

Confidential Detailed Application

Please bring the following to your consultation:

- Completed questionnaire;
- Two pieces of identification (i.e. Birth certificate and one other identification such as a driver's license or SIN card);
- All of your credit cards (including those that have a "zero" balance) as well as any supplementary credit cards in the possession of your spouse or others;
- Your most recent creditor statements & mortgage statement
- Most Recent bank statements – 1 months
- Copy of the last tax return filed by you or on your behalf;
- Your most recent pay stub or proof of income for 2-3 months (i.e. bank statements)
- Registrations & black book value (or appraisal) for all Assets (i.e. vehicles, boats, trailers, campers) registered in your name
- Life insurance policies;
- RRSP, bonds, stocks, pensions, RESP or other marketable securities owned by you
- Property tax assessment, Comparative Market Analysis and Mortgage pay out amount of any real estate owned by you;
- Documents relating to the sale of all real estate owned by you during the past 5 years;
- Copy of your Separation Agreement and/or Divorce Order;
- All documents relating to any legal actions you are involved in (i.e. writs, judgments, garnishments, wage assignments, etc.).
- Proof of Expenses (i.e. Child care, Child support, Spousal Support, Prescriptions, etc.)
- Please indicate the source of your referral:

Open New Bank Account (if required)

OFFICE USE ONLY

Date of Assessment: _____ Date of Sign Up: _____

Consumer Proposal or Bankruptcy Payment Schedule: \$ _____

Personal Data

APPLICANT'S INFORMATION

SURNAME		GIVEN NAME	
MIDDLE NAMES		S.I.N.	
DATE OF BIRTH (MM/DD/YY)		MARITAL STATUS	
HOME TELEPHONE	WORK TELEPHONE	CELL PHONE	
HOME ADDRESS		CITY	
POSTAL CODE	AT ADDRESS SINCE	P.O. BOX	
EMAIL ADDRESS		OCCUPATION	
BEST CONTACT METHOD BETWEEN 8:30 A.M. – 4:30 P.M.? <input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL			

SPOUSE'S INFORMATION

SURNAME		GIVEN NAME	
MIDDLE NAMES		S.I.N.	
DATE OF BIRTH (MM/DD/YY)		MARITAL STATUS	
HOME TELEPHONE	WORK TELEPHONE	CELL PHONE	
HOME ADDRESS		CITY	
POSTAL CODE	AT ADDRESS SINCE	P.O. BOX	
EMAIL ADDRESS		OCCUPATION	
BEST CONTACT METHOD BETWEEN 8:30 A.M. – 4:30 P.M.? <input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL			

DEPENDANTS

NAME	AGE	DOB (MM/DD/YY)	RELATIONSHIP	DOES DEPENDANT RESIDE WITH YOU?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

APPLICANTS EMPLOYERS FOR THE PAST TWO YEARS:

EMPLOYER'S NAME AND ADDRESS	DATE STARTED	DATE ENDED

SPOUSES EMPLOYERS FOR THE PAST TWO YEARS:

EMPLOYER'S NAME AND ADDRESS

DATE STARTED

DATE ENDED

COLLECTED ANY OF THE FOLLOWING IN THIS CALENDAR YEAR? (PLEASE CHECK ONLY THOSE THAT APPLY)

APPLICANT UI WSIB SOCIAL ASSISTANCE SPOUSE UI WSIB SOCIAL ASSISTANCE

BUSINESS OWNED BY APPLICANT IN THE LAST FIVE YEARS

APPLICANT OWNED BUSINESS? YES NO (IF NO, SKIP THIS SECTION)

BUSINESS NAME

ADDRESS

TYPE OF OWNERSHIP CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP TYPE OF BUSINESS

NAMES OF PARTNERS / DIRECTORS

WHEN STARTED WHEN CEASED OPERATIONS

DEBTS INCURRED IN BUSINESS ASSETS % OF DEBTS FROM BUSINESS

ARE THERE SOURCE DEDUCTIONS OUTSTANDING? YES NO ARE THERE WAGES OUTSTANDING? YES NO

DURING THE PAST 12 MONTHS, WHAT WAS THE MAXIMUM AMOUNT OF EMPLOYEES EMPLOYED? GST/HST NUMBER

THE FOLLOWING DOCUMENTS TO BE COMPLETED:

FINANCIAL STATEMENTS/TAX RETURNS, T4 RETURN AND SLIPS GST RETURN, PST RETURN, WSIB RETURN, EHT RETURN

SPOUSE OWNED BUSINESS? YES NO (IF NO, SKIP THIS SECTION)

