

CONSULTATION INFORMATION PACKAGE

When completed, please return by fax, email or mail.

PERSONAL DATA

	My Information	My Partner's Information
Surname:		
First given name:		
Middle name(s):		
Known by other names?		
S.I.N.		
Birthdate: (eg. Jan 17/68)		
Cell Tel. #:		
Home Tel. #:		
Work Tel. #:		
Email address:		
Marital status:		
Mth/Yr of last change		

ADDRESS HISTORY (for at least the last 12 months)

Full Home Mailing & Physical Address – include postal code	From (eg. Feb 16/14)	To (eg. Nov 30/15)

HELP US OUT

How did you hear about us? _____

OFFICE USE ONLY:

DEPENDENTS – those that live with you and your partner in the same household or who you or your partner support while away at university or college. Do not include children that you are paying support for unless they live with you or your partner part of the time.

Name	Relationship	Birthdate (eg. Jan 17/95)	Address

MY INCOME SOURCES – list your income sources for the last 2 years starting with most recent. Include all periods of employment, self-employment, receiving EI or social assistance and periods of no income.

➔ Current Occupation / Job Title: _____

Source of Income / Employer Name (from Jan 1 of year after last tax return filed)	Period Covered	
	Start (eg. Jan 12/14)	End (eg. Apr 30/16)

MY PARTNER'S INCOME SOURCES – list your partner's income sources for the last 2 years starting with most recent. Include all periods of employment, self-employment, receiving EI or social assistance and periods of no income.

➔ Current Occupation / Job Title: _____

Source of Income / Employer Name (from Jan 1 of year after last tax return filed)	Period Covered	
	Start (eg. Jan 12/14)	End (eg. Apr 30/16)

PRIOR BANKRUPTCY OR PROPOSAL

	Me	My Partner
Have you ever been bankrupt or filed a proposal in Canada or elsewhere? (circle one)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Type of filing (check one)	<input type="checkbox"/> Bankruptcy <input type="checkbox"/> Proposal	<input type="checkbox"/> Bankruptcy <input type="checkbox"/> Proposal
Name of Trustee		
Date of filing (estimate if you can't remember)		
Location of filing (City/Province/Country)		
Did you obtain your discharge?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

SELF-EMPLOYMENT & BUSINESSES OWNED IN THE LAST 5 YEARS

	Business #1	Business #2	Business #3
Corporation/Business name			
Type (corporation, sole proprietorship, partnership)			
Owner(s) & percentage(s)			
Nature of business (what does/did it do?)			
Last business address			
Business start date			
Why did the business stop? (if still going, just write "ongoing")			
Business closure date			
HST account #			
Last HST return filed			
Payroll account #			
Last payroll return filed			
How many employees now?			
Employees fully paid?			
Who has books & records?			
Who does the accounting?			

Are you an officer or a director of any other company? Yes ☐ No ☐

If yes, name company(s): _____

OFFICE USE ONLY:

MONTHLY INCOME AND EXPENSE BUDGET

	<u>Mine</u>	<u>My Partner's</u>	<u>Others</u>	<u>Total</u>
Income				
Employment Income	\$	\$	\$	
Pension/Annuities				
Child Support				
Spousal Support				
Employment Insurance Benefits				
Social Assistance				
Self-employment income				
Child Tax Benefit				
Other net income				
Description: _____				
SUBTOTALS	\$	\$	\$	\$ (A)

Non-discretionary Expenses				
Child Support Payments	\$	\$	\$	
Spousal Support Payments				
Child Care				
Medical / Dental / Optical / Prescriptions				
Fines/Penalties Imposed by Court				
Expenses as a condition of employment				
Other: _____				
SUBTOTALS	\$	\$	\$	\$ (B)

Monthly Discretionary Expenses

Housing Expenses:

Rent / Mortgage
 Property taxes/condo fees
 Heating/gas/oil
 Telephone
 Cable
 Hydro
 Water
 Other: _____

Personal Expenses:

Smoking
 Alcohol
 Dining/lunches/restaurants
 Entertainment/sports
 Gifts/charitable donations
 Allowances
 Other: _____

Other:

Other: _____
 Other: _____
 Other: _____

Living Expenses:

Food/grocery
 Laundry/dry cleaning
 Toiletries/personal items
 Clothing
 Other: _____

Transportation Expenses:

Car lease/payments
 Repairs/maintenance/gas
 Public transportation
 Other: _____

Insurance Expenses:

Vehicle
 House
 Furniture/contents
 Life Insurance
 Other

Payments:

To Trustee
 To secured creditor
 (other than mortgage/vehicle)
 Other: _____

TOTAL MONTHLY DISCRETIONARY EXPENSES \$ (C)

SURPLUS / (SHORTFALL) = (A) - (B) - (C) \$

ASSETS & PROPERTY

Provide descriptions in available space. Include all assets, even if you still owe money for it such as a house or vehicle.	EstimatedCurrent Value	This asset belongs to		
		Me	My partner	Both
Cash on Hand / In Bank				
Household furniture and personal effects				
Stocks, CSB's, Bonds, Mutual Funds, Investments, RESP's, RRSP's, Employer Pension Plans, RRIF's, LIRA's				
Life Insurance - Whole Life only (list insurer, policy number, insured and beneficiary)				
Mini-home or Mobile Home (address, make, model and serial number)				
Real Estate – house, cottage, camp, land (list address & PID if possible)				
Cars, Trucks, ATV's, Motorcycles, Boats (list make, model, year & mileage)				
Trailers - camper or utility (provide make, model and year of manufacture)				
Tools of Trade or Profession (provide description)				
Other assets or property not listed above (firearms, antiques, collections, artwork, other)				

DEBTS & LIABILITIES - list all debts, including utilities where you are behind on payments and also include secured debts such as a mortgage or vehicle loan. We have addresses for all common creditors such as banks, credit cards, vehicle lenders, student loans. However, for other types of creditors such as individuals or small businesses, please provide an address in the bottom section. Please provide account numbers for each creditor.

[illegible]

Addresses for non-common creditors

GENERAL

Do you or your partner have any debts arising from:

Fine or Penalty Imposed by the Court Yes ☐ No ☐ / My Partner: Yes ☐ No ☐

Bail Bond Yes ☐ No ☐ / My Partner: Yes ☐ No ☐

Fraud, Embezzlement, Misappropriation Yes ☐ No ☐ / My Partner: Yes ☐ No ☐

Obtaining property by false pretences/
Fraudulent misrepresentation Yes ☐ No ☐ / My Partner: Yes ☐ No ☐

Employment Insurance or
Child Tax Benefit Overpayments Yes ☐ No ☐ / My Partner: Yes ☐ No ☐

ASSET OR PROPERTY – SALES, TRANSFERS, GIFTS, DISPOSITIONS OR SEIZURES

List any assets or property (of more than \$500 value) that you or your partner have sold, transferred, gifted, disposed of, cashed-in, or had seized in the last 5 years. "Assets or property" include cash, stocks, bonds, investments, RRSP's, RESP's, life insurance, real estate, mobile homes, mini-homes, camps, vehicles, trailers, shares, businesses, etc.

Asset Description	Asset Belonged To:			Date of Sale, Disposition, Transfer or Seizure (eg. Jan 31/12)
	Me	My Partner	Both	

OFFICE USE ONLY:

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RECENT PAYMENTS – in this section, we are interested in extra or excessive payments that you have made to any of your creditors that were more than a regular or required monthly payment. If the payment was to someone related to you such as family members, you need to list the extra payments made in the last 12 months. If the payment was made to anyone else, who was not related to you, then list the extra payments in the last 3 months.

Payment made to:	Payment made by			Date of Payment (eg. Jan 31/12)	Payment Amount
	Me	My Partner	Both		

OFFICE USE ONLY:

OTHER

Are you or your partner involved in civil litigation from which you may receive monies or property and/or do you or your partner expect to receive any sums of money, or any other property, within the next twelve months, which are not related to your normal income (for example, as beneficiary of will for a deceased person)?

Yes ☐ No ☐ If yes, please provide details:

Are your or your partner's vehicles or other assets insured?

Yes ☐ No ☐

Do you or your partner have a safety deposit box?

Yes ☐ No ☐

Has anyone co-signed for any of your or your partner's debts?

Yes ☐ No ☐ If yes, please provide details:
