

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

| | |
|---|---|
| APPLICANT'S LAST NAME: | SPOUSE'S LAST NAME: |
| GIVEN NAMES: (AS THEY APPEAR ON YOUR BIRTH CERTIFICATE) | GIVEN NAMES: (AS THEY APPEAR ON YOUR BIRTH CERTIFICATE) |
| A.K.A.: | A.K.A.: |
| SIN: | SIN: |
| DATE OF BIRTH: (DD/MM/YYYY) | DATE OF BIRTH: (DD/MM/YYYY) |
| GENDER: | GENDER: |
| MARTIAL STATUS <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 Changes as of: (MM/YY) _____ (Specify Month & Year of Event if it occurred in the last five years) | MARTIAL STATUS <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 Changes as of: (MM/YY) _____ (Specify Month & Year of Event if it occurred in the last five years) |
| HOME ADDRESS: _____ _____ _____ | HOME ADDRESS: _____ _____ _____ |
| TOWNSHIP/ COUNTY: _____ AT THIS ADDRESS SINCE (MM/YY): _____ | TOWNSHIP/ COUNTY: _____ AT THIS ADDRESS SINCE (MM/YY): _____ |
| HOME PHONE: | HOME PHONE: |
| WORK PHONE: | WORK PHONE: |
| CELL PHONE: | CELL PHONE: |
| EMAIL: | EMAIL: |
| EMPLOYER: | EMPLOYER: |
| JOB TITLE: | JOB TITLE: |
| HIGHEST EDUCATION LEVEL COMPLETED: <input type="checkbox"/> 0-8 years <input type="checkbox"/> Some Post Secondary <input type="checkbox"/> Some High School <input type="checkbox"/> Post Secondary Diploma <input type="checkbox"/> High School Graduate <input type="checkbox"/> University Degree | HIGHEST EDUCATION LEVEL COMPLETED: <input type="checkbox"/> 0-8 years <input type="checkbox"/> Some Post Secondary <input type="checkbox"/> Some High School <input type="checkbox"/> Post Secondary Diploma <input type="checkbox"/> High School Graduate <input type="checkbox"/> University Degree |

| | | | |
|---|--|-----------------------------|---------------|
| NUMBER OF DEPENDANTS: _____ | 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 (MM/DD/YYYY): | RELATIONSHIP: |
| | | | |
| | | | |
| | | | |

| ASSETS | | | | | |
|--|-------------------|----------------|---------|----------|----------|
| DESCRIPTION | VALUE (APPLICANT) | VALUE (SPOUSE) | EXEMPT? | ENC. BY: | COMMENTS |
| CASH | | | | | |
| HOUSEHOLD / FURNITURE EFFECTS | | | | | |
| JEWELLERY / PERSONAL EFFECTS | | | | | |
| C.S.V. OF INSURANCE POLICIES (SUBMIT COPIES) | | | | | |
| R.R.S.P.'S / RRIF / LIRA (SUBMIT COPIES) | | | | | |
| | | | | | |
| RESP'S (SUBMIT COPIES) | | | | | |
| SHARES / BONDS / INVESTMENTS | | | | | |
| | | | | | |
| HOUSE/ LAND / COTTAGE / OTHER (SUBMIT COPIES) Description: Title Holder: Secured Creditor's: | | | | | |
| PENDING SETTLEMENTS: Lawsuits, WSIB, Other Description: Comments: | | | | | |
| MOTOR VEHICLES: Year Make Model | | | | | |
| MOTOR VEHICLES: Year Make Model | | | | | |
| SNOWMOBILE / MOTORCYCLE / BOAT Year Make Model | | | | | |
| TRAILER / CAMPER / ATV Year Make Model | | | | | |
| TAX REFUND | | | | | |
| BUSINESS ASSETS / ACCOUNTS RECEIVABLE | | | | | |
| TOOLS | | | | | |
| OTHER | | | | | |

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 (COMPLETE A FULL LIST OF ALL CREDITORS THAT YOU OWE INCLUDING THE NAME, ACCOUNT NUMBER AND FULL ADDRESS FOR EACH CREDITOR AND ATTACH LAST BILL OR STATEMENT FROM EACH CREDITOR IF AVAILABLE)

| | BALANCE | | | DEBT TYPE | |
|---------------------|-----------|--------|-------|---|--------------|
| | APPLICANT | SPOUSE | JOINT | BUSINESS | |
| 1. CREDITOR: | | | | | |
| ACCOUNT #: | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| SECURED BY: | | | | | |
| STREET ADDRESS: | | | | | |
| CITY: | | | | | POSTAL CODE: |
| | | | | | |
| 2. CREDITOR: | | | | | |
| ACCOUNT #: | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| SECURED BY: | | | | | |
| STREET ADDRESS: | | | | | |
| CITY: | | | | | POSTAL CODE: |
| | | | | | |
| 3. CREDITOR: | | | | | |
| ACCOUNT #: | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| SECURED BY: | | | | | |
| STREET ADDRESS: | | | | | |
| CITY: | | | | | POSTAL CODE: |
| | | | | | |
| 4. CREDITOR: | | | | | |
| ACCOUNT #: | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| SECURED BY: | | | | | |
| STREET ADDRESS: | | | | | |
| CITY: | | | | | POSTAL CODE: |
| | | | | | |
| 5. CREDITOR: | | | | | |
| ACCOUNT #: | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| SECURED BY: | | | | | |
| STREET ADDRESS: | | | | | |
| CITY: | | | | | POSTAL CODE: |
| | | | | | |
| 6. CREDITOR: | | | | | |
| ACCOUNT #: | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| SECURED BY: | | | | | |
| STREET ADDRESS: | | | | | |
| CITY: | | | | | POSTAL CODE: |
| | | | | | |

| | | | | | |
|----------------------|-----------|--------|-------|---|--------------|
| 7. CREDITOR: | APPLICANT | SPOUSE | JOINT | BUSINESS | |
| ACCOUNT #: | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| SECURED BY: | | | | | |
| STREET ADDRESS: | | | | | |
| CITY: | | | | | POSTAL CODE: |
| | | | | | |
| 8. CREDITOR: | APPLICANT | SPOUSE | JOINT | BUSINESS | |
| ACCOUNT #: | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| SECURED BY: | | | | | |
| STREET ADDRESS: | | | | | |
| CITY: | | | | | POSTAL CODE: |
| | | | | | |
| 9. CREDITOR: | APPLICANT | SPOUSE | JOINT | BUSINESS | |
| ACCOUNT #: | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| SECURED BY: | | | | | |
| STREET ADDRESS: | | | | | |
| CITY: | | | | | POSTAL CODE: |
| | | | | | |
| 10. CREDITOR: | APPLICANT | SPOUSE | JOINT | BUSINESS | |
| ACCOUNT #: | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| SECURED BY: | | | | | |
| STREET ADDRESS: | | | | | |
| CITY: | | | | | POSTAL CODE: |
| | | | | | |
| 11. CREDITOR: | APPLICANT | SPOUSE | JOINT | BUSINESS | |
| ACCOUNT #: | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| SECURED BY: | | | | | |
| STREET ADDRESS: | | | | | |
| CITY: | | | | | POSTAL CODE: |
| | | | | | |
| 12. CREDITOR: | APPLICANT | SPOUSE | JOINT | BUSINESS | |
| ACCOUNT #: | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| SECURED BY: | | | | | |
| STREET ADDRESS: | | | | | |
| CITY: | | | | | POSTAL CODE: |
| | | | | | |
| 13. CREDITOR: | APPLICANT | SPOUSE | JOINT | BUSINESS | |
| ACCOUNT #: | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| SECURED BY: | | | | | |
| STREET ADDRESS: | | | | | |
| CITY: | | | | | POSTAL CODE: |
| | | | | | |
| 14. CREDITOR: | APPLICANT | SPOUSE | JOINT | BUSINESS | |
| ACCOUNT #: | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| SECURED BY: | | | | | |
| STREET ADDRESS: | | | | | |
| CITY: | | | | | POSTAL CODE: |
| | | | | | |
| 15. CREDITOR: | APPLICANT | SPOUSE | JOINT | BUSINESS | |
| ACCOUNT #: | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| SECURED BY: | | | | | |
| STREET ADDRESS: | | | | | |
| CITY: | | | | | POSTAL CODE: |
| | | | | | |

APPLICANT: Have you Co-Signed or Guaranteed any Loans

No Yes

| | |
|----------------------------|---------------------------|
| LENDER'S NAME: | BORROWER'S NAME: |
| LENDER'S ADDRESS: | BORROWER'S ADDRESS: |
| | |
| BUSINESS OR PERSONAL DEBT? | IS THE BORROWER BANKRUPT? |
| TYPE OF BUSINESS: | \$ AMOUNT CO-SIGNED FOR: |

