



QUESTIONNAIRE

PERSONAL DATA

LAST NAME		FIRST & MIDDLE NAME		OTHER LEGAL NAMES	
APT. NO.	STREET ADDRESS			CITY	POSTAL CODE

MAILING ADDRESS (if different from street address)

SOCIAL INSURANCE NUMBER <input type="text"/> - <input type="text"/> - <input type="text"/>		CONTACT NUMBERS HOME: _____ WORK: _____ CELL: _____ EMAIL: _____ FAX: _____		MARITAL STATUS EFFECTIVE DATE <input type="checkbox"/> SINGLE _____ <input type="checkbox"/> MARRIED _____ <input type="checkbox"/> DIVORCED _____ <input type="checkbox"/> SEPARATED _____ <input type="checkbox"/> WIDOW(ER) _____ <input type="checkbox"/> COMMON-LAW _____	
DATE OF BIRTH DAY MONTH YEAR <input type="text"/> / <input type="text"/> / <input type="text"/>					

CURRENT OCCUPATION	CURRENT EMPLOYER
--------------------	------------------

SPOUSE/PARTNER'S LAST NAME		FIRST & MIDDLE NAME		OTHER LEGAL NAMES	
----------------------------	--	---------------------	--	-------------------	--

SPOUSE'S SOCIAL INSURANCE NUMBER <input type="text"/> - <input type="text"/> - <input type="text"/>		SPOUSE'S CONTACT NUMBERS HOME: _____ WORK: _____ CELL: _____ EMAIL: _____ FAX: _____			
SPOUSE'S DATE OF BIRTH DAY MONTH YEAR <input type="text"/> / <input type="text"/> / <input type="text"/>					

CURRENT OCCUPATION	CURRENT EMPLOYER
--------------------	------------------

DEPENDANTS List all dependants who live with you:

FULL NAMES	RELATIONSHIP	DATE OF BIRTH				MONTHLY INCOME (if any)
		DAY	MONTH	YEAR	AGE	

SECURED CREDITORS

MORTGAGES / VEHICLE LOANS OR LEASES / ETC.

NAME OF CREDITOR	ACCOUNT NUMBER	ASSET PLEDGED	DEBT AMOUNT

UNSECURED CREDITORS

NAME OF CREDITOR	ACCOUNT NUMBER	DEBT AMOUNT

OTHER DEBTS

CO-SIGNED OR GUARANTEED DEBTS

NAME OF CREDITOR	DEBT AMOUNT	WHO CO-SIGNED OR GUARANTEED FOR

PROBLEM DEBTS

DO YOU HAVE ANY OF THE FOLLOWING DEBT (MARK WHICH ONES APPLY):

- | | |
|--|--|
| <input type="checkbox"/> FINE OR PENALTY IMPOSED BY COURT | <input type="checkbox"/> DAMAGES RELATING TO ASSAULT CHARGES |
| <input type="checkbox"/> RECOGNIZANCE OF BAIL BOND | <input type="checkbox"/> EMPLOYMENT INSURANCE OR SOCIAL ASSISTANCE OVERPAYMENT |
| <input type="checkbox"/> FRAUD, EMBEZZLEMENT, MISAPPROPRIATION | <input type="checkbox"/> DEFALCATION WHILE ACTING IN A TRUST CAPACITY |
| <input type="checkbox"/> STUDENT LOANS | <input type="checkbox"/> OBTAINING PROPERTY BY FALSE PRETENSES OR FRAUDULENT MISREPRESENTATION |
| | <input type="checkbox"/> CHILD SUPPORT OR ALIMONY ARREARS |

ARE YOU PRESENTLY BEING GARNISHEED? YES NO

IF YES, BY WHOM? _____

HAVE YOU OBTAINED ANY CREDIT IN THE LAST THREE MONTHS? YES NO

WHEN DID YOU FIRST BECOME AWARE OF YOUR INABILITY TO PAY YOUR DEBT?

Please select what you own

ASSETS

OFFICE USE ONLY

ASSET DESCRIPTION	RE-SALE VALUE			
<input type="checkbox"/> CASH / SAVINGS				
<input type="checkbox"/> FURNITURE / APPLIANCES / ELECTRONICS				
<input type="checkbox"/> CLOTHING				
<input type="checkbox"/> RRSP				
<input type="checkbox"/> CANADA SAVINGS BONDS				
<input type="checkbox"/> SHARES / INVESTMENTS				
<input type="checkbox"/> CASH VALUE OF LIFE INSURANCE POLICY				
<input type="checkbox"/> CAMERA / VIDEO EQUIPMENT				
<input type="checkbox"/> COMPUTER / GAMING EQUIPMENT				
<input type="checkbox"/> BIKE / GOLF CLUBS / SKIS / SPORTS EQUIPMENT				
<input type="checkbox"/> JEWELLERY				
<input type="checkbox"/> TOOLS - HOUSEHOLD				
<input type="checkbox"/> TOOLS - WORK				
<input type="checkbox"/> LAWN TRACTOR				
<input type="checkbox"/> ARTWORK / COLLECTIBLES				
<input type="checkbox"/> MUSICAL INSTRUMENTS				
<input type="checkbox"/> OTHER (PLEASE DESCRIBE)				
REAL ESTATE				
<input type="checkbox"/> HOUSE				
ADDRESS				
<input type="checkbox"/> MOBILE HOME				
ADDRESS				
<input type="checkbox"/> LAND				
ADDRESS				
VEHICLES YEAR/MAKE/MODEL (INCLUDE LEASES)				
RECREATIONAL EQUIPMENT (PLEASE DESCRIBE)				
BOAT/MOTOR, CAMPER/TRAILERS, SNOWMOBILE, MOTORBIKE/ATV				