BUSINESS NAME

ADDRESS

TYPE OF OWNERSHIP CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP TYPE OF BUSINESS

NAMES OF PARTNERS / DIRECTORS

WHEN STARTED WHEN CEASED OPERATIONS

DEBTS INCURRED IN BUSINESS ASSETS % OF DEBTS FROM BUSINESS

ARE THERE SOURCE DEDUCTIONS OUTSTANDING? YES NO ARE THERE WAGES OUTSTANDING? YES NO

DURING THE PAST 12 MONTHS, WHAT WAS THE MAXIMUM AMOUNT OF EMPLOYEES EMPLOYED? GST/HST NUMBER

THE FOLLOWING DOCUMENTS TO BE COMPLETED:

FINANCIAL STATEMENTS/TAX RETURNS, T4 RETURN AND SLIPS GST RETURN, PST RETURN, WSIB RETURN, EHT RETURN

CAUSE OF FINANCIAL DIFFICULTIES

(I.E. JOB LOSS, BUSINESS FAILURE, ILLNESS, MISMANAGEMENT, ADDICTION, GAMBLING)

HAVE YOU BEEN BANKRUPT OR FILED A CONSUMER PROPOSAL BEFORE?

APPLICANT YES NO (IF YES, FILL OUT BELOW)

SPOUSE YES NO (IF YES, FILL OUT BELOW)

TRUSTEE'S NAME

TRUSTEE'S NAME

CY DATE (MM/DD/YY)

CY DATE (MM/DD/YY)

PLACE FILED

PLACE FILED

DISCHARGE DATE (MM/DD/YY)

DISCHARGE DATE (MM/DD/YY)

TRANSACTIONS

HAVE YOU DISPOSED OF / TRANSFERRED ASSETS IN THE LAST 12 MONTHS?
(I.E. RRSP, INCOME TAX REFUNDS, VEHICLES, REMORTGAGE OF PROPERTY, ETC.)

APPLICANT

YES NO

SPOUSE

YES NO

DETAILS (INDICATE DATE OF TRANSACTION, AMOUNT SOLD FOR, AND HOW PROCEEDS USED)

HAVE YOU MADE ANY EXCESS PAYMENTS TO CREDITORS IN THE LAST 12 MONTHS?

YES NO YES NO

DETAILS

HAVE YOU HAD ANY ASSETS SEIZED BY CREDITORS IN THE LAST 12 MONTHS?

YES NO YES NO

DETAILS

HAVE YOU SOLD / DISPOSED OF / TRANSFERRED REAL ESTATE IN PAST 5 YEARS?

YES NO YES NO

DETAILS (INDICATE DATE OF TRANSACTION, AMOUNT SOLD FOR, AND HOW PROCEEDS USED)

HAVE YOU GIFTED ANY ASSETS TO RELATIVES OVER \$500.00 IN PAST 5 YEARS?

YES NO YES NO

DETAILS

APPLICANT

SPOUSE

DO YOU EXPECT TO RECEIVE EXTRA SUMS OF MONEY IN THE NEXT 12 MONTHS?
(I.E. SEVERANCE, INHERITANCE, BUYOUTS, ETC.)

YES NO YES NO

DETAILS

HAVE YOU MADE ARRANGEMENTS TO CONTINUE TO PAY ANY EXISTING CREDITORS?

YES NO YES NO

DETAILS

HAVE YOU BEEN OR ARE YOU INVOLVED IN CIVIL LITIGATION FROM WHICH YOU MAY RECEIVE MONIES OR PROPERTY?

YES NO YES NO

DETAILS

HAVE YOU MADE ARRANGEMENTS TO CONTINUE TO PAY ANY EXISTING CREDITORS?

YES NO YES NO

DETAILS

HAS ANYONE LEFT YOU AN INHERITANCE WHICH YOU HAVE NOT YET RECEIVED?

YES NO YES NO

DETAILS

ARE YOU ANTICIPATING RECEIVING ANY OTHER INCOME SUCH AS AMOUNTS RECEIVED AS DAMAGES FOR WRONGFUL DISMISSAL, AS PAY EQUITY SETTLEMENTS OR THAT RELATE TO WORKERS' COMPENSATION?

YES NO YES NO

DETAILS

ARE THERE ANY JUDGEMENTS OR WAGE GARNISHMENTS OUTSTANDING AGAINST YOU?

YES NO YES NO

DETAILS

HAS ANY CREDITOR COMMENCED COURT ACTION AGAINST YOU?

YES NO YES NO

DETAILS

DEBTS

(INCLUDING MORTGAGES, LEASES, FAMILY MEMBERS, ETC.)

