

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 Spouse Joint | A S J | Description | Estimated Net Value | Office Use Only Exempt (Y/N) | Office Use Only Secured (Y?N) |
|--|-------------|-------------|---------------------------|---------------------------------------|--|
| 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 |