DO YOU HAVE A SAFETY DEPOSIT BOX? YES NO

ARE YOU SUING ANYONE? YES NO

IF YES, WHO? _____ FOR WHAT AMOUNT \$ _____

DO YOU EXPECT TO RECEIVE AN INHERITANCE, INSURANCE SETTLEMENT, SEVERANCE PAY, WCB SETTLEMENT, OR ANY OTHER SETTLEMENT IN THE NEXT 12 MONTHS? YES NO AMOUNT EXPECTED: \$ _____

BUSINESS

(SOLE PROPRIETORSHIP OR PARTNERSHIP)

HAVE YOU BEEN SELF-EMPLOYED IN THE LAST 5 YEARS? YES NO

IF YES, WAS/IS THE BUSINESS: 1) A LIMITED COMPANY YES NO
 DOES THE LIMITED COMPANY OWN ANY ASSETS? YES NO
 DOES THE LIMITED COMPANY OWE ANY DEBTS? YES NO
 IS THE LIMITED COMPANY CURRENTLY OPERATING? YES NO

***IF YOU ANSWERED YES TO ANY OF THE PREVIOUS LIMITED COMPANY QUESTIONS PLEASE FILL OUT OUR CORPORATE QUESTIONNAIRE**

2) A PROPRIETORSHIP YES NO
 3) A PARTNERSHIP YES NO

***IF YOU ANSWERED YES TO 2) OR 3) PLEASE FILL OUT THE INFORMATION BELOW.**

Name of business: _____

Type of business: _____

Location of business: _____

Date and year business started: _____ Date and year business ceased: _____

Exact location of business / payroll records: _____ Reason for closure: _____

Name and address of your accountant: _____

BUSINESS DEBT (IF NOT PREVIOUSLY LISTED)

Does the business owe any of the following debts?	Account #	Approx. Amount Owed
Payroll Deductions <input type="checkbox"/> Yes <input type="checkbox"/> No		
What period was the last payroll remittance filed?		
Have all employee T4s been prepared? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, what period is outstanding?		
G.S.T. / H.S.T. <input type="checkbox"/> Yes <input type="checkbox"/> No		
W.C.B. <input type="checkbox"/> Yes <input type="checkbox"/> No		
P.S.T. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Wages to Employees <input type="checkbox"/> Yes <input type="checkbox"/> No		
Rent <input type="checkbox"/> Yes <input type="checkbox"/> No		

BUSINESS ASSETS (IF NOT PREVIOUSLY LISTED)

DESCRIPTION	RE-SALE VALUE OF ASSET	LOCATION OF ASSET	SECURED OR UNSECURED

MONTHLY INCOME AND EXPENSES

NET MONTHLY INCOME:

NET SALARY (TAKE HOME PAY)	\$ _____
PENSION/ANNUITIES	\$ _____
SPOUSE / PARTNER'S INCOME	\$ _____
CHILD TAX BENEFIT / UNIVERSAL CHILDCARE BENEFIT	\$ _____
ALIMONY / CHILD SUPPORT RECEIVED	\$ _____
EMPLOYMENT INSURANCE BENEFITS	\$ _____
SOCIAL ASSISTANCE	\$ _____
RENTAL INCOME	\$ _____
OTHER INCOME	\$ _____

TOTAL NET MONTHLY INCOME \$ _____

MONTHLY EXPENSES:**NON-DISCRETIONARY EXPENSES:**

CHILD SUPPORT PAYMENTS	\$ _____
SPOUSAL SUPPORT PAYMENTS	\$ _____
DAY CARE	\$ _____
MEDICAL CONDITION EXPENSES	\$ _____
FINES / PENALTIES BEING PAID	\$ _____
EMPLOYMENT RELATED EXPENSES	\$ _____

DISCRETIONARY EXPENSES:

RENT/MORTGAGE	\$ _____
PROPERTY TAXES / CONDO FEES	\$ _____
CITY UTILITIES (GARBAGE/SEWER/WATER)	\$ _____
HEATING / GAS / OIL	\$ _____
TELEPHONE / CELL	\$ _____
CABLE / SATELLITE / INTERNET	\$ _____
ELECTRICITY	\$ _____
SMOKING	\$ _____
ALCOHOL	\$ _____
DINING / LUNCHESES / RESTAURANTS	\$ _____
RECREATION	\$ _____
GIFTS / CHARITABLE DONATIONS	\$ _____
ALLOWANCES	\$ _____
BC MEDICAL	\$ _____
DENTAL	\$ _____
FOOD / GROCERY	\$ _____
CLOTHING	\$ _____
VEHICLE PAYMENT	\$ _____
LEASE PAYMENT	\$ _____
REPAIR/MAINTENANCE/GAS	\$ _____
PUBLIC TRANSPORTATION	\$ _____
VEHICLE INSURANCE	\$ _____
HOUSE INSURANCE	\$ _____
FURNITURE / CONTENTS INSURANCE	\$ _____
LIFE INSURANCE	\$ _____
MISCELLANEOUS	\$ _____

