

DATE: (Y/M/D) _____

REFERRED BY: _____

SUMMARY DETAILS

BANKRUPTCY: _____ x _____ = _____

CONSUMER PROPOSAL: _____ x _____ = _____

CONFIDENTIAL

PERSONAL DATA:

Surname: _____ Title (Select one) Mr. ☐ Ms. ☐ Mrs. ☐ Miss ☐

Given and Middle Names: _____ S.I.N.: _____

Are you known by any other name (s): _____ Birth Date: (Y/M/D) _____

Street Address: _____ Telephone: (Home) _____

Town/City: _____ Telephone: (Cell) _____

Province: _____ Telephone (Bus.) _____

Postal Code: _____ E-mail Address: _____

I have resided at the above address since: _____ Year: _____ Month: _____ Day: _____

Mailing Address (if different): _____

Present Occupation: _____ Start Date: (Y/M/D) _____

Full Name of Present Employer: _____

Address (Including Postal Code) _____

Level of Education: _____

Marital Status: (Specify month and year of event if it occurred in the last five years) – Pls. Select:

Married ☐ Common Law ☐ Single ☐ Widowed ☐ Separated ☐ Divorced ☐

Month/Year of Event: _____

Full Name and Address of Spouse – or Common-law Partner: _____

Birth Date of Spouse: (Y/M/D) _____ Spouse's SIN: _____

Number of dependents who rely on you for financial support: _____

Name	Relationship	Birth Date (Y/M/D)	Address

Have you ever filed Bankruptcy, or proposal under the Bankruptcy & Insolvency Act? Yes ☐ No ☐

If yes, give: Name of Trustee: _____
Filing Date: (Y/M/D) _____
Date of Discharge/ Certificate of Full Performance: _____

Have you been self-employed in the last five (5) years? Yes ☐ No ☐

If yes, please fill out "Business Information Form" for each registered business in the last 5 years.

MONTHLY INCOME

Net Employment Income	_____	Child Tax Benefit	_____
Net Earnings of Spouse	_____	Net Spousal Support	_____
Net Pensions/Annuities	_____	Net Employment Insurance Benefits	_____
Net Child Support	_____	Net Social Assistance	_____
Other Net Income	_____	Self-Employment Income	_____
		Gross _____ Net _____	
		TOTAL MONTHLY INCOME (A)	_____

NOTES:

MONTHLY NON-DISCRETIONARY EXPENSES

Child Support Payments	_____	Expenses as a Condition of Employment	_____
Spousal Support Payments	_____	Debts Where Stay Has Been Lifted	_____
Child Care	_____	Medical Condition Expenses	_____
Fines/Penalties Imposed by Court	_____	Other	_____
		TOTAL MONTHLY NON-DISCRETIONARY EXPENSES (B)	_____
		AVAILABLE MONTHLY INCOME (A-B) = (C)	_____

NOTES:

MONTHLY INCOME COMPUTATION:

DEBTOR: _____ SPOUSE: _____
SURPLUS INCOME: _____ X _____ = _____

Housing Expenses		Living Expenses	
Rent/Mortgage		Food/Grocery	
Property Taxes/Condo Fees		Laundry/Dry Cleaning	
Heating/Gas/Oil		Grooming/Toiletries	
Telephone		Clothing	
Cable		Other	
Hydro		Transportation Expenses	
Water		Car Lease/Payments	
Furniture		Repairs/Maintenance/Gas	
Other		Public Transportation	
Personal Expenses		Other	
Smoking		Insurance Expenses	
Alcohol		Vehicle	
Dining/Lunches/Restaurants		House	
Entertainment/Sports		Furniture/Contents	
Gifts/Charitable Donations		Life Insurance	
Allowances		Other	
Other		Payments	
Non-recoverable Medical Expenses		To Trustee	
Prescriptions		To Secured Creditor	
Dental		(Other than mortgage and vehicle)	
Other		Other	
TOTAL MONTHLY DISCRETIONARY EXPENSES (D)			
TOTAL – SURPLUS / (SHORTFALL) (C) – (D)			

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ASSETS				
ASSET	DESCRIPTION		EXEMPT	ESTIMATE OF PRESENT
Cash, Cash in Bank, TFSA			<input type="checkbox"/>	
			<input type="checkbox"/>	
Real Estate – House – Cottage – Land			<input type="checkbox"/>	
	Interest:			
	Co-Owner:			
	Mortgage Company:			
	Mortgage Balance:			
Automobile/ Motorized Vehicles Model, VIN#, Mileage			<input type="checkbox"/>	
	Mileage:			
	Financing/Leasing Balance:			
			<input type="checkbox"/>	
	Mileage:			
	Financing/Leasing Balance:			
RRSP, RESP, Canada Savings Bonds, Cash Surrender Value of Life Insurance, Investments GICs, Mutual Funds	Type of account:		<input type="checkbox"/>	
	Institution:			
	Type of account:		<input type="checkbox"/>	
	Institution:			
	Type of account:		<input type="checkbox"/>	
	Institution:			
	For RRSPs, how much was contributed in the last 12 months		<input type="checkbox"/>	
	For RESPs, how much was your total contribution		<input type="checkbox"/>	
Personal Assets (Collections, Jewelry, Etc.)			<input type="checkbox"/>	
Furniture/ Appliances			<input type="checkbox"/>	
Shares Name of Co. / % of Shares			<input type="checkbox"/>	
			<input type="checkbox"/>	
Business Assets / Tools of Trade			<input type="checkbox"/>	

DEBTS - DEBTOR					
Creditor's Name UNSECURED	Account # / Creditor's Complete Address	Estimate Amount of Owning	Business?	Joint?	Spouse?
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL:					

SECURED					
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have any of the above debts arisen from your guarantee or co-signing of debts for another individual or corporation? Yes ☐ No ☐

GENERAL

1. Within the last twelve (12) months, have you sold, disposed of or transferred any of your assets, either in Canada or elsewhere? (e.g. vehicles, RRSP's, stocks/bonds, furniture) Yes ☐ No ☐

Description of Asset	Date Disposed	To Whom	Amt. of Proceeds	Disposition of Proceeds

2. Within the last twelve (12) months, have you made any payments in excess of regular payments to any creditor, either in Canada or elsewhere? Yes ☐ No ☐

3. Within the last twelve (12) months, have you had any assets seized by a creditor, either in Canada or elsewhere? Yes ☐ No ☐

If yes, provide details:

Assets seized

Date seized (Y/M/D)

Name of Party (Seized by):

4. Do you expect to receive any sums of money, or any other property, within the next twelve 12 months, which are not related to your normal income? Yes ☐ No ☐

5. Within the last five (5) years, while you knew yourself to be insolvent, have you sold, disposed of, or transferred any property, either in Canada or elsewhere? Yes ☐ No ☐

Description of Asset	Date Disposed	To Whom	Amt. of Proceeds	Disposition of Proceeds

6. Within the last five (5) years, while you knew yourself to be insolvent, have you made any gifts to relatives or others in excess of \$500.00? Yes ☐ No ☐

7. Are you a beneficiary of a will or will you receive an inheritance? Yes ☐ No ☐

8. Has anyone started legal proceedings against you? Yes ☐ No ☐

If yes, give details:

9. For which year did you file your last income tax return?

Did you receive a refund?

Yes ☐ No ☐

Yes ☐ No ☐

- ☐ Insufficient Income
- ☐ Employment Issues (Unemployment, Less Hours)
- ☐ Tax Arrears
- ☐ Marital Break-up
- ☐ Health Issues
- ☐ Business Loss
- ☐ Gambling
- ☐ Other/s:

[illegible]

Signature

Date (Y/M/D)