

INTERVIEW INFORMATION

** please complete the following information and bring it with you to your free consultation appointment **

NAME: TELEPHONE NO:

ADDRESS:

EMAIL:

OCCUPATION: (you) EMPLOYER:

OCCUPATION: (spouse/partner) EMPLOYER:

MARITAL STATUS: How many people in your household:

How did you hear about us?

Have you filed for bankruptcy before? YES NO

If yes, when?

Did your spouse also file at that time? YES NO

Have you filed a Consumer Proposal before? YES NO

If yes, when?

Did your spouse also file at that time? YES NO

Have you been in business for self? YES NO Sole Proprietorship Corporation

If yes, when?

Did you ever have any employees? YES NO

Briefly describe the cause of your financial difficulties:

Please list your monthly take-home pay:

	<u>Yours</u>	<u>Spouse/partner's</u>
Employment income	<input type="text"/>	<input type="text"/>
Pension income	<input type="text"/>	<input type="text"/>
CCTB (Canada Child Tax Benefit)	<input type="text"/>	<input type="text"/>
Support/alimony	<input type="text"/>	<input type="text"/>
Self-employment income (gross)	<input type="text"/>	<input type="text"/>
Other: <input type="text"/>	<input type="text"/>	<input type="text"/>
Other: <input type="text"/>	<input type="text"/>	<input type="text"/>

Please list your debts:

	CREDITORS	This debt is			AMOUNT	DETAILS <i>for office use</i>
		mine (T)	partner (T)	both (T)		
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
18		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
20		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Do you have any overdraft accounts? YES NO If yes, which bank(s)?

NAME: <input style="width:90%;" type="text"/>	Marital Status: <input style="width:90%;" type="text"/>
Number in Family: <input style="width:90%;" type="text"/>	Budget from: <input style="width:40%;" type="text"/> to <input style="width:40%;" type="text"/>

MONTHLY INCOME		
<i>* Proof of income required</i>	Yours	Spouse/Others
Employment income (after deductions)		
El benefits		
Social Assistance		
Canada Child Tax Benefit		
Pensions		
Spousal or child support income		
Rental income		
Income Tax Refund		
Net Self-employment income		
* Attach a breakdown showing gross income and deductions		
Other income		
TOTAL MONTHLY FAMILY INCOME		

MONTHLY FAMILY DISCRETIONARY EXPENSES		
<u>Housing expenses</u>		
Rent/ mortgage		
Property Taxes (if not included in mortgage)		
Lot Rent		
Heating/Gas/Oil/Wood		
Electricity		
Water		
Telephone/Cell		
Cable TV / Internet		
House Maintenance and Repairs		
<u>Personal expenses</u>		
Meals eaten outside the home		
Tobacco and/or alcohol		
Entertainment		
Donations		
Gifts, holidays, etc.		
School and Sport Supplies		
Barber & Hairdresser		
Bank Fees		
TOTAL MONTHLY DISCRETIONARY EXPENSES		

required	
*Child Support payment	
*Spousal Support payment	
*Child care	
*Medical (prescriptions, private ins. Etc)	
*Court-imposed fines or penalties	
*Expenses as a condition of employment	
*Dental	

EXPENSES	
<u>Living expenses</u>	
Groceries	
Laundry & Dry Cleaning	
Clothing	
<u>Transportation expenses</u>	
Car lease or payment	
Fuel costs	
Car Repairs/Maintenance	
Public Transportation/Tolls	
<u>Insurance expenses</u>	
Vehicle	
House/Residential	
Life	
To the estate (bankruptcy)	
<u>Other</u>	

COMMENTS AND NOTES: <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>

SUMMARY OF EXPENSES: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px; background-color: #a6c9ec;">OTHER</div>

<div style="border: 1px solid black; height: 20px; margin-top: 5px; background-color: #a6c9ec;"></div>
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