



# APPLICATION - PERSONAL DATA

Complete & Send to [stjohns@bdodebthelp.ca](mailto:stjohns@bdodebthelp.ca)

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|                            |  |                               |  |
|----------------------------|--|-------------------------------|--|
| <b>FOR OFFICE USE ONLY</b> |  | <b>DATE OF ASSESSMENT:</b>    |  |
| <b>PREPARED BY:</b>        |  | <b>DATE OF SIGN UP:</b>       |  |
| <b>FILE TYPE:</b>          |  | <b>PAYMENTS:</b>              |  |
|                            |  | <b>REFERRAL SOURCE:</b>       |  |
| <b>SERVICE LOCATION:</b>   |  | <b>JOINT FILING (YES/NO):</b> |  |

|  |  |
|--|--|
| <b>APPLICANT'S LAST NAME</b>   | <b>SPOUSE'S LAST NAME</b>  |
| <b>GIVEN NAME(S) (as they appear on your birth certificate)</b>  | <b>GIVEN NAME(S) (as they appear on your birth certificate)</b>  |
| <b>ALSO KNOWN AS</b>   | <b>ALSO KNOWN AS</b>   |
| <b>S.I.N.</b>  | <b>S.I.N.</b>  |
| <b>DATE OF BIRTH (DD/MM/YY)</b>  | <b>DATE OF BIRTH (DD/MM/YY)</b>  |
| <b>GENDER</b>  | <b>GENDER</b>  |
| <b>MARITAL STATUS</b><br>(specify month and year of event if it occurred in the last five years) <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law<br>Marital Status change as of (MM/YY) : _____ | <b>MARITAL STATUS</b><br>(specify month and year of event if it occurred in the last five years) <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law<br>Marital Status change as of (MM/YY) : _____ |
| <b>HOME ADDRESS</b>  | <b>HOME ADDRESS</b>  |
| _____  | _____  |
| Township / County _____  | Township / County _____  |
| At This Address Since (MM/YY): _____   | At This Address Since (MM/YY): _____   |
| <b>HOME PHONE</b>  | <b>HOME PHONE</b>  |
| <b>WORK PHONE</b>  | <b>WORK PHONE</b>  |
| <b>MOBILE/OTHER</b>  | <b>MOBILE/OTHER</b>  |
| <b>EMAIL</b>   | <b>EMAIL</b>   |
| <b>EMPLOYER</b>  | <b>EMPLOYER</b>  |
| <b>OCCUPATION (full/part time):</b>  | <b>OCCUPATION (full/part time):</b>  |
| <b>HIGHEST EDUCATION LEVEL COMPLETED</b><br><input type="checkbox"/> 0-8 years <input type="checkbox"/> some high school <input type="checkbox"/> high school graduate<br><input type="checkbox"/> some post secondary <input type="checkbox"/> post-secondary certificate or diploma <input type="checkbox"/> university degree                           | <b>HIGHEST EDUCATION LEVEL COMPLETED</b><br><input type="checkbox"/> 0-8 years <input type="checkbox"/> some high school <input type="checkbox"/> high school graduate<br><input type="checkbox"/> some post secondary <input type="checkbox"/> post-secondary certificate or diploma <input type="checkbox"/> university degree                           |
| <b>NUMBER OF DEPENDENTS:</b> _____   | <b>NUMBER OF PERSONS 17 YEARS OF AGE OR LESS?</b> _____  |
| <b>NUMBER OF PERSONS IN HOUSEHOLD FAMILY UNIT, INCLUDING THE APPLICANT?</b> _____  |  |

| NAME OF DEPENDANT | AGE | DATE OF BIRTH | RELATIONSHIP |
|-------------------|-----|---------------|--------------|
|                   |     |               |              |
|                   |     |               |              |
|                   |     |               |              |