TOTAL MONTHLY EXPENSES \$ _____

INCOME TAX INFORMATION

WHAT YEAR WAS THE LAST INCOME TAX RETURN FILED? _____

GENERAL

HAVE YOU EVER PREVIOUSLY FILED A BANKRUPTCY OR PROPOSAL (SPECIFY) IN CANADA OR ELSEWHERE?

APPLICANT YES NO SPOUSE/PARTNER YES NO

WITHIN THE LAST TWELVE (12) MONTHS, HAVE YOU SOLD, DISPOSED OF, OR TRANSFERRED ANY OF YOUR ASSETS, EITHER IN CANADA OR ELSEWHERE? (EG. VEHICLES, RRSP'S, STOCKS/BONDS, FURNITURE) YES NO

DESCRIPTION OF ASSET	DATE DISPOSED	PROCEEDS	OFFICE USE ONLY

WITHIN THE LAST TWELVE (12) MONTHS, HAVE YOU MADE PAYMENTS IN EXCESS OF REGULAR PAYMENTS TO CREDITORS, EITHER IN CANADA OR ELSEWHERE? IF YES, EXPLAIN: YES NO

WITHIN THE LAST TWELVE (12) MONTHS, HAVE YOU HAD ANY ASSETS SEIZED BY A CREDITOR, EITHER IN CANADA OR ELSEWHERE? YES NO

ASSET SEIZED _____
 DATE SEIZED _____
 BY WHICH CREDITOR? _____

OFFICE USE ONLY

ARE YOU RESTRICTED FROM DISPOSING OF ANY OF YOUR ASSETS DUE TO A MATRIMONIAL ACTION OR COURT ORDER? YES NO

WITHIN THE LAST FIVE (5) YEARS, WHILE YOU KNEW YOURSELF TO BE INSOLVENT, HAVE YOU SOLD, DISPOSED OF, OR TRANSFERRED ANY ASSETS? YES NO

DESCRIPTION OF ASSET	DATE DISPOSED	PROCEEDS	OFFICE USE ONLY

WITHIN THE LAST FIVE (5) YEARS, WHILE YOU KNEW YOURSELF TO BE INSOLVENT, HAVE YOU MADE ANY GIFTS TO RELATIVES OR OTHERS IN EXCESS OF \$500.00? YES NO

TO WHOM	HOW MUCH	WHEN

EMPLOYMENT

	SOURCE OF INCOME FOR EACH YEAR SINCE LAST TAX RETURN FILED - INCLUDE EMPLOYER NAME (EI, WCB, SOCIAL ASSISTANCE ETC.)	MAILING ADDRESS & CONTACT # FOR EMPLOYER	START DATE	END DATE
APPLICANT				
PARTNER				

ALIMONY / CHILD SUPPORT

TO WHOM IS IT PAID? _____

MONTHLY AMOUNT \$ _____

UP TO DATE? YES NO

IF NO, AMOUNT IN ARREARS: \$ _____

TO WHOM IS IT PAID? _____

MONTHLY AMOUNT \$ _____

UP TO DATE? YES NO

IF NO, AMOUNT IN ARREARS: \$ _____

GARNISHMENT ORDERS / COURT APPLICATIONS IN PROGRESS _____

STUDENT LOANS

WHEN WAS THE LAST TIME THAT YOU RECEIVED FUNDS: _____

WHEN WAS THE LAST TIME YOU ATTENDED SCHOOL: _____

CAUSES OF INSOLVENCY

DESCRIBE WHAT, IN YOUR OPINION, CAUSED YOUR CURRENT FINANCIAL PROBLEMS (PLEASE MARK ANY WHICH APPLY):

- | | |
|---|---|
| <input type="checkbox"/> OVER-EXTENSION OF CREDIT | <input type="checkbox"/> DIVORCE/SEPARATION |
| <input type="checkbox"/> HEALTH ISSUES | <input type="checkbox"/> SHORTAGE OF WORK |
| <input type="checkbox"/> JOB LOSS | <input type="checkbox"/> BUSINESS FAILURE |
| <input type="checkbox"/> OTHER (EXPLAIN) | |

PLEASE ADVISE WHO REFERRED YOU TO OUR OFFICE (SO THAT WE MAY THANK THEM) OR HOW YOU LOCATED OUR NAME:

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE IS TRUE AND COMPLETE IN EVERY RESPECT AND FULLY DISCLOSES THE STATE OF MY AFFAIRS.

DATE COMPLETED

SIGNATURE