

# Information Package

Please complete the following information package and provide the information that is checked off below. This information will be used to prepare all necessary legal documents.

- Copy of last paystub / income source stubs showing year-to-date income and earnings.
- Copy of last tax return or tax assessment for year \_\_\_\_\_
- Copy of bills (i.e. loans, leases, credit card statements, etc.)
- Copy of statements (i.e. RRSPs, Bonds, Pensions, Shares, Life Insurance, RESPs, TFSAs)
- Copy of vehicle appraisal
- Copy of vehicle registration
- Opinion of value of home/Comparative Market Analysis
- Copy of mortgage  Payout on mortgage
- Copy of deed to property
- Municipal property tax assessment
- Copy of Separation/Divorce/Support Agreement
- All credit cards (if not destroyed)
- Other \_\_\_\_\_
- Copy of identification (driver's license, birth certificate or passport)

If you have any questions, please contact our office at (902) 365-3032 or email [dawn@goldingandassociates.ca](mailto:dawn@goldingandassociates.ca)

Where did you first hear about Golding & Associates Ltd.? \_\_\_\_\_

**APPLICANT**

Given Name(s):		Surname (Last Name):	
Also known as:		Maiden Name (or previous surnames):	
Date of Birth _____ (dd/mm/yyyy)	Social Insurance Number:	<input type="checkbox"/> Male  <input type="checkbox"/> Female	
Telephone (home): (_____) _____ - _____		Email address: _____ _____@_____	
Telephone (cell): (_____) _____ - _____			
Address (mailing): _____ Address (civic):		At this address since (dd/mm/yyyy):  If less than two years, please provide previous address(es):	
Marital Status: Single <input type="checkbox"/> Common-law <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er) <input type="checkbox"/>			
Marital Status Date: _____ (dd/mm/yyyy)			
Employer:		Job Title/Position:	
Have you been previously been bankrupt? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when _____		Have you ever filed a consumer proposal? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when _____	

**CO-APPLICANT**

Given Name(s):		Surname (Last Name):	
Also known as:		Maiden Name (or previous surnames):	
Date of Birth _____ (dd/mm/yyyy)	Social Insurance Number:	<input type="checkbox"/> Male  <input type="checkbox"/> Female	
Telephone (cell): (_____) _____ - _____		Email address: _____ _____@_____	
Employer:		Job Title/Position:	
Have you been previously been bankrupt? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when _____		Have you ever filed a consumer proposal? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when _____	

**LIST ALL DEPENDENTS WHO RELY ON YOU FOR FINANCIAL SUPPORT:**

Full Name	Relationship	Date of Birth (dd/mm/yyyy)	Social Insurance Number	Currently living with you?
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

If over 18, please explain why they are still a dependent: \_\_\_\_\_

Total number of people in household, including yourself: \_\_\_\_\_

**SELF-EMPLOYMENT INFORMATION**

Please complete if you are currently or have been self-employed or owned a business in the last 5 years.

Ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership % of ownership: _____% <input type="checkbox"/> Incorporated	
Business Name:	Business Address: Same as home address
Business Account Number:	Date Business started/ended: _____ to _____ (dd/mm/yyyy) (dd/mm/yyyy)
Number of employees: (within last 12 months)	Nature of Business:
<b>All business debts that you are responsible for <u>must</u> be included on your list of creditors, including any liability for source deductions. All assets <u>must</u> be listed on the asset page.</b>	

**RECENT TRANSACTIONS**

1) Within the last 12 months, have you, with in Canada or elsewhere:				
a. Have you sold, disposed, refinanced or transferred any of your assets (ie: property, vehicle, RRSP, furniture, etc.)? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Description of Asset	Date Disposed	To Whom	Proceeds	Disposition of Proceeds
b. Have you made payments in excess of regular payments to any creditors? Yes <input type="checkbox"/> No <input type="checkbox"/>				
To Whom	How Much	Date		
c. Have you had any property seized by a creditor Yes <input type="checkbox"/> No <input type="checkbox"/>				
Asset Seized	By Whom	Date		
2) Within the last 5 years, have you, with in Canada or elsewhere:				
a. Have you sold or transferred any real estate? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Description of Property	Date Disposed	To Whom	Proceeds	Disposition of Proceeds
b. Have you made any gifts in excess of \$500.00? Yes <input type="checkbox"/> No <input type="checkbox"/>				
3) a. Have you received in the last year any property or sums of money not related to your regular income? Yes <input type="checkbox"/> No <input type="checkbox"/> Details: _____				
b. Do you expect to receive in the next 12 months, any property or sums of money not related to your regular income? Yes <input type="checkbox"/> No <input type="checkbox"/> Details: _____				
4) Are there any wage garnishments, judgments, or other court actions outstanding against you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details, including copy of court papers: _____				