CREDITOR NAMES AND ADDRESSES

AMOUNT OWING

COMMENTS (DEBTS GUARANTEED)

ACCOUNT NO.	APPLICANT	SPOUSE	JOINT	

ACCOUNT NO.	APPLICANT	SPOUSE	JOINT	

ACCOUNT NO.	APPLICANT	SPOUSE	JOINT	

ACCOUNT NO.	APPLICANT	SPOUSE	JOINT	

ACCOUNT NO.	APPLICANT	SPOUSE	JOINT	

ACCOUNT NO.	APPLICANT	SPOUSE	JOINT	

ACCOUNT NO.	APPLICANT	SPOUSE	JOINT	

TOTALS

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DEBTS

(INCLUDING MORTGAGES, LEASES, FAMILY MEMBERS, ETC.)

CREDITOR NAMES AND ADDRESSES

AMOUNT OWING

COMMENTS (DEBTS GUARANTEED)

ACCOUNT NO.	APPLICANT	SPOUSE	JOINT	

ACCOUNT NO.	APPLICANT	SPOUSE	JOINT	

ACCOUNT NO.	APPLICANT	SPOUSE	JOINT	

ACCOUNT NO.	APPLICANT	SPOUSE	JOINT	

ACCOUNT NO.	APPLICANT	SPOUSE	JOINT	

ACCOUNT NO.	APPLICANT	SPOUSE	JOINT	

TOTALS

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HAVE YOU CO-SIGNED OR GUARANTEED A DEBT FOR ANYONE?

YES NO

IF YES, PLEASE PROVIDE DETAILS:

HAS ANYONE CO-SIGNED FOR ANY OF YOUR DEBT?

YES NO

IF YES, PLEASE PROVIDE DETAILS:

HAS THE APPLICANT OR SPOUSE ANY DEBTS ARISING FROM:

FINE OR PENALTY IMPOSED BY COURT? **APPLICANT** YES NO **SPOUSE** YES NO

RECOGNIZANCE OR BAIL BOND? YES NO YES NO

ALIMONY? YES NO YES NO

MAINTENANCE OF AFFILIATION ORDER? YES NO YES NO

MAINTENANCE OF SUPPORT OF SEPARATED FAMILY? YES NO YES NO

FRAUD? YES NO YES NO

EMBEZZLEMENT? YES NO YES NO

MISAPPROPRIATION? YES NO YES NO

DEFALCATION WHILE ACTING IN A FIDUCIARY CAPACITY? YES NO YES NO

PROPERTY OBTAINED BY FALSE MEANS/FRAUD? YES NO YES NO

STUDENT LOANS? YES NO YES NO

IF YES, WHEN DID YOU GRADUATE? (MM/DD/YY)

AWARD FOR DAMAGES? YES NO YES NO

IF THE ANSWER TO ANY OF THE ABOVE WAS "YES", WHAT IS THE AMOUNT OF THE MONTHLY PAYMENT?

ARE YOU IN ARREARS ON THE ABOVE PAYMENT? YES NO YES NO

ASSETS

	APPLICANT	SPOUSE	DESCRIPTION OF ASSET
CASH ON HAND/IN BANK			
HOUSEHOLD FURNITURE AND EFFECTS			SEE PAGE 10
JEWELLERY OR PERSONAL EFFECTS			
ANTIQUES, COLLECTABLES, ART WORK			
LIFE INSURANCE PROVIDER: CASH SURRENDER VALUE			WHOLE OR TERM PLAN #
STOCKS/BONDS/INVESTMENTS PROVIDER:			PLAN #
R.R.S.P. PROVIDER: PLAN #			AMOUNT DEPOSITED IN LAST 12 MONTHS: \$
R.E.S.P. PROVIDER:			CASH SURRENDER VALUE PLAN #
PENSION PROVIDER: PLAN #			
1ST AUTOMOBILE MAKE/MODEL YEAR#			VIN # KM:
2ND AUTOMOBILE MAKE/MODEL YEAR#			VIN # KM:
3RD AUTOMOBILE MAKE/MODEL YEAR#			VIN # KM:
MOTORCYCLE MAKE/MODEL YEAR#			VIN # KM:

ASSETS

CONTINUED

	APPLICANT	SPOUSE	DESCRIPTION OF ASSET
SNOWMOBILE			
RECREATIONAL EQUIPMENT I.E. BOAT, TRAILER, ETC.			
ESTIMATED TAX REFUND			
MACHINERY, EQUIPMENT AND PLANT			
PRINCIPLE RESIDENCE ADDRESS:		CMA VALUE	
OTHER REAL ESTATE			
LAND			
ACCOUNTS RECEIVABLE			
TOOLS OF THE TRADE			PLEASE PROVIDE A LIST OF TOOLS
OTHER ASSETS			

