

GENERAL INFORMATION

	Applicant	Co-Applicant
Family Name (Last Name)		
First and Middle Names (as printed on your birth certificate)		
AKA/Maiden Name		
Marital Status	Single Married Separated Other	Widowed Common-Law Divorced
Since	Day ____ Month ____ Year ____	
Email		
Telephone Number	Home: Work: Cell:	Work: Cell:
Address (including postal code)		
At this address since?	Day ____ Month ____ Year ____	
Employment	Employer: Occupation:	Employer: Occupation:
Have you previously been bankrupt	Yes or No If YES, when:	Yes or No If YES, when:
Have you previously filed a consumer proposal	Yes or No If YES, when:	Yes or No If YES, when:

LIST OF DEPENDANTS CURRENTLY LIVING WITH YOU

Full Name	Relation	Date of Birth (dd/mm/yy)	Income

REASON(S) FOR FINANCIAL DIFFICULTY

Unemployment	<input type="checkbox"/>	Overuse of Credit	<input type="checkbox"/>	Health Problems	<input type="checkbox"/>
Business Failure	<input type="checkbox"/>	Relationship Breakdown	<input type="checkbox"/>	Reduced Income	<input type="checkbox"/>
Poor Money Management	<input type="checkbox"/>	Gambling	<input type="checkbox"/>	Other (Specify):	<input type="checkbox"/>

WHO REFERRED YOU TO GOLDING & ASSOCIATES LTD.

Family/Friend	<input type="checkbox"/>	Website	<input type="checkbox"/>	Signage	<input type="checkbox"/>
Yellow Pages	<input type="checkbox"/>	Lawyer	<input type="checkbox"/>	Bus Advertisement	<input type="checkbox"/>
Internet	<input type="checkbox"/>	Facebook	<input type="checkbox"/>	Other (Specify):	<input type="checkbox"/>

ASSETS

	Applicant	A	Description	Estimated Net Value	Office Use Only Exempt (Y/N)	Office Use Only Secured (Y?N)
	Spouse	S				
	Joint	J				
Cash on Hand/in Bank						
Household Furnishings and Personal Effects						
Insurance Policies (Cash Surrender Value)						
Stocks/Shares						
RRSP/Pension Plan						
RESP						
Canada Savings Bonds						
Profit Sharing Plan						
Real Estate (in Canada or Elsewhere)						
House						
Land/Cottage						
Other (Rental/Business Property, Timeshare, etc...)						
Motorized Vehicles (Year, Make, Model)						
Auto #1						
Auto #2						
Motorcycle						
Snowmobile/Other						
Boat/Trailer						
Recreational Vehicle						
Tools of Trade						
Other (Specify)						

LIABILITIES/DEBTS

CREDITOR NAME AND ADDRESS	AMOUNT	Applicant(A) Spouse (S) Joint (J)	Personal (P) Business (B)	COMMENTS
1.		A	P	
		S		Asset Secured
AC#		J	B	
2.		A	P	
		S		Asset Secured
AC#		J	B	
3.		A	P	
		S		Asset Secured
AC#		J	B	
4.		A	P	
		S		Asset Secured
AC#		J	B	
5.		A	P	
		S		Asset Secured
AC#		J	B	
6.		A	P	
		S		Asset Secured
AC#		J	B	
7.		A	P	
		S		Asset Secured
AC#		J	B	
8.		A	P	
		S		Asset Secured
AC#		J	B	
9.		A	P	
		S		Asset Secured
AC#		J	B	
10.		A	P	
		S		Asset Secured
AC#		J	B	
11.		A	P	
		S		Asset Secured
AC#		J	B	
12.		A	P	
		S		Asset Secured
AC#		J	B	

