

INTERVIEW INFORMATION

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

NAME: _____ TELEPHONE NO: _____

EMAIL: _____

ADDRESS: _____

(you) EMPLOYER: _____ OCCUPATION: _____

(spouse/partner) EMPLOYER: _____ OCCUPATION: _____

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:

Yours

Spouse/partner's

Employment income _____

Pension income _____

Child Tax & UCCB _____

Support/alimony _____

Self-employment income (gross) _____

Other: _____

Other: _____

Please list your debts:

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

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

MONTHLY STATEMENT OF FAMILY INCOME AND EXPENSES

** please complete with average monthly amounts for any areas that apply to your household **

MONTHLY INCOME		FIXED EXPENSES	
Income after deductions		Rent, mortgage	
Spouse's income after deductions		Property Taxes	
Dependent's income after deductions		Heat	
EI benefits		Electricity	
Social Assistance		Water	
Child Tax Benefit + UCCB		Telephone	
Pensions		Life Insurance	
Alimony or support income		Residential Insurance	
Rental income		Car lease or payment	
Other		Child Care	
Self-employment income (GROSS) <i>list deductions below at ☼</i>		Child Support payment	
		Spousal Support payment	
TOTAL MONTHLY FAMILY INCOME		TOTAL MONTHLY FIXED EXPENSES	

REGULAR EXPENSES		VARIABLE EXPENSES	
Groceries		Meals eaten outside the home	
Clothing		Tobacco and/or alcohol	
Laundry & Dry Cleaning		Entertainment	
Cable TV		Donations	
House Maintenance and Repairs		Gifts, holidays, etc.	
Car Gas and Oil		Barber & Hairdresser	
Car Repairs		School and Sport Supplies	
Car Insurance		☼ SELF-EMPLOYED BUSINESS EXPENSES <i>(please list)</i>	
Public Transportation/Tolls		1. Income tax on self-employed income	
		2. CPP on self-employed income	
Non-reimbursed portions of:		3. GST/HST	
Medical Insurance		4.	
Dentist		5.	
Prescriptions		6.	
		7.	
TOTAL MONTHLY REGULAR EXPENSES		TOTAL MONTHLY VARIABLE EXPENSES	

COMMENTS AND NOTES:	SUMMARY OF EXPENSES	
	REGULAR	
	FIXED	
	VARIABLE	
	TOTAL EXPENSES	
EXCESS (DEFICIENCY) OF INCOME OVER EXPENSES =		