

## PRE CONSULTATION BACKGROUND INFORMATION FORM

*Please complete this form to the best of your knowledge and return it to us.*

### 1. PERSONAL DATA

Surname: \_\_\_\_\_ S.I.N. \_\_\_\_\_

Given Names: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Are you known by any other name(s): \_\_\_\_\_

Street address: \_\_\_\_\_ Telephone (H): \_\_\_\_\_

\_\_\_\_\_ Telephone (Bus.): \_\_\_\_\_

Town/City: \_\_\_\_\_ Telephone (Cell): \_\_\_\_\_

Province/ Postal Code: \_\_\_\_\_ E Mail : \_\_\_\_\_

I have resided at the above address since: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Marital Status (please circle one): Married / Common-Law / Single / Widowed / Separated / Divorced

Full name of spouse/common-law partner \_\_\_\_\_

Address (if different to your own) \_\_\_\_\_

Birthdate of spouse: \_\_\_\_\_ Spouse's S.I.N. \_\_\_\_\_

Number of dependents who rely on you for financial support (including spouse if applicable):

Name	Relationship	Birthdate	Address (if different to yours)

How did you hear about us? \_\_\_\_\_

## 2. SUMMARY OF ASSETS

Type of Assets	Description (Provide details)	Best Estimate of Present Value (if known)
Cash on Hand/In Bank Accounts		
Furniture		
Personal Effects		
Life Insurance Policies		
RRSPs / RIFFs		
Securities (Shares/ Canada Savings Bonds/ Mutual Funds etc.)		
Guaranteed Investment Certificates ("GICs")		
Real Property (House/ Cottage/ Land)		
Motor Vehicles (Automobile / Motorcycle / Snowmobile etc.)		
Recreational (eg. Boat)		
Estimated Tax Refund		
Money Owed to You		
Profit Sharing Plans or Similar		
Other Assets		

Are any of these assets owned jointly with someone else (eg. your spouse)? If so, please provide details on a separate sheet.

**3. SUMMARY OF LIABILITIES**

Please list all debts including secured debts.

Creditor Name	Full Address	Account #	Amount Owning	Debt Owed By (circle one)	Debt Description / Details of Security
				Applicant Spouse Joint	

Use a separate page if necessary. Please bring copies of recent statements or invoices if possible.

**4. FAMILY MONTHLY INCOME AND EXPENSE STATEMENT**

<u>INCOME</u>	<u>Debtor</u>	<u>Spouse/ Others *</u>	<u>Total</u>
Employment income (after tax)	_____	_____	_____
Pension / Annuities	_____	_____	_____
Child / Spousal support received	_____	_____	_____
Employment insurance benefits	_____	_____	_____
Social assistance (welfare)	_____	_____	_____
Child tax benefit / baby bonus	_____	_____	_____
Net self-employment income	_____	_____	_____
Other net income	_____	_____	_____
<b>TOTAL MONTHLY INCOME</b>	=====	=====	A <input style="width: 100px; height: 20px;" type="text"/>
<b><u>NON-DISCRETIONARY</u></b>			
Child support payments	_____	_____	_____
Spousal support payments	_____	_____	_____
Child care costs	_____	_____	_____
Medical condition expenses	_____	_____	_____
Fines / penalties imposed by a court	_____	_____	_____
Employment expenses	_____	_____	_____
Other: Specify _____	_____	_____	_____
<b>TOTAL NON-DISCRETIONARY EXPENSES</b>	=====	=====	B <input style="width: 100px; height: 20px;" type="text"/>
<b><u>FAMILY LIVING EXPENSES</u></b>			
<b><u>Housing Expenses</u></b>		<b><u>Living Expenses</u></b>	
Rent/Mortgage	_____	Food/Groceries	_____
Property taxes/Condo fees	_____	Laundry/ Dry cleaning	_____
Heat /Gas /Oil	_____	Grooming/ Toiletries	_____
Telephone	_____	Clothing	_____
Cable	_____	Other: _____	_____
Hydro /Water	_____	<b><u>Transportation Expenses</u></b>	
Furniture	_____	Car Lease/Loan Payments	_____
Other: _____	_____	Repairs/Maintenance/ Gas	_____
<b><u>Personal Expenses</u></b>		Public Transportation	_____
Smoking	_____	Other: _____	_____
Alcohol	_____	<b><u>Insurance Expenses</u></b>	
Dining/ Lunches/Restaurants	_____	Vehicle	_____
Entertainment/Sports	_____	House	_____
Gifts/ Charitable Donations	_____	Furniture/ Contents	_____
Allowances	_____	Life Insurance	_____
Other: _____	_____	Other: _____	_____
<b><u>Non-recoverable Medical Expenses</u></b>		<b><u>Payments</u></b>	
Prescriptions	_____	To other secured creditor	_____
Dental	_____	(other than mortgage & car loan)	_____
Other: _____	_____	Other: _____	_____
<b>TOTAL FAMILY LIVING EXPENSES</b>			C <input style="width: 100px; height: 20px;" type="text"/>
<b>NET MONTHLY FAMILY INCOME (A-B-C)</b>			<input style="width: 100px; height: 20px;" type="text"/>

