

YOUR PERSONAL INFORMATION

Surname: _____ S.I.N. _____
First Name: _____ Birth date: (D/M/Y) _____
Middle Name: _____ Gender: _____
Preferred Name: _____ Home Phone: _____
Street Address: _____ Work Phone: _____
Town / City: _____ Cell Phone: _____
Postal Code: _____ Email: _____

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

I have resided in B.C. since: Month _____ Year _____

Occupation: _____

Employer: _____

Education: University Degree Post-Secondary Certificate/Diploma Some Post-Secondary
 High School Some High School 0 – 8 years

Last date of studies: Month _____ Year _____

Marital Status: Married Common-Law Single Widowed Separated Divorced

Marital Status (date of last change): Month _____ Year _____

SPOUSE / COMMON LAW INFORMATION

Surname: _____ S.I.N. _____
First Name: _____ Birth date: (D/M/Y) _____
Middle Name: _____ Gender: _____

Occupation: _____

Employer: _____

Education: University Degree Post-Secondary Certificate/Diploma Some Post-Secondary
 High School Some High School 0 – 8 years

Spouse's last date of studies: Month _____ Year _____

Spouse's cell phone number: _____ Spouse's email: _____

DEPENDANT INFORMATION

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

EMPLOYMENT / OTHER INFORMATION

List all of your employers, including current employer, showing dates started and terminated, for the past two years. If there were periods when you were drawing EI benefits, show each period separately.

Employer's Name	Employer's Address and Postal Code	Start Date	End Date

Have you operated a business the last five (5) years? Yes No

If yes, provide the following details:

Business #1

Business #2

Business Name		
Type (Corporation/Partnership)		
Period of operation		
What happened to business		
Location of business		
Location of books & records		
Name of business partners		
CRA Business Number		
Outstanding returns		

Are you currently an officer or a director of a limited company? Yes No

If yes, give details.

PREVIOUS FINANCIAL DIFFICULTIES

Have you ever been bankrupt, either in Canada or elsewhere,
or filed a proposal under the *Bankruptcy and Insolvency Act*?

Yes

No

If yes, please provide further information and attach a copy of the Discharge Certificate / Court Order.

Name of Trustee: _____

Filing Date: _____

Location: _____

Date of Discharge/ Full Performance: _____

ASSETS

Type	Details / Description	Estimated Value by Client
Cash		
Household Furniture		
Clothing and Medical Aids		
Jewellery		
Life Insurance		
RSP		
RESP		
TFSA		
Pension		
Other Investments		
Real Estate		
Vehicle		
Other		
Other		
Other		

GENERAL INFORMATION

1. Within the last twelve (12) months, have you sold, disposed or transferred any of your property, including cash or investments, either in Canada or elsewhere? If yes, please provide details: Yes _____ No

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

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

If yes, provide details:

Asset seized _____
Date seized _____
Creditor who seized _____

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

If yes, please provide details:

5. Within the last five (5) years, have you sold, disposed of, or transferred any of your property? Yes No _____

If yes, please provide details:

6. Within the last five (5) years, have you made any gifts to relatives or others in excess of \$500? Yes No

If yes, please provide details:

7. Please list the bank(s) that you presently deal with:

Name	Location	Balance

8. Do you have a safety deposit box? Yes _____ No _____

If yes, please provide details:

Location: _____

Please provide details of the contents: _____

Yes No

9. Does anyone owe you any money?

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

11. Has anyone started legal proceedings against you? Yes No

12. Are you paying/receiving any alimony or maintenance? Yes _____ No

13. Are your Tax Returns up to date? Yes No

14. Section 178 Debts (Student Loans, EI Overpayment, Fraud Allegations, Etc.) Yes No

MONTHLY INCOME AND EXPENSES

Income (Net):

Employment Income	
Spouses Employment Income	
Pensions / Annuities	
Child Support Received	

Child Tax Benefits	
Spousal Support Received	
Employment Insurance Benefits	
Social Assistance Benefits	
Self Employment Income	
TOTAL (A)	0.00

Non-Discretionary Expenses:

Spousal Support	
Child Support	

Child Care Expenses	
Medical Expenses	
TOTAL (B)	0.00

Discretionary Expenses:

<i>Housing Expenses</i>	
Rent/Mortgage	
Property Tax / Strata Fees	
Telephone / Cellular	
Cable / Internet	
Gas / Heating / Water	
<i>Personal Expenses</i>	
Smoking	
Alcohol	
Dining / Lunches / Restaurants	
Entertainment / Sports	

<i>Living Expenses</i>	
Food / Grocery	
Laundry / Dry-cleaning	
Grooming / Toiletries	
Clothing	
<i>Transportation Expenses</i>	
Car Lease / Payments	
Repairs / Maintenance / Gas	
Public Transportation	
<i>Insurance Expenses</i>	
Vehicle	
House / Contents	
Disability / Life	
<i>Other Payments</i>	
Trustee	
Secured Creditor	
TOTAL (C)	0.00
SURPLUS / (SHORTFALL) (A) - (B) - (C)	0.00

Please describe briefly, the circumstances, which caused your financial difficulties.

How did you hear about us?

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS A TRUE, CORRECT AND COMPLETE STATEMENT THAT FULLY DISCLOSES MY ASSETS AND LIABILITIES.

Signature

Date

Please provide an emergency contact:
