

INFORMATION FORM
PERSONAL DATA

APPLICANT:

NAME: (First):	(Middle):	(Last):
ALSO KNOWN AS:	SIN:	DATE OF BIRTH:
HOME ADDRESS:		
At this address since:	MAILING ADDRESS (same as above <input type="checkbox"/>) or:	
HOME PHONE:	CELL PHONE:	WORK/OTHER:
EMAIL:		
MARITAL STATUS:	Marital Status change as of (MM/YY) (specify if changed in the last 5 years):	

SPOUSE / CO-APPLICANT (if applicable):

NAME: (First):	(Middle):	(Last):
ALSO KNOWN AS:	SIN:	DATE OF BIRTH:
HOME PHONE:	CELL PHONE:	WORK/OTHER:
EMAIL:		

NUMBER OF PERSONS IN HOUSEHOLD FAMILY UNIT, INCLUDING THE APPLICANT:

NUMBER OF DEPENDANTS:	NUMBER OF PERSONS 17 YEARS OF AGE OR LESS:	
NAME:	DATE OF BIRTH:	RELATIONSHIP:
NAME:	DATE OF BIRTH:	RELATIONSHIP:
NAME:	DATE OF BIRTH:	RELATIONSHIP:
NAME:	DATE OF BIRTH:	RELATIONSHIP:

NEXT OF KIN

NAME:	RELATIONSHIP:
ADDRESS:	PHONE NUMBER:

VOLUNTARY Self-Identification (*information requested by the OSB*)

I refuse to voluntarily disclose any of the information requested on this page.

What is your gender? Male Female Other I prefer not to answer

Highest Level of Education completed by bankrupt/debtor:

0-8 years some high school High school diploma Some post-secondary Post-secondary certificate or diploma
 University degree I prefer not to answer

Are you an Aboriginal person?

(An Aboriginal person is a North American Indian or a member of a First Nation, a Metis or an Inuk (Inuit). North American Indians or members of a First Nation include status, treaty or registered Indians, as well as non-status and non-registered Indians.)

Yes No I prefer not to answer

If you wish to provide further details, please specify the group to which you belong:

North American Indian/First Nation Metis Inuit

Are you a person with a disability?

(A person with disability has a long-term or recurring physical, mental, sensory, psychiatric or learning impairment and considers himself or herself to be disadvantaged by reason of that impairment, or believes that an employer or potential employer is likely to consider him or her to be disadvantaged in employment by reason of that impairment. Persons with disabilities are also those whose functional limitations owing to their impairment have been accommodated in their current job or workplace.)

Yes No I prefer not to answer

If you wish to provide further details, please select the box(es) that apply to you

Co-ordination or dexterity (difficulty using hands or arms, for example, grasping or handling a stapler or using a keyboard)
 Mobility (difficulty moving around, for example, from one office to another or up and down stairs)
 Blind or visual impairment (unable to see or difficulty seeing)
 Deaf or hard of hearing (unable to hear or difficulty hearing)
 Speech impairment (unable to speak or difficulty speaking and being understood)
 Other disability (including learning disabilities, developmental disabilities and all other types of disabilities) **(Please specify)** _____

Are you a member of a visible minority?

(A member of a visible minority in Canada may be defined as someone (other than an Aboriginal person) who is non-white in colour/race, regardless of the place of birth.)

Yes No I prefer not to answer

If you wish to provide further details, please select the box(es) that apply to you

Black South Asian/East Indian (including Indian from India, Bangladeshi, Pakistani, East Indian from Guyana, Trinidad, East Africa, etc)
 Chinese Southeast Asian (including Burmese, Cambodian, Laotian, Thai, Vietnamese, etc)
 Filipino Non-White West Asian, North African or Arab (including Egyptian, Libyan, Lebanese, Iranian, etc)
 Japanese Non-White Latin American (including indigenous persons from Central and South America, etc)
 Korean Persons of Mixed Origin (with one parent in one of the visible minority groups listed above)

EMPLOYMENT / INCOME TAX INFORMATION

APPLICANT:

EMPLOYERS AND EMPLOYMENT INSURANCE (EI) PERIODS FOR THE PAST TWO YEARS:

OCCUPATION:	Full Time / Part Time etc?
-------------	----------------------------

CURRENT Employer's Name & Address:

Date Started:	Date Ended:
---------------	-------------

Employers Name & Address:

Date Started:	Date Ended:
---------------	-------------

Employers Name & Address:

Date Started:	Date Ended:
---------------	-------------

INCOME TAX INFORMATION:

Year last Return filed:	Amount Owing: \$
-------------------------	------------------

Amount Received: \$	Refund Pending: \$
---------------------	--------------------

DID YOU PAY CHILD AND/OR SPOUSAL SUPPORT DURING THE PAST YEAR? Yes No

If Yes, To Whom:	Address:
------------------	----------

Amount Paid: \$	Date of Separation:
-----------------	---------------------

****If Child and/or Spousal Support Payments are currently being made, attach a copy of the Court Order****

SPOUSE / CO-APPLICANT (if applicable):

EMPLOYERS AND EMPLOYMENT INSURANCE (EI) PERIODS FOR THE PAST TWO YEARS:

OCCUPATION:	Full Time / Part Time etc?
-------------	----------------------------

CURRENT Employer's Name & Address:

Date Started:	Date Ended:
---------------	-------------

Employers Name & Address:

Date Started:	Date Ended:
---------------	-------------

INCOME TAX INFORMATION:

Year last Return filed:	Amount Owing: \$
-------------------------	------------------

Amount Received: \$	Refund Pending: \$
---------------------	--------------------

DID YOU PAY CHILD AND/OR SPOUSAL SUPPORT DURING THE PAST YEAR? Yes No

If Yes, To Whom:	Address:
------------------	----------

Amount Paid: \$	Date of Separation:
-----------------	---------------------

****If Child and/or Spousal Support Payments are currently being made, attach a copy of the Court Order****

BUSINESSES

APPLICANT:

OWNED/OPERATED BUSINESS WITHIN THE LAST FIVE YEARS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF OWNERSHIP:	<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership
Business Name:	
Address:	
Type of Business:	
When Started:	
When Ceased Operations (if applicable):	
Are you a Director?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Names of Partners/Directors:	
Is the Corporation Bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Business:	
• Have Employees or Subcontractors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
• Owe any Wages to Employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
• Owe any Source Deductions on Wages? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Details:	

SPOUSE / CO-APPLICANT (if applicable):

OWNED/OPERATED BUSINESS WITHIN THE LAST FIVE YEARS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF OWNERSHIP:	<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership
Business Name:	
Address:	
Type of Business:	
When Started:	
When Ceased Operations (if applicable):	
Are you a Director?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Names of Partners/Directors:	
Is the Corporation Bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Business:	
• Have Employees or Subcontractors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
• Owe any Wages to Employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
• Owe any Source Deductions on Wages? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Details:	

ASSETS – LIST THE DETAILS OF OWNERSHIP AND CURRENT VALUE

	<i>Applicant</i>	<i>Spouse</i>	<i>Details / Comments</i>
DEPOSIT WITH TRUSTEE/ CASH	\$	\$	
HOUSEHOLD FURNITURE	\$	\$	
PERSONAL EFFECTS:			
Clothing	\$	\$	
Other (list):	\$	\$	

INSURANCE POLICIES:	<i>Applicant</i>	<i>Spouse</i>	
Cash surrender value	\$	\$	Term Policy <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Beneficiary:</i>			
<i>Company:</i>			
Cash surrender value	\$	\$	Term Policy <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Beneficiary:</i>			
<i>Company:</i>			

INVESTMENT ACCOUNTS:	<i>Applicant</i>	<i>Spouse</i>	<i>Details / Comments – Company held with:</i>
<i>RRSP</i> Contributions in Last 12 months: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount contributed: \$	\$	\$	
<i>RESP</i>	\$	\$	
<i>TFSA</i>	\$	\$	
<i>RRIF / LIRA</i>	\$	\$	
<i>Pension</i>	\$	\$	
<i>Other (list):</i>	\$	\$	