SPOUSE: Have you Co-Signed or Guaranteed any Loans

No Yes

| | |
|----------------------------|---------------------------|
| LENDER'S NAME: | BORROWER'S NAME: |
| LENDER'S ADDRESS: | BORROWER'S ADDRESS: |
| | |
| BUSINESS OR PERSONAL DEBT? | IS THE BORROWER BANKRUPT? |
| TYPE OF BUSINESS: | \$ AMOUNT CO-SIGNED FOR: |

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: _____

PREVIOUS BANKRUPTCY OR CONSUMER PROPOSAL

Applicant: Yes No

Spouse: Yes No

| | |
|--------------------------|--------------------------|
| TRUSTEE NAME: | TRUSTEE 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 #: | ESTATE #: |

QUESTIONS

| IN THE LAST TWELVE MONTHS HAVE YOU OR YOUR SPOUSE (IF FILING) (IF YES GIVE FULL DETAILS) | APPLICANT | SPOUSE |
|--|---|---|
| SOLD, DISPOSED OF/TRANSFERRED ANY ASSETS, CASHED RRSP'S OR CHANGED THE NAME BENEFICIARY ON A LIFE INSURANCE POLICY? PROVIDE DETAILS: | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| MADE PAYMENTS IN EXCESS OF REGULAR PAYMENTS TO ANY CREDITOR? DETAILS: | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| HAD ANY ASSETS SEIZED OR GARNISHED BY ANY CREDITOR (ie car, house)? DETAILS: | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |

| IN THE LAST FIVE YEARS HAVE YOU OR YOUR SPOUSE (IF FILING) (IF YES GIVE FULL DETAILS) | APPLICANT | SPOUSE |
|--|---|---|
| SOLD/ DISPOSED OR TRANSFERRED ANY REAL ESTATE OR OTHER ASSETS? DETAILS: | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| MADE GIFTS TO RELATIVES OVER \$500.00? DETAILS: | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |

| IN THE NEXT TWELVE MONTHS DO YOU OR YOUR SPOUSE (IF FILING) | APPLICANT | SPOUSE |
|---|---|---|
| EXPECT TO RECEIVE ANY SUMS OF MONEY WHICH ARE NOT RELATED TO YOUR NORMAL INCOME, OR ANY OTHER PROPERTY (ie INHERITANCE, MONIES OR PROPERTY FROM CIVIL LITIGATION)? DETAILS: | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |

| HAVE YOU BEEN OR ARE YOU INVOLVED IN CIVIL LITIGATION FROM WHICH YOU MAY RECEIVE MONIES OR PROPERTY? | APPLICANT | SPOUSE |
|---|---|---|
| DETAILS | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |

| HAVE YOU MADE ARRANGEMENTS TO CONTINUE TO PAY ANY CREDITORS AFTER FILING? | APPLICANT | SPOUSE |
|--|---|---|
| DETAILS | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |

Employment Information Applicant:Are you currently employed? Yes No

Current Occupation:

PLEASE LIST ALL EMPLOYERS FOR THE PAST TWO YEARS

| Employer 's Name | Employer's Address | Date Started | Date Ended |
|------------------|--------------------|--------------|------------|
| | | | |
| | | | |
| | | | |

Have you received E I Benefits since January of this year?

 NO YES

Date Benefits Started:

Date Benefits Ended:

Employment Information Spouse:Is your Spouse currently employed? Yes No

Current Occupation (Spouse):

PLEASE LIST ALL OF SPOUSE'S EMPLOYERS FOR THE PAST TWO YEARS (IF SPOUSE IS FILING)

| Employer 's Name | Employer's Address | Date Started | Date Ended |
|------------------|--------------------|--------------|------------|
| | | | |
| | | | |
| | | | |

Has your Spouse received E I Benefits since January of this year? (IF SPOUSE IS FILING)

 NO YES

Date Benefits Started:

Date Benefits Ended:

INCOME TAX INFORMATION:

| APPLICANT'S TAX INFO | | SPOUSE'S TAX INFO | |
|------------------------|--|------------------------|--|
| YEAR LAST RETURN FILED | | YEAR LAST RETURN FILED | |
| AMOUNT OWING | | AMOUNT OWING | |
| REFUND RECEIVED | | REFUND RECEIVED | |
| REFUND PENDING | | REFUND PENDING | |

| SINCE JANUARY 1 ST OF THIS YEAR HAVE YOU: | | DETAILS: | |
|---|--|---|---------------|
| CASHED IN ANY RRSP | <input type="checkbox"/> NO <input type="checkbox"/> YES | DATE: | AMOUNT: |
| RECEIVED/PAID SPOUSAL SUPPORT | <input type="checkbox"/> NO <input type="checkbox"/> YES | <input type="checkbox"/> RECEIVED <input type="checkbox"/> PAID | AMOUNT/MONTH: |
| RECEIVED/PAID CHILD SUPPORT | <input type="checkbox"/> NO <input type="checkbox"/> YES | <input type="checkbox"/> RECEIVED <input type="checkbox"/> PAID | AMOUNT/MONTH: |
| RECEIVED ONTARIO WORKS/ ODSP | <input type="checkbox"/> NO <input type="checkbox"/> YES | <input type="checkbox"/> ONT WRKS <input type="checkbox"/> ODSP | AMOUNT/MONTH: |
| RECEIVED OLD AGE PENSION | <input type="checkbox"/> NO <input type="checkbox"/> YES | AMOUNT/MONTH: | |
| RECEIVED CPP | <input type="checkbox"/> NO <input type="checkbox"/> YES | AMOUNT/MONTH: | |
| IS THIS DISABILITY <input type="checkbox"/> NO <input type="checkbox"/> YES | | | |
| IS THIS RETIREMENT <input type="checkbox"/> NO <input type="checkbox"/> YES | | | |
| RECEIVED OTHER PENSION INCOME | <input type="checkbox"/> NO <input type="checkbox"/> YES | AMOUNT/MONTH: | |
| RECEIVED WSIB | <input type="checkbox"/> NO <input type="checkbox"/> YES | AMOUNT/MONTH: | |

APPLICANT: Are you now or have you been Self Employed in the last Five (5) Years? No Yes

| | |
|--|--|
| NAME OF BUSINESS: | TYPE OF OWNERSHIP (ie Partnership, Sole Proprietor): |
| BUSINESS ADDRESS: | NAMES OF PARTNERS/DIRECTORS: |
| NATURE/TYPE OF BUSINESS: | |
| Date Business Started (dd/mm/yyyy): | Date Business Ceased (dd/mm/yyyy): |
| ARE YOU A DIRECTOR: <input type="checkbox"/> NO <input type="checkbox"/> YES | OTHER DETAILS: |
| DOES THE BUSINESS HAVE EMPLOYEES/SUB-CONTRACTORS: | |
| DOES THE BUSINESS OWE WAGES TO EMPLOYEES: | |
| DOES THE BUSINESS OWE ANY SOURCE DEDUCTIONS ON WAGES: | |

SPOUSE: Are you now or have you been Self Employed in the last Five (5) Years? No Yes

| | |
|--|--|
| NAME OF BUSINESS: | TYPE OF OWNERSHIP (ie Partnership, Sole Proprietor): |
| BUSINESS ADDRESS: | NAMES OF PARTNERS/DIRECTORS: |
| NATURE/TYPE OF BUSINESS: | |
| Date Business Started (dd/mm/yyyy): | Date Business Ceased (dd/mm/yyyy): |
| ARE YOU A DIRECTOR: <input type="checkbox"/> NO <input type="checkbox"/> YES | OTHER DETAILS: |
| DOES THE BUSINESS HAVE EMPLOYEES/SUB-CONTRACTORS: | |
| DOES THE BUSINESS OWE WAGES TO EMPLOYEES: | |
| DOES THE BUSINESS OWE ANY SOURCE DEDUCTIONS ON WAGES: | |

BANK ACCOUNT INFORMATION:

BANK: _____

ADDRESS: _____

ACCOUNT NUMBER _____

JOINT

BANK: _____

ADDRESS: _____

ACCOUNT NUMBER _____

JOINT

OTHER PERTINENT INFORMATION:

| DO YOU OR YOUR SPOUSE (IF FILING) HAVE | APPLICANT | SPOUSE |
|---|---|---|
| A Safe Deposit Box? (if yes please provide the following information) | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Where is the Box located (Name of Bank & Branch #) | | |
| What is in the Box? | | |

