



Personal Financial Assessment

Interviewed by: _____ Referred by: _____

Last name		All legal given names	M / F
Other names known by?			
Address			Number of Years
Prior address (if less than one year at present address)			
Telephone numbers		Cell:	E-Mail:
Residence:		Business:	
SIN		Date of birth (yy/mm/dd)	
EDUCATION (Select highest level attained)			
Grade 0 to 8 <input type="checkbox"/>		High school graduate <input type="checkbox"/>	Post secondary diploma <input type="checkbox"/>
Some high school <input type="checkbox"/>		Some post secondary <input type="checkbox"/>	University <input type="checkbox"/>
Marital status – (Specify date if within past year)			
Married <input type="checkbox"/>		Widowed <input type="checkbox"/>	Divorced <input type="checkbox"/>
Single <input type="checkbox"/>		Separated <input type="checkbox"/>	Common-law <input type="checkbox"/>

Occupation	Please list employment history for past 2 years below.		
Employer's Name or Other	Employer's Full Address (including postal code)	Date of Job or EI Benefits	
		Started	Ended

Spouse full legal name and address (if different than your address)		M / F
Spouse's SIN	Spouse's birth date (yy/mm/dd)	
Spouse's occupation	Spouse's highest level of education:	
Spouse's employer	Spouse's email:	
Spouse's daytime phone:	Spouse's cell phone:	

Dependents who rely on you for financial support				
Full names	Relationship	Date of birth	Address	Income



Business information

Have you owned or had an interest in a business in the last five years? Yes No

If Yes - Corporation Proprietorship Partnership

Legal name of business _____

Trade name of business _____

Description of operations _____

Location of business _____

Date commenced _____

Date ceased _____

Names of Directors/Officers/Partners _____

Does the business have any assets/receivables? Yes No
(If Yes, please summarize below or attach applicable schedules)

Last Income Tax Return filed Yes No ***(Attach copy)***

Last H.S.T. Return filed Yes No ***(Attach copy)***

Other Returns filed (Payroll, WCB, T4's, etc.) Yes No ***(Attach copy)***

Highest number of employees in last 12 months _____

Location of books and records? _____

Prior Insolvency

Have you previously been bankrupt or made a proposal to your creditors? Yes No

If Yes, please provide the following details:

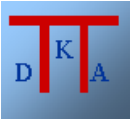
Name of Trustee or Administrator _____

Date of Bankruptcy/Proposal _____

Where Assignment/Proposal was filed _____

Date of Discharge/Certificate of Full Performance _____

Please provide a brief description of the cause of this Bankruptcy/Proposal: _____



General background

Have you sold, disposed of, or transferred any assets in the past twelve months? Yes No
(including RRSP's/Term Deposits/GIC's and/or any other investments)

If yes, provide details of transaction date, proceeds received and disposition of proceeds AND supporting documents:

Have you made any large or lump sum payments in excess of regular payments to a creditor in the past twelve months? Yes No

If yes, provide details of transaction date, proceeds received and disposition of proceeds AND supporting documents:

Have you had any assets seized by any creditor within the past twelve months? Yes No

If yes, provide details including description of asset, name of creditor AND supporting documents:

Have you sold, disposed of or transferred any assets in the past five years (excluding those already listed above)? Yes No

If yes, provide details of transaction date, proceeds received and disposition of proceeds AND supporting documents:

Have you made any gifts to a relative or other person in the past five years that had a value in excess of \$500? Yes No

If yes, provide details of transaction date, proceeds given AND supporting documents:

Have you received any lump sum payments or settlements in the last 12 months? Yes No

If yes, provide details of transaction date, proceeds received AND supporting documents:



Have you have paid alimony or maintenance payments during the past year:	
To whom paid?	Amount Paid (YTD)
By court order? Yes <input type="checkbox"/> No <input type="checkbox"/> Date of court order (copy req'd):	\$

Are you involved in litigation from which you may receive monies or property? (eg. Insurance claims, divorce settlements, etc.) Yes No

If yes, provide details below and submit copies of documents:

Are you entitled to an inheritance which you have not yet received or are expected to receive within the next 12 months? Yes No

If yes, provide details below and submit copies of will or other documents:

Do you have any writs, judgments, or garnishees? Yes No

If yes, provide details below and submit copies:

Do you have any credit (including personal loans, overdrafts, credit cards, lines of credit **not** listed on Page 6 whether or not you have an outstanding balance), or do you have any automatic payments or outstanding post-dated cheques? Yes No

If yes, provide details below or list on separate page if required:

Name, address and account numbers for your current bank accounts.

Have you obtained *new* credit in the last three months or made credit card purchases over \$1,000 in the last three months? Yes No

If yes, provide details of purchases or advances below:



Assets <i>(Attach copies of documents)</i>	Description/Location (Serial #, License #, Account #)	Estimated Value	Secured (Y/N)
Cash on hand/in bank			
Investments (Stocks, Bonds, etc.)			
RRSP's, RRIF's, GIC's, RESP's			
Pension Plans			
Loans Due to You/Accounts Receivable			
Life insurance policies			
Household furnishings/personal effects			
Clothing and Medical Aids			
Jewellery			
Collections (Stamps, coins, cards, etc.)			
Real Estate (in Canada or elsewhere)			
House			
Land / Cottage / Time Share			
Rental/Business Properties			
Motorized Vehicles (Year, Make and Model – <i>Attach ICBC registration/insurance</i>)			
Cars			
Truck(s)/Van(s)			
Recreational Vehicle(s)			
Mobile Home			
Tools of Trade <i>(Describe in detail with values for each asset using separate page if required)</i>			
Other assets of value			
Farming assets <i>(Attach list)</i>			

Safety Deposit Box		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of Bank	_____		
List of Contents	_____		

Last tax return filed? Year _____	Refund received	\$ _____
	Amount owing	\$ _____
	Refund to come	\$ _____

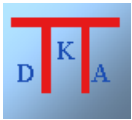


Monthly family income and expenses

Number of People in Family _____

MONTHLY INCOME <i>(Provide copy)</i>	Debtor	Spouse	Total family
Net employment income (take home)	_____	_____	_____
Pension/Annuities	_____	_____	_____
Child support	_____	_____	_____
Spousal support	_____	_____	_____
Child tax benefit	_____	_____	_____
Employment insurance benefits	_____	_____	_____
Social assistance	_____	_____	_____
Self-Employment income: Gross _____ Net _____	_____	_____	_____
Other net income (provide details):	_____	_____	_____
Net monthly income	(1)	(2)	(3)
Monthly non-discretionary expenses: <i>(Provide copy)</i>			
Child support payments/alimony	_____	_____	_____
Child care	_____	_____	_____
Prescriptions	_____	_____	_____
Fines/penalties imposed by the court	_____	_____	_____
Expenses as a condition of employment	_____	_____	_____
Other	_____	_____	_____
Totals:	_____	_____	(4)
SURPLUS INCOME [(3) – (4)]	_____	_____	_____

DISCRETIONARY EXPENSES			
Housing expenses	_____	Living expenses	_____
Rent/mortgage	_____	Food/grocery	_____
Property taxes/condo fees	_____	Laundry/dry cleaning/grooming	_____
Heating/gas/oil	_____	Clothing	_____
Telephone	_____	Other	_____
Cable	_____	Transportation	_____
Hydro/water	_____	Car lease/loan payments	_____
Other	_____	Repairs/maintenance/gas	_____
Personal Expenses	_____	Public transportation	_____
Smoking	_____	Insurance expenses	_____
Alcohol	_____	Vehicle	_____
Entertainment/sports/dining	_____	House	_____
Gifts/charitable donations	_____	Furniture/contents	_____
Allowances	_____	Life insurance	_____
Other	_____	Payments	_____
Non-Recoverable medical expenses	_____	To Trustee	_____
Dental	_____	To secured creditors	_____
Other	_____		_____
Total monthly discretionary expenses (family unit)	_____		_____



Have you any debts arising from:

Fine or penalty imposed by the court (including traffic fines)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Recognizance or bail bond	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Fraud, embezzlement, obtaining property by false pretenses	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Employment insurance overpayments	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Student loan background (applicable for outstanding loan balance only):

Degree/certificate received Yes _____ No

Attended school from _____ to _____

Area of study _____

School attended _____

Date last funds received? _____

Are you working in that field? Yes No

Cause of Insolvency

Describe what, in your opinion, is the cause of your current financial problems.

A legal document entitled Statement of Affairs will be prepared from the information supplied by you on this application. You will be required to swear under oath that the Statement of Affairs is to the best of your knowledge and belief, a full, true and complete statement of your financial affairs.

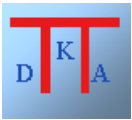
I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND ATTACHED INVENTORY SHEET IS A TRUE, CORRECT AND COMPLETE STATEMENT THAT FULLY DISCLOSES THE STATE OF MY ASSETS AND LIABILITIES.

Date

Signature

Date

Signature



INVENTORY OF HOUSEHOLD FURNITURE & EFFECTS WORKSHEET

	QTY	HOW OLD (YEARS)	ESTIMATED CURRENT VALUE
<u>LIVING ROOM</u>			
Sofa			
Chair			
Lamp			
Table			
Stereo equip.			
Television			
Painting			
Piano			
VCR			
<u>RECREATION ROOM</u>			
Desk			
Chair			
Lamp			
Bookcase			
Computer			
<u>DINING ROOM</u>			
Table			
Chairs			
Cabinet			
China			
Silver			
<u>SPORTING GOODS/OUTDOORS</u>			
Barbecue			
Furniture			
Lawnmower			
Power Tools			
Bicycles			
Ski Equipment			
Cars			
Trucks			

	QTY	HOW OLD (YEARS)	ESTIMATED CURRENT VALUE
<u>KITCHEN</u>			
Table			
Chair			
Small Appl.			
Pots/Pans			
Dishes			
Microwave			
Freezer			
Fridge/Stove			
<u>BEDROOM #1</u>			
Bed			
Dresser			
Night Table			
Drapes			
<u>BEDROOM #2</u>			
Bed			
Dresser			
Night Table			
Drapes			
<u>OTHER ASSETS NOT LISTED ABOVE</u>			
Washer/Dryer			
Home Theatre			
<u>PERSONAL</u>			
Clothing			
Jewellery			