



APPLICATION - PERSONAL DATA

Complete & Send to sarnia@bdodebthelp.ca

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

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

| 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 Description: Title Holders: Secured Creditor: | | | | | |
| LAND / COTTAGE / OTHER Description: Title Holders: Secured Creditor | | | | | |
| MOTOR VEHICLES | | | | | Year Make Model Trim Style KM |
| MOTOR VEHICLES | | | | | Year Make Model 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:

DEBTS

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

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

| | | | |
|---------------|--|--|--|
| TOTALS | | | |
|---------------|--|--|--|

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 Yes No **SPOUSE** Yes 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? (Provide Details) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| HAVE YOU MADE PAYMENTS IN EXCESS OF THE REGULAR AMOUNT TO CREDITORS IN THE LAST 12 MONTHS? (Provide Details) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| HAVE YOU HAD ANY ASSETS SEIZED OR GARNISHEED BY A CREDITOR IN THE LAST 12 MONTHS? (Provide Details) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| HAVE YOU SOLD, DISPOSED OR TRANSFERRED ANY REAL PROPERTY OR OTHER ASSETS IN THE PAST FIVE YEARS? (Provide Details) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> 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"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> 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)? (Provide Details) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| HAVE YOU BEEN OR ARE YOU INVOLVED IN CIVIL LITIGATION FROM WHICH YOU MAY RECEIVE MONIES OR PROPERTY? (Provide Details) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| HAVE YOU MADE ARRANGEMENTS TO CONTINUE TO PAY ANY CREDITORS AFTER FILING? (Provide Details) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> 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: | | |
| **IF CHILD OR SPOUSAL SUPPORT PAYMENTS ARE BEING PAID ATTACH A COPY OF THE COURT ORDER** | | |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| NAMES OF PARTNERS / DIRECTORS |
| WHEN STARTED (DD/MM/YY) |
| WHEN CEASED OPERATIONS (DD/MM/YY) |
| IS THE CORPORATION BANKRUPT? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| DOES THE BUSINESS : |
| <ul style="list-style-type: none"> • HAVE EMPLOYEES OR SUB-CONTRACTORS? <input type="checkbox"/> Yes <input type="checkbox"/> No • OWE ANY WAGES TO EMPLOYEES? <input type="checkbox"/> Yes <input type="checkbox"/> No • OWE ANY SOURCE DEDUCTIONS ON WAGES? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| NAMES OF PARTNERS / DIRECTORS |
| WHEN STARTED (DD/MM/YY) |
| WHEN CEASED OPERATIONS (DD/MM/YY) |
| IS THE CORPORATION BANKRUPT? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| DOES THE BUSINESS : |
| <ul style="list-style-type: none"> • HAVE EMPLOYEES OR SUB-CONTRACTORS? <input type="checkbox"/> Yes <input type="checkbox"/> No • OWE ANY WAGES TO EMPLOYEES? <input type="checkbox"/> Yes <input type="checkbox"/> No • OWE ANY SOURCE DEDUCTIONS ON WAGES? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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) | | | |
| SUB TOTAL | | | |
| TOTAL COMBINED INCOME | | | |

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

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

| MEDICAL EXPENSES | |
|------------------|--|
| PRESCRIPTIONS | |
| DENTAL | |
| OTHER (Specify) | |
| SUB TOTAL | |

| 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) | |
| SUB TOTAL | |

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

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

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

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

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