Name & Address	Account #	Balance Owing	Debtor	Spouse	Joint
			(Check which applies)		

OTHER DEBT INFORMATION

LOANS BY OR FOR APPLICANT	
Lender's name	
Address	
Borrower's name	
Address	
Is the party bankrupt?	
Business or personal debt?	
Type of business:	

LOANS BY OR FOR SPOUSE	
Lender's name	
Address	
Borrower's name	
Address	
Is the party bankrupt?	
Business or personal debt?	
Type of business:	

DO YOU HAVE ANY DEBTS ARISING FROM (please check all that apply)	
<input type="checkbox"/> Fines or penalties of the court	<input type="checkbox"/> Recognizance or bail bond
<input type="checkbox"/> Obtaining property by false pretences	<input type="checkbox"/> Defalcation while acting in fiduciary capacity
<input type="checkbox"/> Fraud	<input type="checkbox"/> Embezzlement/misappropriation
<input type="checkbox"/> Fraudulent misrepresentation	<input type="checkbox"/> Alimony, maintenance or support of separated family
<input type="checkbox"/> Student Loans, if yes, Last Date of Study:	

CO-SIGNED DEBTS	
Has anyone co-signed any debts for you, or have you co-signed for anyone? If yes, please provide the name and address:	Yes: No:
Name of Co-Signer: Creditor name:	
Address of Co-Signer:	

PRIOR FINANCIAL ACTIVITY

<p>In the past 12 months in Canada or elsewhere, have you: Sold, disposed of transferred or redeemed/cashed in any property or asset? (ie. redeemed RRSP's, changed a beneficiary on a life insurance policy)</p> <p>If yes, please provide complete details with dates, amounts and nature of asset.</p>	<p>Yes</p>	<p>No</p>
<p>Made payments in excess of regular payments to or paid off a creditor?</p>	<p>Yes</p>	<p>No</p>
<p>If yes, please provide details:</p>		
<p>Had any property seized or garnished?</p>	<p>Yes</p>	<p>No</p>
<p>If yes, please provide details:</p>		
<p>Within the last 5 years, have you sold, disposed of or transferred any real property or other assets?</p>	<p>Yes</p>	<p>No</p>
<p>If yes, please provide details:</p>		
<p>Insolvent at the time of transfer?</p>	<p>Yes</p>	<p>No</p>
<p>Within the last 5 years, have you made gifts to relatives or others in excess of \$500?</p>	<p>Yes</p>	<p>No</p>
<p>If yes, please provide details:</p>		
<p>Insolvent at the time of transfer?</p>	<p>Yes</p>	<p>No</p>

PRIOR FINANCIAL ACTIVITY CONT.

Do you expect to receive any sums not relating to your normal income within the next 12 months? (include lottery or other windfall, gifts, inheritance proceeds of litigation)	Yes	No
If yes, please provide details:		
Have you been or are you involved in any civil litigation (lawsuits) from which you might receive money or property?	Yes	No
If yes, please provide details:		
Have you made any arrangements to continue paying creditors after filing?	Yes	No
If yes, please provide details:		

PERSONAL INCOME TAX INFORMATION

APPLICANT'S TAX INFORMATION	SPOUSE'S TAX INFORMATION
YEAR LAST RETURN FILED	YEAR LAST RETURN FILED
AMOUNT OWING	AMOUNT OWING
REFUND RECEIVED	REFUND RECEIVED
REFUND PENDING	REFUND PENDING

INCOME TYPES AND SOURCES SINCE JANUARY 1ST:

Type: Employment, Pension, Disability, EI, support	Income source	City/Province	Start date dd/mm/yy	End date dd/mm/yy	Income since January 1

BUSINESS INFORMATION

Have you been self employed in the last 5 years? If yes:	
Type of Business:	
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership <input type="checkbox"/> Limited Company
Names of other partners or shareholders:	
Name:	Name:
Name:	Name:
Name:	Name:
Business Name:	
Business No:	
Start Date:	
End Date:	
Nature of Business:	
Does the business have any employees or sub contractors?	Yes No
Are any relatives employed in the business?	Yes No
Are any relatives' customers of the business?	Yes No
Are any source deductions outstanding?	Yes No
Are any wages outstanding?	Yes No

MONTHLY INCOME AND EXPENSES STATEMENT

MONTHLY INCOME(NET)	APPLICANT	SPOUSE	OTHER HOUSE-HOLD MEMBERS
EMPLOYMENT INCOME			
PENSION/ANNUITIES			
CHILD SUPPORT			
SPOUSAL SUPPORT			
EMPLOYMENT INSURANCE			
SOCIAL ASSISTANCE			
SELF EMPLOYMENT INCOME			
RENTAL INCOME			
UNIVERSAL CHILD CARE			
CHILD TAX BENEFITS			
OTHER (Specify)			
SUB TOTAL			

HOUSING EXPENSES	AMT
RENT/MORTGAGE PAYMENT	
PROP. TAXES / CONDO FEES	
HEAT/FUEL OIL	
TELEPHONE	
CABLE	
HYDRO / ELECTRICITY	
WATER	
FURNITURE	
HOUSEHOLD MAINTENANCE	
OTHER (Specify)	
SUB TOTAL	

MEDICAL EXPENSES	AMT
PRESCRIPTIONS	
DENTAL	
OTHER (Specify)	
SUB TOTAL	

LIVING EXPENSES	AMT
FOOD/GROCERY	
LAUNDRY/DRY CLEANING	
GROOMING/TOILETRIES	
CLOTHING	
OTHER (Specify)	
SUB TOTAL	

MONTHLY NON-DISCRETIONARY EXPENSES	AMT
CHILD SUPPORT PAYMENTS	
SPOUSAL SUPPORT PAYMENTS	
CHILD CARE	
MEDICAL CONDITION EXPENSES	
FINES/PENALTIES IMPOSED BY COURT	
EXPENSES AS A CONDITION OF EMPLOYMENT	
DEBTS WHERE STAY HAS BEEN FILED	
BUSINESS RELATED EXPENSES	
OTHER (Specify)	
SUB TOTAL	

PERSONAL EXPENSES	AMT
SMOKING	
ALCOHOL	
DINING/LUNCHES/REST	
ENTERTAINMENT/SPORTS	
GIFTS/CHARITABLE DONATIONS	
ALLOWANCES	
NEWSPAPERS /MAGAZINES	
OTHER (Specify)	
SUB TOTAL	

TRANSPORTATION EXPENSES	AMT
CAR LEASE/ FINANCE PAYMENTS	
REPAIR/MAINTENANCE/GAS	
PUBLIC TRANSPORTATION	
OTHER (Specify)	
SUB TOTAL	

INSURANCE EXPENSES	AMT
VEHICLE	
HOUSE	
FURNITURE/CONTENTS	
LIFE INSURANCE	
OTHER (Specify)	
SUB TOTAL	

PAYMENTS	AMT
VOLUNTARY PAYMENTS	
SURPLUS INCOME PAYMENTS	
SETTLEMENT ON ASSETS	
TO SECURED CREDITOR	
OTHER (Specify)	
SUB TOTAL	

TOTAL EXPENSES	
TOTAL INCOME	
SURPLUS / DEFICIENCY	