\* Where one or more members of the family unit have refused to divulge this information, please complete as much as you can and discuss with A. John Page & Associates Inc.

**5. REASONS FOR FINANCIAL DIFFICULTIES**

Please detail the major financial problems you are currently facing and the reasons for your financial difficulties:

## 6. GENERAL

*(If you answer "yes" to any of the following, please explain your answers further on a separate sheet.)*

	<u>Debtor</u>	<u>Spouse</u>
Have you ever been bankrupt, either in Canada or elsewhere, or filed a proposal under the <i>Bankruptcy &amp; Insolvency Act</i> ?	Yes/ No	Yes/ No
Within the last twelve (12) months, have you sold, disposed of or transferred any of your assets, either in Canada or elsewhere?	Yes/ No	Yes/ No
Within the last twelve (12) months, have you made payments in excess of regular payments to any creditor, either in Canada or elsewhere?	Yes/ No	Yes/ No
Within the last twelve (12) months, have you had any assets seized by a creditor, either in Canada or elsewhere?	Yes/ No	Yes/ No
Do you expect to receive any sums of money, or any other property within the next 12 months, which are not related to your normal income?	Yes/ No	Yes/ No
Within the last five (5) years, have you sold, disposed of, or transferred any real estate?	Yes/ No	Yes/ No
Within the last five (5) years, have you made any gifts to relatives or others in excess of \$500?	Yes/ No	Yes/ No
Do you have any credit cards?	Yes/ No	Yes/ No
Do you have a safety deposit box?	Yes/ No	Yes/ No
Does anyone owe you any money?	Yes/ No	Yes/ No
Have any of your debts arisen from your guarantee or co-signing of debts for another individual or corporation?	Yes/ No	Yes/ No
Are you a beneficiary of a will or do you expect to receive an inheritance?	Yes/ No	Yes/ No
Has anyone started legal proceedings against you?	Yes/ No	Yes/ No
Do any of your debts arise from:		
A fine, penalty or restitution order imposed by a court	Yes/ No	Yes/ No
A recognizance or bail	Yes/ No	Yes/ No
Alimony or a liability under a support, maintenance or affiliation order or agreement	Yes/ No	Yes/ No
Fraud, embezzlement, misappropriation or defalcation	Yes/ No	Yes/ No
Obtaining property by false pretences or fraudulent misrepresentation	Yes/ No	Yes/ No
Student loans	Yes/ No	Yes/ No
An award of damages re bodily harm, sexual assault, or wrongful death	Yes/ No	Yes/ No

## 7. TAXES AND EMPLOYMENT

Outstanding Income Tax Returns:

Year	Has the return been filed?	Taxes still due	Estimated refund still due

Present Occupation: \_\_\_\_\_

Full Name and Address of Present Employer: \_\_\_\_\_  
 \_\_\_\_\_

Detail your employment activity for the past two years.

Employer's Name	Position/Role	Date Employment Commenced	Date Employment Terminated

Have you been self-employed in the last five (5) years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details on a separate sheet.

Have you or your spouse employed a nanny in the last 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you owe Canada Revenue Agency (CRA) any amount for unremitted source deductions (payroll taxes) relating to anyone who worked for you, including a nanny? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate the amount owing to CRA \$ \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

Name of Spouse's Employer: \_\_\_\_\_

## 8. DECLARATION

I hereby certify that the data contained in this background information form and any supplementary sheets is a true, correct and complete statement that fully discloses the state of my affairs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date