**ASSETS**

| DESCRIPTION  | VALUE FOR APPLICANT | VALUE FOR SPOUSE | EXEMPT ? | ENC. BY | COMMENTS   |
|--|---------------------|------------------|----------|---------|--|
| CASH   |                     |                  |          |         |  |
| HOUSEHOLD FURNITURE & EFFECTS  |                     |                  |          |         |  |
| JEWELLERY OR PERSONAL EFFECTS  |                     |                  |          |         |  |
| C.S.V. OF INSURANCE POLICIES   |                     |                  |          |         |  |
| RRSPs / RRIF / LIRA (submit copies)  |                     |                  |          |         | CONT. IN LAST 12 MTHS? AMT?                              |
|  |                     |                  |          |         |  |
|  |                     |                  |          |         |  |
| RESP's (submit copies)   |                     |                  |          |         |  |
| SHARES / BONDS / INVESTMENTS (submit copies)                                 |                     |                  |          |         |  |
|  |                     |                  |          |         |  |
| HOUSE<br>Description:<br>Title Holders:<br>Secured Creditor:                 |                     |                  |          |         |  |
| LAND / COTTAGE / OTHER<br>Description:<br>Title Holders:<br>Secured Creditor |                     |                  |          |         |  |
| MOTOR VEHICLES   |                     |                  |          |         | Year      Make      Model<br><br>Trim      Style      KM |
| MOTOR VEHICLES   |                     |                  |          |         | Year      Make      Model<br><br>Trim      Style      KM |
| SNOWMOBILE / MOTORCYCLE / BOAT   |                     |                  |          |         |  |
| TRAILER / CAMPER   |                     |                  |          |         |  |
| RECREATIONAL EQUIPMENT / ATV   |                     |                  |          |         |  |
| TAX REFUNDS  |                     |                  |          |         |  |
| BUSINESS ASSETS  |                     |                  |          |         |  |
| ACCOUNTS RECEIVABLE  |                     |                  |          |         |  |
| TOOLS  |                     |                  |          |         |  |
| OTHER (specify)  |                     |                  |          |         |  |
|  |                     |                  |          |         |  |

**REASONS FOR FINANCIAL DIFFICULTY** (please check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Over extension of credit | <input type="checkbox"/> Inconsistent employment | <input type="checkbox"/> Mismanagement of finances                 |
| <input type="checkbox"/> Reduction in income      | <input type="checkbox"/> Job-loss                | <input type="checkbox"/> Marital separation/relationship breakdown |
| <input type="checkbox"/> Medical related issues   | <input type="checkbox"/> Gambling                | <input type="checkbox"/> Insolvency of co-signor                   |
| <input type="checkbox"/> OTHER (Specify)          |  |  |

DESCRIBE IN YOUR OWN WORDS WHY YOU NEED FINANCIAL HELP:

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**DEBTS**

| CREDITOR NAME AND ADDRESS | BALANCE   |        |       | Debt Type                |                          |
|---------------------------|-----------|--------|-------|--------------------------|--------------------------|
|                           | APPLICANT | SPOUSE | JOINT | Consumer                 | Business                 |
| 1.                        |           |        |       | <input type="checkbox"/> | <input type="checkbox"/> |
|                           |           |        |       | <input type="checkbox"/> | <input type="checkbox"/> |
| Secured by:               |           |        |       |                          |                          |
| Account # / Comments:     |           |        |       |                          |                          |
| 2.                        |           |        |       | <input type="checkbox"/> | <input type="checkbox"/> |
|                           |           |        |       | <input type="checkbox"/> | <input type="checkbox"/> |
| Secured by:               |           |        |       |                          |                          |
| Account # / Comments:     |           |        |       |                          |                          |
| 3.                        |           |        |       | <input type="checkbox"/> | <input type="checkbox"/> |
|                           |           |        |       | <input type="checkbox"/> | <input type="checkbox"/> |
| Secured by:               |           |        |       |                          |                          |
| Account # / Comments:     |           |        |       |                          |                          |
| 4.                        |           |        |       | <input type="checkbox"/> | <input type="checkbox"/> |
|                           |           |        |       | <input type="checkbox"/> | <input type="checkbox"/> |
| Secured by:               |           |        |       |                          |                          |
| Account # / Comments:     |           |        |       |                          |                          |
| 5.                        |           |        |       | <input type="checkbox"/> | <input type="checkbox"/> |
|                           |           |        |       | <input type="checkbox"/> | <input type="checkbox"/> |
| Secured by:               |           |        |       |                          |                          |
| Account # / Comments:     |           |        |       |                          |                          |
| 6.                        |           |        |       | <input type="checkbox"/> | <input type="checkbox"/> |
|                           |           |        |       | <input type="checkbox"/> | <input type="checkbox"/> |
| Secured by:               |           |        |       |                          |                          |
| Account # / Comments:     |           |        |       |                          |                          |
| 7.                        |           |        |       | <input type="checkbox"/> | <input type="checkbox"/> |
|                           |           |        |       | <input type="checkbox"/> | <input type="checkbox"/> |
| Secured by:               |           |        |       |                          |                          |
| Account # / Comments:     |           |        |       |                          |                          |
| 8.                        |           |        |       | <input type="checkbox"/> | <input type="checkbox"/> |
|                           |           |        |       | <input type="checkbox"/> | <input type="checkbox"/> |
| Secured by:               |           |        |       |                          |                          |
| Account # / Comments:     |           |        |       |                          |                          |

| CREDITOR NAME AND ADDRESS | BALANCE   |        |       | Debt Type                |                          |
|---------------------------|-----------|--------|-------|--------------------------|--------------------------|
|                           | APPLICANT | SPOUSE | JOINT | Consumer                 | Business                 |
| <b>9.</b>                 |           |        |       | <input type="checkbox"/> | <input type="checkbox"/> |
|                           |           |        |       |                          |                          |
| Secured by:               |           |        |       |                          |                          |
| Account # / Comments:     |           |        |       |                          |                          |
| <b>10.</b>                |           |        |       | <input type="checkbox"/> | <input type="checkbox"/> |
|                           |           |        |       |                          |                          |
| Secured by:               |           |        |       |                          |                          |
| Account # / Comments:     |           |        |       |                          |                          |
| <b>11.</b>                |           |        |       | <input type="checkbox"/> | <input type="checkbox"/> |
|                           |           |        |       |                          |                          |
| Secured by:               |           |        |       |                          |                          |
| Account # / Comments:     |           |        |       |                          |                          |
| <b>12.</b>                |           |        |       | <input type="checkbox"/> | <input type="checkbox"/> |
|                           |           |        |       |                          |                          |
| Secured by:               |           |        |       |                          |                          |
| Account # / Comments:     |           |        |       |                          |                          |
| <b>13.</b>                |           |        |       | <input type="checkbox"/> | <input type="checkbox"/> |
|                           |           |        |       |                          |                          |
| Secured by:               |           |        |       |                          |                          |
| Account # / Comments:     |           |        |       |                          |                          |
| <b>14.</b>                |           |        |       | <input type="checkbox"/> | <input type="checkbox"/> |
|                           |           |        |       |                          |                          |
| Secured by:               |           |        |       |                          |                          |
| Account # / Comments:     |           |        |       |                          |                          |
| <b>15.</b>                |           |        |       | <input type="checkbox"/> | <input type="checkbox"/> |
|                           |           |        |       |                          |                          |
| Secured by:               |           |        |       |                          |                          |
| Account # / Comments:     |           |        |       |                          |                          |
| <b>16.</b>                |           |        |       | <input type="checkbox"/> | <input type="checkbox"/> |
|                           |           |        |       |                          |                          |
| Secured by:               |           |        |       |                          |                          |
| Account # / Comments:     |           |        |       |                          |                          |
| <b>17.</b>                |           |        |       | <input type="checkbox"/> | <input type="checkbox"/> |
|                           |           |        |       |                          |                          |
| Secured by:               |           |        |       |                          |                          |
| Account # / Comments:     |           |        |       |                          |                          |
| <b>18.</b>                |           |        |       | <input type="checkbox"/> | <input type="checkbox"/> |
|                           |           |        |       |                          |                          |
| Secured by:               |           |        |       |                          |                          |
| Account # / Comments:     |           |        |       |                          |                          |

|               |  |  |  |
|---------------|--|--|--|
| <b>TOTALS</b> |  |  |  |
|---------------|--|--|--|

