

GOLDING & ASSOCIATES LTD.
 15 Aberdeen Street, Kentville, NS, B4N 2M9

Phone: 1-902-365-3032
 Toll Free: 1-855-733-3032
 Fax: 1-902-365-3037

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

APPLICANT

Given Name(s):	Surname (Last Name):
Telephone (home): (_____) _____ - _____	Email address: _____ _____@_____
Telephone (cell): (_____) _____ - _____	
Address (civic):	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"/>
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):
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 _____
Total number of people in household, including yourself: _____	

CAUSE OF FINANCIAL DIFFICULTY:

- | | | |
|---|---|--|
| <input type="checkbox"/> Over-Extension of Credit | <input type="checkbox"/> Relationship Breakdown | <input type="checkbox"/> Financial Mismanagement |
| <input type="checkbox"/> Health Issues | <input type="checkbox"/> Job Loss/Unemployment | <input type="checkbox"/> Other (please specify): _____ |

LIABILITIES

List all debts, including: mortgages, car loans, leases, credit cards, lines of credit, income tax, fines, child and/or spousal support arrears, student loans, guarantees, EI overpayments, etc..

Creditor Name	Mine (√)	Part ner (√)	Both (√)	Busi ness (√)	Estimated Amount	Details

DO YOU HAVE ANY OVERDRAFT ACCOUNTS? Yes No If yes, which bank(s)? _____

HAVE YOU CO-SIGNED OR GUARANTEED A LOAN FOR ANY INDIVIDUAL OR BUSINESS? Yes No

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		
Total Monthly Income		

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

HOUSING EXPENSES		TRANSPORTATION EXPENSES	
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		DAILY LIVING EXPENSES	
House/Tenants Insurance		Groceries	
Other (please specify):		Laundry/Dry Cleaning	
		Clothing	
PERSONAL EXPENSES		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.		OTHER EXPENSES (please specify)	
Barber/Hairdresser		Payment to estate (bankruptcy)	
Allowances			
Medical Insurance (private)			
Other (please specify):			

Total Discretionary Expenses:

COMMENTS AND NOTES:	SUMMARY	
	NET INCOME	\$
	NON-DISCRETIONARY EXPENSES	-
	DISCRETIONARY EXPENSES	-
	TOTAL	=

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)