ASSETS

FURNITURE, APPLIANCES, HOUSEHOLD EFFECT: CHECK ITEMS IN YOUR POSSESSION AND INDICATE ESTIMATED GARAGE SALE VALUE:

APPLIANCES

	VALUE
<input type="checkbox"/> STOVE	\$
<input type="checkbox"/> REFRIGERATOR	\$
<input type="checkbox"/> DISHWASHER	\$
<input type="checkbox"/> MICROWAVE	\$
<input type="checkbox"/> FREEZER	\$
<input type="checkbox"/> WASHER	\$
<input type="checkbox"/> DRYER	\$
<input type="checkbox"/> AIR CONDITIONER	\$
<input type="checkbox"/> SM. APPLIANCE (\$25+)	\$
<input type="checkbox"/> OTHER	\$
TOTAL	\$

FURNITURE

	VALUE
<input type="checkbox"/> KITCHEN TABLE/CHAIRS	\$
<input type="checkbox"/> LIVINGROOM SUITE	\$
<input type="checkbox"/> COFFEE/END TABLES	\$
<input type="checkbox"/> WALL UNIT	\$
<input type="checkbox"/> LAMPS	\$
<input type="checkbox"/> BEDROOM SUITE	\$
<input type="checkbox"/> WATERBED	\$
<input type="checkbox"/> DINING ROOM SUITE	\$
<input type="checkbox"/> CHINA CABINET	\$
<input type="checkbox"/> OTHER	\$
TOTAL	\$

OFFICE EQUIPMENT

	VALUE
<input type="checkbox"/> FILE CABINET	\$
<input type="checkbox"/> DESK	\$
<input type="checkbox"/> COMPUTER	\$
<input type="checkbox"/> PRINTER	\$
<input type="checkbox"/> SCANNER	\$
<input type="checkbox"/> FAX MACHAINE	\$
<input type="checkbox"/> PHOTOCOPIER	\$
<input type="checkbox"/> COMPUTER SOFTWARE	\$
<input type="checkbox"/> ADDING MACHINE	\$
<input type="checkbox"/> OTHER	\$
TOTAL	\$

ENTERTAINMENT & LEISURE

	VALUE
<input type="checkbox"/> TELEVISION	\$
<input type="checkbox"/> STEREO	\$
<input type="checkbox"/> DVD	\$
<input type="checkbox"/> VCR	\$
<input type="checkbox"/> VIDEO CAMERA	\$
<input type="checkbox"/> PLAYER	\$
<input type="checkbox"/> VIDEO GAMES (\$25+)	\$
<input type="checkbox"/> PIANO/ORGAN	\$
<input type="checkbox"/> POOL TABLE	\$
<input type="checkbox"/> CD PLAYER	\$
<input type="checkbox"/> CDS	\$
<input type="checkbox"/> CAMERA	\$
<input type="checkbox"/> OTHER	\$
TOTAL	\$

MISCELLANEOUS

	VALUE
<input type="checkbox"/> CHINA	\$
<input type="checkbox"/> SILVERWARE	\$
<input type="checkbox"/> ANTIQUES	\$
<input type="checkbox"/> ARTWORK	\$
<input type="checkbox"/> LAWNMOWER	\$
<input type="checkbox"/> SNOWBLOWER	\$
<input type="checkbox"/> PATIO FURNITURE	\$
<input type="checkbox"/> BARBECUE	\$
<input type="checkbox"/> TOOLS	\$
<input type="checkbox"/> OTHER	\$
TOTAL	\$

TOTAL ESTIMATED VALUE OF ASSETS

\$

ESTIMATED MONTHLY INCOME STATEMENT

MONTHLY INCOME (NET)	APPLICANT	OTHER MEMBER OF FAMILY UNIT
NET EMPLOYMENT INCOME		
NET PENSION/ANNUITIES		
NET CHILD SUPPORT		
NET CHILD TAX BENEFIT		
NET SPOUSAL SUPPORT		
NET EMPLOYMENT INSURANCE BENEFITS		
NET SOCIAL ASSISTANCE		
SELF-EMPLOYMENT INCOME		
GROSS:		
NET:		
OTHER NET INCOME/RENTAL INCOME (PROVIDE DETAILS):		
TOTAL MONTHLY INCOME	(1)	(2)
TOTAL MONTHLY INCOME OF FAMILY UNIT - (1) + (2)		(A)