**OTHER DEBT INFORMATION**

**LOANS CO-SIGNED OR GUARANTEED BY APPLICANT**

LENDER'S NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

BORROWERS NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

IS THE PARTY BANKRUPT? \_\_\_\_\_  
 BUSINESS OR PERSONAL DEBT? \_\_\_\_\_  
 TYPE OF BUSINESS: \_\_\_\_\_

**LOANS CO-SIGNED OR GUARANTEED BY SPOUSE**

LENDER'S NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

BORROWERS NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

IS THE PARTY BANKRUPT? \_\_\_\_\_  
 BUSINESS OR PERSONAL DEBT? \_\_\_\_\_  
 TYPE OF BUSINESS: \_\_\_\_\_

**DO YOU HAVE ANY DEBTS ARISING FROM:**

|  | APPLICANT                    |                             | SPOUSE                       |                             |
|--|------------------------------|-----------------------------|------------------------------|-----------------------------|
| FINE OR PENALTY IMPOSED BY COURT? (INCLUDING ASSAULT)    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| RECOGNIZANCE OR BAIL BOND?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ALIMONY?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| MAINTENANCE OF AFFILIATION ORDER?                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| MAINTENANCE OF SUPPORT OF SEPARATED FAMILY?              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| FRAUD?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| EMBEZZLEMENT?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| MISAPPROPRIATION?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| DEFALCATION WHILE ACTING IN A FIDUCIARY CAPACITY?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| PROPERTY OR SERVICES OBTAINED BY FALSE MEANS/FRAUD?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| STUDENT LOANS OUTSTANDING (indicate last day of program) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

PLEASE PROVIDE DETAILS: \_\_\_\_\_

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

| APPLICANT               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | SPOUSE                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|-------------------------|------------------------------|-----------------------------|-------------------------|------------------------------|-----------------------------|
| TRUSTEE'S NAME          |                              |                             | TRUSTEE'S NAME          |                              |                             |
| BANKRUPTCY DATE         |                              |                             | BANKRUPTCY DATE         |                              |                             |
| BANKRUPT DISCHARGE DATE |                              |                             | BANKRUPT DISCHARGE DATE |                              |                             |
| PROPOSAL DATE           |                              |                             | PROPOSAL DATE           |                              |                             |
| RESULT OF PROPOSAL      |                              |                             | RESULT OF PROPOSAL      |                              |                             |
| PLACE FILED             |                              |                             | PLACE FILED             |                              |                             |

ESTATE NO.

ESTATE NO.

## TRANSACTIONS

|   | APPLICANT                       |                                | SPOUSE                          |                                |
|---|---------------------------------|--------------------------------|---------------------------------|--------------------------------|
| HAVE YOU SOLD, DISPOSED OR TRANSFERRED ANY ASSETS, CASHED RRSP'S OR CHANGED THE NAMED BENEFICIARY ON A LIFE INSURANCE POLICY IN THE LAST 12 MONTHS?<br>(Provide Details)              | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| HAVE YOU MADE PAYMENTS IN EXCESS OF THE REGULAR AMOUNT TO CREDITORS IN THE LAST 12 MONTHS? (Provide Details)  | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| HAVE YOU HAD ANY ASSETS SEIZED OR GARNISHEED BY A CREDITOR IN THE LAST 12 MONTHS?<br>(Provide Details)  | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| HAVE YOU SOLD, DISPOSED OR TRANSFERRED ANY REAL PROPERTY OR OTHER ASSETS IN THE PAST FIVE YEARS? (Provide Details)  | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| INSOLVENT AT THE TIME: YES / NO   |                                 |                                |                                 |                                |
| HAVE YOU MADE ANY GIFTS TO RELATIVES OR OTHERS IN EXCESS OF \$500.00 IN PAST 5 YEARS WHILE YOU KNEW YOURSELF TO BE INSOLVENT? (Provide Details)                                       | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| INSOLVENT AT THE TIME: YES / NO   |                                 |                                |                                 |                                |
| DO YOU EXPECT TO RECEIVE ANY SUMS OF MONEY WHICH ARE NOT RELATED TO YOUR NORMAL INCOME, OR ANY OTHER PROPERTY WITHIN THE NEXT 12 MONTHS (INCLUDING INHERITANCE)?<br>(Provide Details) | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| HAVE YOU BEEN OR ARE YOU INVOLVED IN CIVIL LITIGATION FROM WHICH YOU MAY RECEIVE MONIES OR PROPERTY? (Provide Details)  | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| HAVE YOU MADE ARRANGEMENTS TO CONTINUE TO PAY ANY CREDITORS AFTER FILING?<br>(Provide Details)  | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |

## INCOME TAX INFORMATION

APPLICANT'S EMPLOYERS AND EMPLOYMENT INSURANCE (EI) PERIODS FOR THE PAST TWO YEARS:

| EMPLOYER'S NAME AND ADDRESS | DATE STARTED | DATE ENDED |
|-----------------------------|--------------|------------|
|                             |              |            |
|                             |              |            |
|                             |              |            |

SPOUSE'S EMPLOYERS AND EMPLOYMENT INSURANCE (EI) PERIODS FOR THE PAST TWO YEARS:

| EMPLOYER'S NAME AND ADDRESS | DATE STARTED | DATE ENDED |
|-----------------------------|--------------|------------|
|                             |              |            |
|                             |              |            |
|                             |              |            |

### APPLICANT'S TAX INFORMATION

### SPOUSE'S TAX INFORMATION

|                        |                        |
|------------------------|------------------------|
| YEAR LAST RETURN FILED | YEAR LAST RETURN FILED |
| AMOUNT OWING           | AMOUNT OWING           |
| REFUND RECEIVED        | REFUND RECEIVED        |
| REFUND PENDING         | REFUND PENDING         |

|   |                              |                             |
|---|------------------------------|-----------------------------|
| DID YOU PAY CHILD OR SPOUSAL SUPPORT DURING THE PAST YEAR?                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| IF YES, TO WHOM?  |                              |                             |
| ADDRESS:  |                              |                             |
| AMOUNT PAID:  |                              |                             |
| <b>**IF CHILD OR SPOUSAL SUPPORT PAYMENTS ARE BEING PAID ATTACH A COPY OF THE COURT ORDER**</b> |                              |                             |
| DATE OF SEPARATION (DD/MM/YY)   |                              |                             |

### BANK ACCOUNT INFORMATION

**BANK**

ADDRESS

ACCOUNT NUMBER

JOINT

**BANK**

ADDRESS

ACCOUNT NUMBER

JOINT



## BUSINESSES

**APPLICANT OWNED BUSINESS  
WITHIN THE LAST 5 YEARS?**

Yes       No

|   |
|---|
| BUSINESS NAME   |
| ADDRESS   |
| TYPE OF OWNERSHIP   |
| TYPE OF BUSINESS  |
| ARE YOU A DIRECTOR? <span style="float: right;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</span>  |
| NAMES OF PARTNERS / DIRECTORS   |
|   |
| WHEN STARTED (DD/MM/YY)   |
| WHEN CEASED OPERATIONS (DD/MM/YY)   |
| IS THE CORPORATION BANKRUPT? <span style="float: right;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</span>   |
| DOES THE BUSINESS :   |
| <ul style="list-style-type: none"> <li>HAVE EMPLOYEES OR SUB-CONTRACTORS? <span style="float: right;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</span></li> <li>OWE ANY WAGES TO EMPLOYEES? <span style="float: right;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</span></li> <li>OWE ANY SOURCE DEDUCTIONS ON WAGES? <span style="float: right;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</span></li> </ul> |
| Other details:  |
|   |

**SPOUSE OWNED BUSINESS WITHIN  
THE LAST 5 YEARS?**

Yes       No

|   |
|---|
| BUSINESS NAME   |
| ADDRESS   |
| TYPE OF OWNERSHIP   |
| TYPE OF BUSINESS  |
| ARE YOU A DIRECTOR? <span style="float: right;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</span>  |
| NAMES OF PARTNERS / DIRECTORS   |
|   |
| WHEN STARTED (DD/MM/YY)   |
| WHEN CEASED OPERATIONS (DD/MM/YY)   |
| IS THE CORPORATION BANKRUPT? <span style="float: right;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</span>   |
| DOES THE BUSINESS :   |
| <ul style="list-style-type: none"> <li>HAVE EMPLOYEES OR SUB-CONTRACTORS? <span style="float: right;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</span></li> <li>OWE ANY WAGES TO EMPLOYEES? <span style="float: right;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</span></li> <li>OWE ANY SOURCE DEDUCTIONS ON WAGES? <span style="float: right;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</span></li> </ul> |
| Other details:  |
|   |