**ASSETS**

Asset	Description	Mine (✓)	Partner (✓)	Both (✓)	Current Resale Value
<b>Furniture/Appliances and Personal Effects</b>					
<b>Life Insurance</b>					
<b>RRSPs, Stocks, Bonds, Shares, RESPs, TFSAs</b>	Company: Account No.: _____ Company: Account No.: _____ Company: Account No.: _____				
<b>Real Estate (ie House, Cottage, Land, Mobile/Mini Home)</b>  Please include complete address, Serial Number and/or PID Number, where applicable	1) PID: _____ 2) PID: _____				
<b>Vehicle</b> (ie Automobile, Motorcycle, Truck)  Please provide copies of current registration and insurance for each vehicle	1) Year/Make/Model _____ 2) Year/Make/Model				
<b>Recreational Vehicles</b> (ie Boat, Trailer, ATV, Snowmobile, Camper)  Please provide copies of current registration and insurance for each vehicle	1) Year/Make/Model _____ 2) Year/Make/Model				
<b>Tools</b>	Household/Hobbies: _____ Trade (used to earn income):				
<b>Other Assets</b> (ie money owed to you, inheritances, etc...)	Specify: _____ Specify:				

Jewellery \$ \_\_\_\_\_

Original Art \$ \_\_\_\_\_

Sculptures \$ \_\_\_\_\_

Collections \$ \_\_\_\_\_

Antiques \$ \_\_\_\_\_

**MONTHLY FAMILY NET INCOME (after taxes/deductions)**

Proof of all income is **required** (ie paystubs, support agreement, benefit stubs, bank statements, statement of business income & expenses, etc..)

Monthly Income	Applicant	Spouse/Others
Employment Income		
Pension Income		
Child/Support		
Employment Insurance Income		
Child Tax Benefit + UCCB		
Social Assistance		
Net Self-Employment Income		
Rental Income		
Income Tax Refund		
Other Income		
<b>Total Monthly Income</b>		

**MONTHLY FAMILY EXPENSES**

**NON-DISCRETIONARY EXPENSES**

Proof of all non-discretionary expenses is **required** (ie support agreement, court documents, receipts, etc.)

	Applicant	Spouse		Applicant	Spouse
Child Support Payments			Prescriptions (non-recoverable portion)		
Spousal Support Payments			Court-ordered Fines/Penalties		
Child Care			Employment Expenses (tax deductible)		

**Total Non-Discretionary Expenses:**

**DISCRETIONARY EXPENSES**

<b>HOUSING EXPENSES</b>		<b>TRANSPORTATION EXPENSES</b>	
Rent/Mortgage		Car Lease/Payments	
Property Tax (if not included in mortgage)		Fuel Costs	
Heating/Gas/Oil/Wood		Vehicle Maintenance and Repair	
Electricity		Vehicle Insurance	
Water		Public Transportation/Tolls	
Telephone/Cell		Other (please specify):	
Cable TV/Internet			
House Maintenance and Repairs		<b>DAILY LIVING EXPENSES</b>	
House/Tenants Insurance		Groceries	
Other (please specify):		Laundry/Dry Cleaning	
		Clothing	
<b>PERSONAL EXPENSES</b>		Life Insurance	
Meals eaten outside of the home		Bank Charges	
Smoking		Prescriptions (if not listed above)	
Alcohol		Other (please specify):	
Entertainment/Sports			
Gifts, holidays, donations, etc.		<b>OTHER EXPENSES</b> (please specify)	
Barber/Hairdresser		Payment to estate (bankruptcy)	
Allowances			
Medical Insurance (private)			
Other (please specify):			

**Total Discretionary Expenses:**

<b>COMMENTS AND NOTES:</b>	<b>SUMMARY</b>	
	NET INCOME	\$
	NON-DISCRETIONARY EXPENSES	-
	DISCRETIONARY EXPENSES	-
	<b>TOTAL</b>	=

I hereby certify that the information contained in this application is a true, correct, and complete statement that fully discloses the state of my affairs, to the best of my knowledge.

\_\_\_\_\_  
Signature – Applicant

\_\_\_\_\_  
Signature – Co-Applicant

\_\_\_\_\_  
Date (dd/mm/yyyy)