TOTAL DEBT: Applicant \$ _____ Spouse \$ _____ Joint \$ _____ Business \$ _____

SELF-EMPLOYED or BUSINESS DETAILS

Are you currently self-employed or have you operated a business in the last 5 years				Yes or No	
If YES, please complete below					
Business Name and Address (incl. Postal Code)					
Business Ownership		Sole Proprietor		Incorporated	
				Name of Directors: _____	
				Partnership	
				Name of Partners: _____	
Type of Business			Commenced Operating: Month _____ Year _____		
			Ceased Operating: Month _____ Year _____		
			Check here if business is still operating		
Does the business have any assets and/or receivables?					
Yes or No					
Did/does the business have employees?			Yes		No
			Were all source deductions remitted?		
			Yes		No

MONTHLY FAMILY NET INCOME (after taxes/deductions)

INCOME *Please provide proof of anything entered in this section	Applicant	Co-Applicant	Total
Net Employment Income			
Net CPP			
Net OAS			
Net Other Pensions			
Net Self-Employment Income			
Net EI Benefits			
Child Tax Benefit			
Child Support			
Spousal Support			
Social Assistance			
Rental Income			
Other Income			
Net Monthly Income			

SUPPORT, CHILD CARE, MEDICAL & OTHER EXPENSES

*Please provide proof of anything entered in this section (ie: Receipts for child care, etc...)

Child Support			
Spousal Support			
Child Care			
Medical Expenses			
Court Imposed Fines			
Employment Expenses (Tax Deductible)			
Total			

LIVING EXPENSES

Housing Expenses		Living Expenses	
Rent/Mortgage		Food/Grocery	
Property Tax (if not included in mortgage)		Laundry/Dry cleaning	
Heating/Gas/Oil/Wood		Clothing	
Telephone/Cell		Other	
Cable TV/Internet			
Hydro		Transportation expenses	
Water		Car Lease/Payments	
Furniture		Repairs/Maintenance/Gas	
Other		Public transportation	
		Other	
Personal Expenses			
Smoking		Insurance expenses	
Alcohol		Vehicle	
Dining/Lunches/Restaurants		House	
Entertainment/Sports		Furniture/Contents	
Gifts/Charitable donations		Other	
Allowances			
Other		Payments	
		Other	
Non-recoverable medical expenses			
Prescriptions			
Dental			
Other			

COMMENTS AND NOTES:**SUMMARY**

NET INCOME TOTAL	\$
EXPENSE TOTAL	-
DIFFERENCE	=

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)

	Applicant	Co-Applicant
S.I.N.		
D.O.B.		

RECENT TRANSACTIONS

In the past 12 months, have you sold, disposed or transferred any assets? (Including real estate, vehicles, RRSP's, RESP's, GIC's, Canada Savings Bonds, etc...) IF YES, please specify date, asset, how much money you received, and what you did with the money:	(A) Y N	(S) Y N
In the past 12 months, have you made excess payments to creditors, or paid off in full any creditors? If Yes - please provide details:	Y N	Y N
In the past twelve months, have you had any assets seized by creditors? IF YES, please provide date seized, description of asset, and creditor who seized the asset:	Y N	Y N
Within the last 5 years, have you sold or transferred any property in Canada or elsewhere? IF YES, specify asset, approximate date, amount received, and what you did with the money:	Y N	Y N
Within the last 5 years, have you made any gifts to others over \$500? If Yes - please provide details	Y N	Y N
Has anyone left you an inheritance which you have not yet received, or are you expecting to receive sums of money which are not related to your normal income or any other property within the next 12 months? If YES - please provide details	Y N	Y N

Have you obtained new credit in the last 3 months, or have you used credit cards in the last 3 months? IF YES, provide details:	Y N	Y N
Has anyone co-signed for any of your debts, or have you co-signed a debt for someone? IF YES, provide details:	Y N	Y N
Are there any judgments, garnishments or wage assignments against you? IF YES, provide details:	Y N	Y N
Do you bank with a financial institution to which you owe money (including overdrafts, credit cards, lines of credit), or do you have any automatic deposits for debt payments? IF YES, provide details:	Y N	Y N