## MONTHLY INCOME AND EXPENSES STATEMENT

| MONTHLY INCOME (NET)         | APPLICANT | SPOUSE | OTHER HOUSEHOLD MEMBERS |
|------------------------------|-----------|--------|-------------------------|
| EMPLOYMENT INCOME            |           |        |                         |
| PENSION/ANNUITIES            |           |        |                         |
| CHILD SUPPORT                |           |        |                         |
| SPOUSAL SUPPORT              |           |        |                         |
| EMPLOYMENT INSURANCE         |           |        |                         |
| SOCIAL ASSISTANCE            |           |        |                         |
| SELF EMPLOYMENT INCOME       |           |        |                         |
| RENTAL INCOME                |           |        |                         |
| UNIVERSAL CHILD CARE         |           |        |                         |
| CHILD TAX BENEFITS           |           |        |                         |
| OTHER (Specify)              |           |        |                         |
| <b>SUB TOTAL</b>             |           |        |                         |
| <b>TOTAL COMBINED INCOME</b> |           |        |                         |

| HOUSING EXPENSES         |  |
|--------------------------|--|
| RENT/MORTGAGE PAYMENT    |  |
| PROP. TAXES / CONDO FEES |  |
| HEAT/FUEL OIL            |  |
| TELEPHONE                |  |
| CABLE                    |  |
| HYDRO / ELECTRICITY      |  |
| WATER                    |  |
| FURNITURE                |  |
| HOUSEHOLD MAINTENANCE    |  |
| OTHER (Specify)          |  |
| <b>SUB TOTAL</b>         |  |

| PERSONAL EXPENSES            |  |
|------------------------------|--|
| SMOKING                      |  |
| ALCOHOL                      |  |
| DINING/LUNCHESES/RESTAURANTS |  |
| ENTERTAINMENT/SPORTS         |  |
| GIFTS/CHARITABLE DONATIONS   |  |
| ALLOWANCES                   |  |
| NEWSPAPERS/MAGAZINES         |  |
| OTHER (Specify)              |  |
| <b>SUB TOTAL</b>             |  |

| MEDICAL EXPENSES |  |
|------------------|--|
| PRESCRIPTIONS    |  |
| DENTAL           |  |
| OTHER (Specify)  |  |
| <b>SUB TOTAL</b> |  |

| MONTHLY NON-DISCRETIONARY EXPENSES    | AMOUNT |
|---------------------------------------|--------|
| CHILD SUPPORT PAYMENTS                |        |
| SPOUSAL SUPPORT PAYMENTS              |        |
| CHILD CARE                            |        |
| MEDICAL CONDITION EXPENSES            |        |
| FINES/PENALTIES IMPOSED BY COURT      |        |
| EXPENSES AS A CONDITION OF EMPLOYMENT |        |
| DEBTS WHERE STAY HAS BEEN FILED       |        |
| BUSINESS RELATED EXPENSES             |        |
| OTHER (Specify)                       |        |
| <b>SUB TOTAL</b>                      |        |

| LIVING EXPENSES      |  |
|----------------------|--|
| FOOD/GROCERY         |  |
| LAUNDRY/DRY CLEANING |  |
| GROOMING/TOILETRIES  |  |
| CLOTHING             |  |
| OTHER (Specify)      |  |
| <b>SUB TOTAL</b>     |  |

| TRANSPORTATION EXPENSES     |  |
|-----------------------------|--|
| CAR LEASE/ FINANCE PAYMENTS |  |
| REPAIR/MAINTENANCE/GAS      |  |
| PUBLIC TRANSPORTATION       |  |
| OTHER (Specify)             |  |
| <b>SUB TOTAL</b>            |  |

| INSURANCE EXPENSES |  |
|--------------------|--|
| VEHICLE            |  |
| HOUSE              |  |
| FURNITURE/CONTENTS |  |
| LIFE INSURANCE     |  |
| OTHER (Specify)    |  |
| <b>SUB TOTAL</b>   |  |

| PAYMENTS                |  |
|-------------------------|--|
| VOLUNTARY PAYMENTS      |  |
| SURPLUS INCOME PAYMENTS |  |
| SETTLEMENT ON ASSETS    |  |
| TO SECURED CREDITOR     |  |
| OTHER (Specify)         |  |
| <b>SUB TOTAL</b>        |  |

|   |  |
|---|--|
| <b>TOTAL EXPENSES</b>                       |  |
| <b>SURPLUS / DEFICIENCY</b>                 |  |
| (Total Combined Income Less Total Expenses) |  |