MONTHLY NON-DISCRETIONARY EXPENSES	APPLICANT	OTHER MEMBER OF FAMILY UNIT
CHILD SUPPORT PAYMENTS		
SPOUSAL SUPPORT PAYMENTS		
CHILD CARE		
HEALTH CONDITION EXPENSES		
FINE/PENALTIES IMPOSED BY THE COURT		
EXPENSES AS A CONDITION OF EMPLOYMENT		
DEBTS WHERE STAY HAS BEEN LIFTED		
TOTAL MONTHLY INCOME	(3)	(4)
TOTAL MONTHLY NON DISCRETIONARY EXPENSES OF FAMILY UNIT - (3) + (4)		(B)

ESTIMATED MONTHLY EXPENSES STATEMENT

MONTHLY DISCRETIONARY EXPENSES

MONTHLY EXPENSES

RENT/MORTGAGE	
PROPERTY TAXES/CONDO FEES	
HEATING/GAS/OIL	
TELEPHONE	
CABLE	
HYDRO	
WATER	
FURNITURE	
OTHER	
TOTAL	

PERSONAL EXPENSES

SMOKING	
ALCOHOL	
DINING/LUNCHES/RESTAURANT	
ENTERTAINMENT/SPORTS	
GIFTS/CHARITABLE DONATIONS	
ALLOWANCES	
OTHER	
TOTAL	

NON-RECOVERABLE MEDICAL EXPENSES

PRESCRIPTIONS	
DENTAL	
OTHER	
TOTAL	

LIVING EXPENSES

FOOD/GROCERY	
LAUNDRY/DRY CLEANING	
GROOMING/TOILETRIES	
CLOTHING	
OTHER	
TOTAL	

TRANSPORTATION EXPENSES

CAR LEASE/PAYMENTS	
REPAIR/MAINTENANCE/GAS	
PUBLIC TRANSPORTATION	
OTHER	
TOTAL	

INSURANCE EXPENSES

VEHICLE	
HOUSE	
FURNITURE/CONTENTS	
LIFE	
OTHER	
TOTAL	

PAYMENTS

TO THE ESTATE	
SPOUSE'S DEBT PAYMENT	
TO SECURED CREDITOR (OTHER THAN MORTGAGE AND VEHICLE)	
OTHER	
TOTAL	

TOTAL MONTHLY DISCRETIONARY EXPENSES) FAMILY UNIT

(C)

TOTAL MONTHLY INCOME OF FAMILY UNIT

(A)

TOTAL MONTHLY NON-DISCRETIONARY EXPENSES OF FAMILY UNIT

(B)

TOTAL MONTHLY DISCRETIONARY EXPENSES (FAMILY UNIT)

(C)

MONTHLY SURPLUS OR (DEFICIT) OF FAMILY UNIT

INCOME TAX INFORMATION

INDICATE YEAR OF LAST TAX RETURNED FILED

WAS THERE A REFUND? PLEASE INDICATE AMOUNT

WAS THERE A BALANCE OWING? PLEASE INDICATE AMOUNT

APPLICANT

DID YOU PAY ALIMONY OR MAINTENANCE DURING THE PAST YEAR?
IF YES, TO WHOM?
ADDRESS
AMOUNT PAID
DATE OF SEPARATION
HAS YOUR MARITAL STATUS CHANGED IN THE PAST TWO YEARS?
IF YES, WHEN?

SPOUSE

DID YOU PAY ALIMONY OR MAINTENANCE DURING THE PAST YEAR?
IF YES, TO WHOM?
ADDRESS
AMOUNT PAID
DATE OF SEPARATION
HAS YOUR MARITAL STATUS CHANGED IN THE PAST TWO YEARS?
IF YES, WHEN?

BANK ACCOUNT INFORMATION

ACCOUNT #	JOINT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WITH WHOM?
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ACCOUNT #	JOINT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WITH WHOM?
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ACCOUNT #	JOINT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WITH WHOM?
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PLEASE UNDERSTAND THAT A STATEMENT OF YOUR FINANCIAL AFFAIRS WILL BE PREPARED FROM THE INFORMATION SUPPLIED BY YOU ON THESE INFORMATION SHEETS, AND THAT STATEMENT MUST BE SWORN BY YOU UNDER OATH AS BEING, TO THE BEST OF YOUR KNOWLEDGE AND BELIEF, A FULL, TRUE AND COMPLETE STATEMENT OF YOUR FINANCIAL AFFAIRS.

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THESE INFORMATION SHEETS IS TO THE BEST OF MY KNOWLEDGE TRUE, CORRECT AND COMPLETE IN EVERY RESPECT, ANY FULLY DISCLOSES THE STATE OF ALL MY ASSETS AND LIABILITIES.

Signature

Date

Signature

Date