



**PRELIMINARY INFORMATION**

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**TELL US ABOUT YOURSELF**

<b>YOU</b>	<b>YOUR SPOUSE</b>
FIRST NAME:	FIRST NAME:
MIDDLE NAME(S):	MIDDLE NAME(S):
SURNAME:	SURNAME:
SIN #:	SIN #:
BIRTHDATE:	BIRTHDATE:
MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common-law (specify mth/yr of event if occurred within the last 5 years) _____ / _____	MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common-law (specify mth/yr of event if occurred within the last 5 years) _____ / _____
HOME TEL ( )	HOME TEL ( )
WORK TEL ( )	WORK TEL ( )
CELL TEL ( )	CELL TEL ( )
A.K.A.:	A.K.A.:
C.O.B. AS:	C.O.B. AS:
ADDRESS:	ADDRESS:
CITY/PROV:	CITY/PROV:
POSTAL CODE:	POSTAL CODE:
AT ADDRESS SINCE (MTH/YR):	AT ADDRESS SINCE (MTH/YR):
EMAIL:	EMAIL:

**YOUR DEPENDANTS**

<b>NAME</b> (incl last name if different)	<b>BIRTHDATE</b>	<b>LIVES WITH YOU</b>	<b># OF PERSONS IN FAMILY:</b>	
		<input type="checkbox"/> Y <input type="checkbox"/> N	<b># UNDER 18:</b>	
		<input type="checkbox"/> Y <input type="checkbox"/> N		
		<input type="checkbox"/> Y <input type="checkbox"/> N		
		<input type="checkbox"/> Y <input type="checkbox"/> N		

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**EMPLOYMENT STATUS**

YOU		YOUR SPOUSE	
<input type="checkbox"/> Disability	<input type="checkbox"/> Retired	<input type="checkbox"/> Disability	<input type="checkbox"/> Retired
<input type="checkbox"/> Full Time	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Full Time	<input type="checkbox"/> Self-employed
<input type="checkbox"/> Part-time	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Part-time	<input type="checkbox"/> Unemployed

CURRENT EMPLOYER (IF EMPLOYED)		
	YOU	YOUR SPOUSE
OCCUPATION		
COMPANY NAME		
ADDRESS		
CITY/PROV		
POSTAL CODE		
TELEPHONE	( )	( )
FAX	( )	( )

HAVE YOU OPERATED A BUSINESS IN THE LAST 5 YEARS?	YOU <input type="checkbox"/> Y <input type="checkbox"/> N	YOUR SPOUSE <input type="checkbox"/> Y <input type="checkbox"/> N
BUSINESS NAME:		
ADDRESS:		
TYPE OF OWNERSHIP: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		
TYPE OF BUSINESS:		
DATE COMMENCED:		
DATE CEASED:		
NAMES OF PARTNERS:		
ANY ASSETS OF BUSINESS STILL EXSIST? <input type="checkbox"/> YES <input type="checkbox"/> NO		
PERCENTAGE OF BUSINESS DEBTS:		

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**HAVE YOU EVER BEEN BANKRUPT BEFORE IN CANADA OR ELSEWHERE?**

YOU	YOUR SPOUSE
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
DATE OF BANKRUPTCY:	DATE OF BANKRUPTCY:
TYPE OF DISCHARGE:	TYPE OF DISCHARGE:
DATE OF DISCHARGE:	DATE OF DISCHARGE:
LOCATION FILED:	LOCATION FILED:
TRUSTEE:	TRUSTEE:

**HAVE YOU EVER MADE A PROPOSAL UNDER THE BIA BEFORE?**

YOU	YOUR SPOUSE
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
DATE OF PROPOSAL:	DATE OF PROPOSAL:
DATE OF DISCHARGE:	DATE OF DISCHARGE:
LOCATION FILED:	LOCATION FILED:
TRUSTEE:	TRUSTEE:

**WITHIN THE LAST 5 YEARS HAVE YOU EITHER IN CANADA OR ELSEWHERE:**

(If yes, give details)

	YOU	YOUR SPOUSE
Sold or disposed of any of your property?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Made payments in excess of regular payments to creditors?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Had any property seized by creditors?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Made gifts to relatives or others in excess of \$500?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Have you made any arrangements to continue to pay creditors?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you expect to receive any sums of money which are not related to your normal income, or any other property in the next 12 months?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

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**YOUR ASSETS**

Type)	Description	Est. \$ Value
Cash on hand		
RRSP / RRIF		
RESP		
Life Insurance Policies		
Stocks/Bonds/and Investments		
Other assets		
Tools of Trade		
Real Property: HOUSE		
COTTAGE		
LAND		
Motorized Vehicle(s) AUTO		
AUTO		
MOTORCYCLE		
SNOWMOBILE		
OTHER		

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**YOUR INCOME**

<b>MONTHLY NET INCOME</b>	<b>YOU</b>	<b>YOUR SPOUSE</b>
Net employment income		
Net Pension/Annuities		
Child Support		
Spousal Support		
EI Benefits		
Ontario Works		
Ontario Disability		
Child Tax Credit/UCCB		
Self-Employment Income Gross _____		
	Net	Net
Other Income (specify):		
_____		
<b>SUB-TOTAL</b>		
<b>TOTAL MONTHLY INCOME</b>		\$

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**YOUR NON-DISCRETIONARY EXPENSES**

PLEASE PROVIDE RECEIPTS FOR THESE EXPENSES

<b>MONTHLY</b>	<b>YOU</b>	<b>YOUR SPOUSE</b>
Child Support/Alimony		
Child Care		
Medical Expenses		
Fines/Penalties Imposed by Court		
Expenses as a condition of employment		
Garnishments		
Other Expenses (provide details)		
<b>SUB-TOTAL</b>		
<b>TOTAL MONTHLY NON-DISCRETIONARY EXPENSES</b>		\$



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**YOUR EXPENSES**

MONTHLY FOR YOUR FAMILY UNIT

<b><u>Housing Expenses</u></b>		<b><u>Living Expenses</u></b>	
Rent/Mortgage		Food/Groceries	
Property Tax/Condo Fees		Laundry/Dry Cleaning	
Heating – Gas/Oil		Grooming/Toiletries	
Telephone/Cell		Clothing	
Cable		Other	
Hydro		<b><u>Transportation Expenses</u></b>	
Water		Lease/Finance Payment	
Furniture		Gas/Repairs/Maintenance	
Internet		Public Transportation	
Other		Parking	
<b><u>Personal Expenses</u></b>		Other	
Cigarettes		<b><u>Insurance Expenses</u></b>	
Alcohol		Automobile	
Dining/Lunches/Coffee		House	
Entertainment/Sports		Contents	
Gifts/Charitable Donations		Life	
Allowances		Other	
Other			
<b><u>Non-recoverable Medical</u></b>			
Prescriptions			
Dental			
Other			
<b>TOTAL MONTHLY DISCRETIONARY EXPENSES</b>			
<b>TOTAL MONTHLY DISCRETIONARY AND NON-DISCRETIONARY EXPENSES</b>			
<b>MONTHLY SURPLUS (DEFICIT)</b>			