MONTHLY INCOME AND EXPENSES MONTHLY INCOME AND EXPENSES

MONTHLY INCOME

ALLOWABLE EXPENSES

| | APPLICANT | SPOUSE |
|------------------------|----------------------|--------|
| Net Employment Income | _____ | _____ |
| Pensions: CPP | _____ | _____ |
| OAS | _____ | _____ |
| WSIB | _____ | _____ |
| Other | _____ | _____ |
| Child Support | _____ | _____ |
| Child Tax Benefits | _____ | _____ |
| UCCB | _____ | _____ |
| Spousal Support | _____ | _____ |
| EI Benefits | _____ | _____ |
| Ontario Works/ODSP | _____ | _____ |
| Self Employment Income | _____ | _____ |
| Other | _____ | _____ |
| TOTAL INCOME | _____ + _____ | |
| A = | _____ | |

| | APPLICANT | SPOUSE |
|---------------------------------|----------------------|--------|
| Child Support | _____ | _____ |
| Spousal Support | _____ | _____ |
| Court Fines | _____ | _____ |
| Child Care | _____ | _____ |
| Medical Expenses | _____ | _____ |
| Other | _____ | _____ |
| TOTAL ALLOWABLE EXPENSES | _____ + _____ | |
| B = | _____ | |
| A - B = | _____ | |

MONTHLY EXPENSES

| | |
|--------------------------|--------------|
| <u>HOUSING</u> | |
| Rent/Mortgage | _____ |
| Property Taxes | _____ |
| Heating/Gas | _____ |
| Phone/Cell | _____ |
| Cable/Internet | _____ |
| Hydro Electricity | _____ |
| Water | _____ |
| Furniture | _____ |
| Other | _____ |
| SUB TOTAL | _____ |
| <u>PERSONAL EXPENSES</u> | |
| Cigarettes | _____ |
| Alcohol | _____ |
| Dinning Out/Coffee | _____ |
| Entertainment/Sports | _____ |
| Gifts/Donations | _____ |
| Allowances | _____ |
| Spouse Debt Payments | _____ |
| Other | _____ |
| SUB TOTAL | _____ |
| <u>MEDICAL EXPENSES</u> | |
| Prescription Drugs | _____ |
| Dental Costs | _____ |
| Other | _____ |
| SUB TOTAL | _____ |

| | |
|-------------------------------|--------------|
| <u>LIVING EXPENSES</u> | |
| Food/Groceries | _____ |
| Laundry/Dry Cleaning | _____ |
| Grooming/Toiletries | _____ |
| Clothes | _____ |
| Other | _____ |
| SUB TOTAL | _____ |
| <u>TRANSPORTATION</u> | |
| Car Loans | _____ |
| Repairs/Maintenance/Gas | _____ |
| Public Transit | _____ |
| Other | _____ |
| SUB TOTAL | _____ |
| <u>INSURANCE EXPENSES</u> | |
| Vehicle | _____ |
| House | _____ |
| Furniture | _____ |
| Life | _____ |
| Other | _____ |
| SUB TOTAL | _____ |
| TOTAL MONTHLY EXPENSES | _____ |
| <u>TRUSTEE PAYMENTS</u> | |
| Estate - Voluntary Payment | _____ |
| Estate - Surplus Payment | _____ |
| Estate - Asset Settlement | _____ |
| SUB TOTAL | _____ |
| TOTAL EXPENSES | _____ |

| | | | | |
|--|-----------------------------------|--|--|---------------------------------|
| How did you hear about McLennan & Company Ltd.? (Please Mark) | | | | |
| <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Internet | <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Other Advertising | <input type="checkbox"/> Other: |

For Your Appointment Please Bring In:

| |
|---|
| Birth Certificate and/or Other identification (Passport, citizenship, Landed Immigrant etc) |
| Social Insurance Card |
| Prior Year Tax Assessment or Return |
| Creditor Statements if Available |
| Proof of Monthly Income (Year-to-date pay stub, bank statement, etc.) |

For Your Appointment If Applicable Please Bring In:

| |
|--|
| RRSP'S, RRIF, LIRA, RESP'S, Shares, Bonds, Investments |
| Life Insurance Policies |
| House (Deed & Mortgage & Appraisal & Insurance) |
| Vehicle Registration & Insurance & Vehicle Loan |
| Co-signed or Guaranteed Loans |
| Separation Agreement |
| Court Order for Child or Spousal Support |
| Collection Agency Statements |
| Garnishments/Legal Action Documentation |

Please Review The Information You And Your Spouse (If Applicable) Have Supplied On This Application Form. You And Your Spouse (If Applicable) Will Be Asked To Swear To The Truthfulness, Completeness And Accuracy Of The Information That Has Been Provided.

Please Print Name

Signature

Signed By

Signed By

Current Date

Please Print Name

Signature

Signed By

Signed by

Current Date