STOCKS/SHARES:	<i>Applicant</i>	<i>Spouse</i>	<i>Details / Comments – Company held with:</i>
<i>Credit Union Shares</i>	\$	\$	
<i>Stocks</i>	\$	\$	
<i>Other (list):</i>	\$	\$	

	<i>Applicant</i>	<i>Spouse</i>	<i>Details / Comments (List tools/equipment)</i>
TOOLS-OF-TRADE	\$	\$	

BUSINESS ASSETS:	<i>Applicant</i>	<i>Spouse</i>	<i>Details / Comments</i>
<i>Inventory</i>	\$	\$	
<i>Accounts Receivable</i>	\$	\$	
<i>Other (list):</i>	\$	\$	

OTHER ASSETS:	<i>Applicant</i>	<i>Spouse</i>	<i>Details / Comments</i>
<i>Details:</i>	\$	\$	
<i>Details:</i>	\$	\$	
<i>Details:</i>	\$	\$	

PROPERTY/REAL ESTATE	<i>Applicant</i>	<i>Spouse</i>	<i>Mortgage? Held With?</i>
Type:	\$	\$	
Address:			
Registered Owners:			
Type:	\$	\$	
Address:			
Registered Owners:			

MOTOR VEHICLES

<i>Automobile:</i>			<i>Applicant</i>	<i>Spouse</i>	<i>Details / Comments</i>
Year:	Make:	Model:	\$	\$	Kms: Lease/Loan with:
Year:	Make:	Model:	\$	\$	Kms: Lease/Loan with:
Year:	Make:	Model:	\$	\$	Kms: Lease/Loan with:
<i>Motorcycle:</i>					
Year:	Make:	Model:	\$	\$	Kms: Lease/Loan with:
Year:	Make:	Model:	\$	\$	Kms: Lease/Loan with:

RECREATIONAL VEHICLES

<i>Snowmobile:</i>			<i>Applicant</i>	<i>Spouse</i>	<i>Details / Comments</i>
Year:	Make:	Model:	\$	\$	Kms: Lease/Loan with:
Year:	Make:	Model:	\$	\$	Kms: Lease/Loan with:
<i>ATV:</i>					
Year:	Make:	Model:	\$	\$	Kms: Lease/Loan with:
Year:	Make:	Model:	\$	\$	Kms: Lease/Loan with:
<i>Trailer/camper:</i>					
Year:	Make:	Model:	\$	\$	Length: Lease/Loan with:
<i>Boat/Motor/Trailer:</i>					
Year:	Make:	Model:	\$	\$	Motor Type/Size: Lease/Loan with:
<i>Other Motorized vehicle:</i>					
Year:	Make:	Model:	\$	\$	Kms: Lease/Loan with:

TRANSACTIONS

	Applicant	Spouse	Joint	Yes	No
Have you sold, disposed or transferred any Assets, cashed RRSP's, RESPs, etc, or changed the named beneficiary on a life insurance policy in the last 12 months? <i>Details:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you made payments in excess of the regular amount to creditors in the last 12 months? <i>Details:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any Assets Seized or Garnished by a creditor in the last 12 Months? <i>Details:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you sold, disposed or transferred any Real Property or other Assets in the past five (5) years? <i>Details:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you made any gifts to relatives or others in excess of \$500 in the past five (5) years while you knew yourself to be insolvent? <i>Details:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect to receive any money which is not related to your normal income or any other property within the next 12 months (including Inheritance)? <i>Details:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been or are you involved in Civil Litigation from which you may receive monies or property? <i>Details:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you made arrangements to continue to pay any creditors after filing? <i>Details:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BANK ACCOUNT INFORMATION

Bank:	Branch Address:
Account Number:	Joint: <input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER DEBT INFORMATION

APPLICANT:

Have you Co-Signed any Loans or given a Personal Guarantee on any Loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Lender's Name:	
Borrower's Name:	
Amount of Loan:	
Do you have any Debts arising from:	
Fines or Penalties imposed by Court (including Assault)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recognizance or Bail Bond	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maintenance or Support of Separated Family	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fraud / Embezzlement / Misappropriation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Defalcation while Acting in a Fiduciary Capacity	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property or Services Obtained by False Means /Fraud	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Provide details:</i>	
Do you have Student Loans Outstanding? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes:</i>	
Course(s) Taken:	
Date of Last Course/Withdrawal:	Educational Institution:
Have you used your education in you employment or business?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not completed, why?	

SPOUSE / CO-APPLICANT (if applicable):

Have you Co-Signed any Loans or given a Personal Guarantee on any Loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Lender's Name:	
Borrower's Name:	
Amount of Loan:	
Do you have any Debts arising from:	
Fines or Penalties imposed by Court (including Assault)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recognizance or Bail Bond	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maintenance or Support of Separated Family	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fraud / Embezzlement / Misappropriation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Defalcation while Acting in a Fiduciary Capacity	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property or Services Obtained by False Means /Fraud	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Provide details:</i>	
Do you have Student Loans Outstanding? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes:</i>	
Course(s) Taken:	
Date of Last Course/Withdrawal:	Educational Institution:
Have you used your education in you employment or business?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not completed, why?	

PREVIOUS BANKRUPTCY AND/OR PROPOSAL

APPLICANT:

Have you previously filed a Bankruptcy or Consumer Proposal in Canada or Elsewhere? Yes No

Type of Proceeding: Bankruptcy Proposal

Trustee's Name:

Date of Filing:

Discharge Date:

Place Filed:

Estate Number:

SPOUSE / CO-APPLICANT (if applicable):

Have you previously filed a Bankruptcy or Consumer Proposal in Canada or Elsewhere? Yes No

Type of Proceeding: Bankruptcy Proposal

Trustee's Name:

Date of Filing:

Discharge Date:

Place Filed:

Estate Number:

REASONS FOR FINANCIAL DIFFICULTY

(please check all that apply)

<input type="checkbox"/> Over extension of credit	<input type="checkbox"/> Loss / Sporadic / Seasonal Income	<input type="checkbox"/> Financial Mismanagement
<input type="checkbox"/> Reduction in Income	<input type="checkbox"/> Unpaid / Unfiled Income Tax	<input type="checkbox"/> Marital separation/Relationship breakdown
<input type="checkbox"/> Health related Problems	<input type="checkbox"/> Gambling / Alcohol / Substance Abuse	<input type="checkbox"/> Insolvency of Co-Signor
<input type="checkbox"/> Legal Action	<input type="checkbox"/> Creditor Garnishee	<input type="checkbox"/> Business Failure

Other (Specify):

Describe in your Own words why you need financial help:

In the last 6 months, was advice regarding your financial situation received, other than this Assessment? Yes No

If yes, Advice received from:

Indicate amount paid (if any):

MONTHLY INCOME & EXPENSES

MONTHLY INCOME	Applicant	Spouse	Other
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:			
<i>Gross</i>	\$	\$	\$
<i>Net</i>	\$	\$	\$
Other Net Income	\$	\$	\$
<i>Other Income Description:</i>			
Total Net:	\$	\$	\$
Total Family Income	\$		

MONTHLY NON-DISCRETIONARY EXPENSES	Applicant	Spouse	Other
Child Support Payments	\$	\$	\$
Spousal Support Payments	\$	\$	\$
Child Care	\$	\$	\$
Medical Condition Expenses	\$	\$	\$
<i>Medical Condition Description</i>			
Fines/Penalties imposed by Court	\$	\$	\$
Expenses as a Condition of Employment	\$	\$	\$
Debts where Stay has been lifted	\$	\$	\$
Other Expenses	\$	\$	\$
<i>Other Expenses Description:</i>			
Total Non-Discretionary:	\$	\$	\$
Total Family Non-Discretionary	\$		

MONTHLY DISCRETIONARY EXPENSES

HOUSING EXPENSES	Applicant	Spouse	Other
Rent/Mortgage	\$	\$	\$
Property Taxes / Condo Fees	\$	\$	\$
Heating/Gas/Oil	\$	\$	\$
Telephone / Cell Phone	\$	\$	\$

Internet/Cable	\$	\$	\$
Hydro	\$	\$	\$
Water	\$	\$	\$
Other Housing Expenses	\$	\$	\$
<i>Other Description:</i>			

PERSONAL EXPENSES	Applicant	Spouse	Other
Smoking	\$	\$	\$
Alcohol	\$	\$	\$
Dining/Lunches/Restaurants	\$	\$	\$
Entertainment/Sports	\$	\$	\$
Gifts/Charitable Donations	\$	\$	\$
Allowances	\$	\$	\$
Pets – food/supplies	\$	\$	\$
Other Personal Expenses	\$	\$	\$
<i>Other Description:</i>			

NON-RECOVERABLE MEDICAL EXPENSES	Applicant	Spouse	Other
Prescriptions	\$	\$	\$
Dental	\$	\$	\$
Other Medical Expenses	\$	\$	\$
<i>Other Description:</i>			

LIVING EXPENSES	Applicant	Spouse	Other
Food/Groceries	\$	\$	\$
Laundry/Dry Cleaning	\$	\$	\$
Grooming/Toiletries	\$	\$	\$
Clothing	\$	\$	\$
Other Living Expenses	\$	\$	\$
<i>Other Description:</i>			

TRANSPORTATION EXPENSES	Applicant	Spouse	Other
Motor Vehicle Payments (lease and/or loan)	\$	\$	\$
Repairs/Maintenance/Gas	\$	\$	\$
Public Transportation	\$	\$	\$
Other Transportation Expenses	\$	\$	\$
<i>Other Description:</i>			

<i>INSURANCE EXPENSES</i>	<i>Applicant</i>	<i>Spouse</i>	<i>Other</i>
Vehicle	\$	\$	\$
House	\$	\$	\$
Furniture/Contents/Rental	\$	\$	\$
Life Insurance	\$	\$	\$
Other Insurance Expenses	\$	\$	\$
<i>Other Description:</i>			

<i>PAYMENTS</i>	<i>Applicant</i>	<i>Spouse</i>	<i>Other</i>
To the Estate (Proposal or Bankruptcy payment)	\$	\$	\$
Other Medical Expenses	\$	\$	\$
<i>Other Description:</i>			
Total Family Discretionary Expenses:	\$		

To prepare for your meeting, please complete the sections of this form which are applicable to your circumstances

The completion of this form does not commit you to any of the options that will be explained to you during your meeting.

In addition, we require the following information to review and assist with the assessment of your financial status (we can copy any required documents at our office):

- Copy of all bill or statements for your debts, including any loan documents
- Copy of your mortgage statement, recent property or mobile home assessments or tax assessments and house insurance
- Any documents with reference to any legal action such as Judgments, Garnishees, Notices of Claim, etc
- Copy of your Separation Agreement or Court Order to verify child maintenance payments
- All charge cards, even if no balance on the card
- Copy of your most recent pay stub, employment insurance slip, or other proof of income
- Copy of vehicle registration for all vehicles, boats, motor homes, etc
- Copy of your most recent bank statement or up-to-date savings passbook and a current ATM transaction record in order that we can verify funds and any credit union shares
- Copy of statements for Tax Free Savings Accounts, Life Insurance Policies, RRSPs, Pension Plans, RESPs for children
- Copy of your Driver's License or other picture ID with your full legal name
- Copy of last two (2) years of your personal income tax returns and, if you owned a corporation, the last two (2) years of financial statements
- If you have an active bank account where you owe money, such as an overdraft, via or loans, please discuss with our office immediately
- If you have legal action or garnishee, please advise our office immediately.

Thank you.

Questions / Notes:

OFFICE USE ONLY

NAME: _____

DATE OF ASSESSMENT:	
DATE OF SIGN-UP:	
REFERRAL SOURCE:	
LOCATION OF MEETINGS:	

Type of Bankruptcy: Summary/Ordinary	Type of Proposal: Consumer/Division I
Sign Up Date:	Sign Up Date:
OSB Guide: \$	First Payment Commencing:
Monthly Payment: \$	Monthly Payment: \$
Minimum Fee: \$	Number of Months:
Monthly Asset Payment: \$	Total: \$
Monthly Surplus Payment: \$	Lump Sum Payment
Monthly Fee Payment: \$	
Other:	

Date of First Counselling _____ @ _____ a.m./p.m.

Date of Second Counselling _____ @ _____ a.m./p.m.

NOTES:
