

**CONSUMER INFORMATION FORM**

**PERSON A**

**PERSON B (Spouse)**

Family Name:  
 First Name:  
 Middle Name(s)  
 AKA or Maiden Name:

Family Name:  
 First Name:  
 Middle Name(s)  
 AKA or Maiden Name:

Date of Birth: ( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ )  
DD MM YY  
 Social Insurance Number: ( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ )

Date of Birth: ( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ )  
DD MM YY  
 Social Insurance Number: ( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ )

**CONTACT INFORMATIONS:**

Home Phone:  
 Work Phone:  
 Cell Phone:  
 Fax:  
 Email:

Home Phone:  
 Work Phone:  
 Cell Phone:  
 Fax:  
 Email:

**HIGHEST LEVEL OF EDUCATION COMPLETED:**

0 - 8 Years                     Some Post-Secondary  
 Some High School            Post-Secondary Certificate of Diploma  
 High School Graduate       University Degree

0 - 8 Years                     Some Post-Secondary  
 Some High School            Post-Secondary Certificate of Diploma  
 High School Graduate       University Degree

**MARITAL STATUS: Date of last change in marital status.** ( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ )  
DD MM YY

Single     Common Law     Married     Separated     Divorced

**ADDRESS: I have resided at this address since?** ( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ )  
DD MM YY

Mailing Address: *(Include postal code)*

**BUSINESS: Do you or your spouse own or have you operated a business within the past 5 years, either in Canada or elsewhere?**

Never owned or operated any type of business.  
 Self employed or sole proprietorship.  
 Partnership.  
 Incorporated of limited business  
 **Other type of business. Please specify:** \_\_\_\_\_

**Within the past 1 year, either in Canada or elsewhere have you or your spouse:**

Sold or disposed of any assets:                    YES  NO   
 Cashed or transferred any RRSP(s):            YES  NO   
 Made payments above regular payments to creditors: YES  NO   
 Had any assets seized by any creditors?        YES  NO

**Within the past 5 year(s), either in Canada or elsewhere have you or your spouse:**

Sold or disposed of any assets or property?    YES  NO   
 Made gifts to relatives or others in excess of \$500.00? YES  NO

**What caused your current financial problems? (Please choose all that apply)**

Loss of employment / unemployment                     Medical problems  
 Business start up and failure                                 Co-signed another's debts  
 Mismanagement of consumer credit                       Inability to honour liabilities due to Income tax  
 Extended periods of unemployment                       Inability to honour liabilities due to student loans / education  
 Substance abuse     Gambling  
 **Other (Please specify):** \_\_\_\_\_

**Why did you choose our firm?**

Yellow Pages     Internet Search     Advertising     Referral - by whom? \_\_\_\_\_  
 **Other (Please specify):** \_\_\_\_\_

## ASSETS

Type of Assets	Description (Be Specific)	Estimated Value
CASH (On hand, savings, chequing account)		
FURNITURE		
PERSONAL EFFECTS		
RRSP's		
RESP's		
STOCKS, BONDS AND INVESTMENTS		
LIFE INSURANCE POLICIES		
REAL PROPERTY		
HOUSE		
COTTAGE		
LAND		
MOTORIZED VEHICLE		
AUTO 1		
AUTO 2		
MOTORCYCLE		
SNOWMOBILE		
ATV		
CAMPER TRAILER		
OTHER:		
RECREATIONAL EQUIPMENT		
ESTIMATED TAX REFUND		
OTHER ASSETS		

**TOTALS** \_\_\_\_\_



Please complete a list of all your employers, including EI, since your last income tax return

**PERSON A**

Type of Occupation:		
Name of Employer	Start Date	End Date

**PERSON B**

Type of Occupation:		
Name of Employer	Start Date	End Date

**INCOME TAX RETURNS:**

Person A	What was the last year you filed your income tax return?	Amount Owning?
Person B	What was the last year you filed your income tax return?	Amount Owning?

**DEPENDENTS: People who rely on you for financial support.**

Name	Relationship	Date of Birth	Address if Different	Income

**DETAILS ON MAINTENANCE PAYMENTS:**

Child Support:
Spousal Support:
Other:

**DETAILS ON GARNISHMENTS, ATTACHMENTS OR JUDGEMENTS:**


INHERITANCE - Are you entitled or do you expect to receive an inheritance?	YES [ ] NO [ ]
SUMS OF MONEY - Do you expect to receive any sums of money in addition to regular income?	YES [ ] NO [ ]
BONDED - Are you insured to handle money?	YES [ ] NO [ ]
NEW CREDIT - Have you obtained any new credit in the last three months?	YES [ ] NO [ ]
CO-SIGNERS - Has anyone co-signed or guaranteed a debt for you?	YES [ ] NO [ ]

**PREVIOUS INSOLVENCIES:**

<p><b>PREVIOUS BANKRUPTCY</b> - Have you ever been bankrupt before? YES [ ] NO [ ]</p> <p>What year? _____</p> <p>What province? _____</p> <p>What was the cause? _____</p>
<p><b>PREVIOUS PROPOSAL</b> - Have you ever filed a proposal before? YES [ ] NO [ ]</p> <p>What year? _____</p> <p>What province? _____</p> <p>What was the cause? _____</p>

**NET MONTHLY INCOME**

**PERSON A**

**PERSON B**

Type of Occupation		
Pension/Annuities		
Spousal Income		
Family Allowance		
Alimony / Child Support		
Employment Insurance Benefits		
Social Assistance		
Rental Income		
<b>Other Income:</b>		

TOTAL\$ \_\_\_\_\_

TOTAL\$ \_\_\_\_\_

**MONTHLY EXPENSES: Non-Discretionary Expenses**

**PERSON A**

**PERSON B**

Child Support Payments		
Spousal Support Payments		
Child Care		
Health-related expenses		
Fines/Penalties being paid		
Employment-related expenses		
Debts where stay has been lifted by court		

TOTAL\$ \_\_\_\_\_

TOTAL\$ \_\_\_\_\_

**MONTHLY EXPENSES: Discretionary Expenses**

<b>Housing Expenses</b>		<b>Living Expenses</b>	
Rent / Mortgage	_____	Food / Groceries	_____
Property Taxes	_____	Laundry / Dry Cleaning	_____
Heating and/or Gas or Oil	_____	Grooming / Toiletries	_____
Telephone	_____	Clothing	_____
Cable	_____		
Hydro / Electricity	_____	<b>Transportation Expenses</b>	
Water	_____	Car Lease / Payments	_____
		Repair / Maintenance / Gas	_____
<b>Personal Expenses</b>		Public Transportation	_____
Smoking	_____		
Alcohol	_____	<b>Insurance Expenses</b>	
Dining / Lunches / Restaurants	_____	Vehicle	_____
Entertainment / Sports	_____	House	_____
Gifts / Charitable Donations	_____	Furniture / Contents	_____
		Life Insurance	_____
<b>Non-Recoverable Medical Expenses</b>		<b>Other:</b>	_____
Prescriptions	_____		
Dental	_____		
<b>Other:</b>	_____		

TOTAL\$ \_\_\_\_\_