

| | | | | | | | |
|--|--|--------------|-------------------------|-----------------|--|---------------|--|
| Family Name: | | Given Names: | | Date of Birth: | | Gender | |
| Complete Address: | | | | Since when: | | | |
| Has gone by any other names? | | | | Home Phone #: | | Work Phone #: | |
| S.I.N.: | | | | E-mail Address: | | | |
| Name of Employer | | | | Occupation: | | | |
| Address: | | | | | | | |
| Marital Status & Date (MM/YY) | | | Dependents 17 and Under | | | Adults | |
| Spouse's Family Name: | | | Given Names: | | | Date of Birth | |
| | | | | | | S.I.N. | |
| Name & Address of Employer | | | | Occupation | | | |
| Have you operated a business within the last 5 years? (If yes) Name, type and period of operations | | | | | | | |
| Within the last 12 months have you :(Provide Details) | | | | | | | |
| (a) Disposed of or transferred any of your assets: | | | | | | | |
| (b) Made payments in excess of regular payments to a creditor: | | | | | | | |
| (c) Had any assets seized by creditors: | | | | | | | |
| Within the last 5 years have you: (Provide Details) | | | | | | | |
| (a) Sold, disposed of or transferred any real estate: | | | | | | | |
| (b) Made any gifts to relatives or others in excess of \$500: | | | | | | | |
| Do you expect to receive any money other than regular income, or any property over the next 12 months? | | | | | | | |
| Do you have a safe deposit box? | | | | | | | |
| Have you ever been bankrupt (yes/no) or have filed a consumer proposal (yes/no) before? Date of bankruptcy or proposal: _____ Date of absolute discharge or compliance: _____ Trustee or Administrator: _____ | | | | | | | |

BUDGET

| Monthly Income | _____ | _____ | Total |
|---|-------|-------|--------------|
| Net Employment Income | _____ | _____ | _____ |
| Net Pension/Annuities | _____ | _____ | _____ |
| Net Child Support | _____ | _____ | _____ |
| Net Spousal Support | _____ | _____ | _____ |
| Net E.I. Benefits | _____ | _____ | _____ |
| Net Social Assistance | _____ | _____ | _____ |
| Self Employment Income | _____ | _____ | _____ |
| (Gross) _____ (Net) | _____ | _____ | _____ |
| Other Net Income _____ | _____ | _____ | _____ |
| Total Monthly Income | _____ | _____ | |
| Total Monthly Income of Family Unit | | | _____ |
| Monthly Non-discretionary Expenses | | | |
| Child Support Payments | _____ | _____ | _____ |
| Spousal Support Payments | _____ | _____ | _____ |
| Child care | _____ | _____ | _____ |
| Medical Condition Expenses | _____ | _____ | _____ |
| Fines/Penalties Imposed by court | _____ | _____ | _____ |
| Expenses as Condition of Employment | _____ | _____ | _____ |
| Debts Where Stay is Lifted | _____ | _____ | _____ |
| Other Expenses _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Total Monthly Non-Discretionary Expenses | _____ | _____ | |
| Total For Family Unit | | | _____ |

Monthly Discretionary Expenses *(family unit)*

Housing Expenses

Rent/Mortgage _____
Property taxes/Condo Fees _____
Heating (Gas/Oil) _____
Telephone _____
Cable _____
Electricity _____
Water _____
Furniture _____
Other _____

Personal Expenses

Smoking _____
Alcohol _____
Dining/Lunches/Restaurants _____
Entertainment/sports _____
Gifts/Charitable Donations _____
Allowances _____
Other _____

Non-Recoverable Medical Exp.

Prescriptions _____
Dental _____
Other _____

**Total Monthly Discretionary
Exp. of the Family Unit**

Living Expenses

Food/Grocery _____
Laundry/Dry Cleaning _____
Grooming/Toiletries _____
Clothing _____
Other _____

Transportation Expenses

Car/Lease Payments _____
Repair/Maintenance/Gas _____
Public Transit _____
Other _____

Insurance Expenses

Vehicle _____
House _____
Furniture/Contents _____
Life Insurance _____
Other _____

Payments

To the Estate _____
To Secured Creditors _____
Other *(other than mortgage or vehicle)* _____

ASSETS

| Type of assets | | Description (<i>Provide details</i>) | Estimated Dollar Value | Exempt Property | | Secured Amount/ Liens | Estimated net realizable dollar value * |
|---|------------|--|------------------------|-----------------|----|--------------------------|---|
| | | | | Yes | No | | |
| 1. Cash on hand | | | | | | | |
| 2. Furniture | | | | | | | |
| 3. Personal effects | | | | | | | |
| 4. Cash-surrender value of life insurance policies, RRSPs, etc. | | | | | | | |
| 5. Securities | | | | | | | |
| 6. Real Property | House | | | | | | |
| | Cottage | | | | | | |
| | Land | | | | | | |
| 7. Motor vehicle | Automobile | | | | | | |
| | Motorcycle | | | | | | |
| | Snowmobile | | | | | | |
| | Other | | | | | | |
| 8. Recreational equipment | | | | | | | |
| 9. Estimated tax refund | | | | | | | |
| 10. Other assets | | | | | | | |
| TOTAL | | | | | | | |

Tax Information

List all employees for past 2 years. In periods when drawing EI show each period separately.

MR.

| Year | Employer's Name | Address |
|------|-----------------|---------|
| | | |
| | | |
| | | |

MRS.

| Year | Employer's Name | Address |
|------|-----------------|---------|
| | | |
| | | |
| | | |

For which year was your last income tax return filed? _____ Amount Owing _____

Refund _____

Dependents (List all dependents who rely on you for financial support)

| Name | Relationship | Birth Date |
|------|--------------|------------|
| | | |
| | | |
| | | |

Details of motor vehicles owned in the past two years (if applicable)

Details on alimony or maintenance payments (note whether payments are taxable or tax deductible)

Details of any present garnishments or attachments

Describe briefly the circumstances that caused your financial problems

- | | | |
|--|---------|--------|
| Have you any credit cards? | Yes () | No () |
| Have you received, or do you expect to receive an inheritance? | Yes () | No () |
| Have you obtained any credit in the last 3 months? | Yes () | No () |
| Has anyone guaranteed a debt for you? | Yes () | No () |
| Have you guaranteed a debt for anyone? | Yes () | No () |