



**Personal Information Form**  
(This form is for information purposes only,  
completing it does NOT commit you to the process.)

Last Name: \_\_\_\_\_ First & Middle Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

How long at address: \_\_\_\_\_ Email: \_\_\_\_\_ SIN Number : \_\_\_\_\_

Date of Birth (Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_)  Male  Female

Education:  0-8 yrs  Some High School  High School Graduate  
Spouse (S)  Some Post Secondary  Post Secondary Certificate/Diploma  
 University Degree

Marital Status:  Married  Single  Separated  Divorced  
 Widow(er)  Common Law

Has your status changed in the past 5 years?  Yes  No

Date of Change: \_\_\_\_\_ Status Change: \_\_\_\_\_

**Spousal Information:**

Last Name: \_\_\_\_\_ First & Middle Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth (Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_): SIN Number: \_\_\_\_\_

**Dependent Information:**

Include children, and anyone inside or outside your residence that you support financially.

Full Name	Date of Birth	Relationship	Monthly Income	Do they reside with you? If not, where?
			\$	
			\$	
			\$	
			\$	

If dependents are over the age of 18, why are they still dependent? \_\_\_\_\_

If you are Divorced or Separated, are you required to:

Pay Alimony:  Yes  No \$ \_\_\_\_\_ Pay child Support:  Yes  No \$ \_\_\_\_\_

If you pay alimony or child support, when did you start? \_\_\_\_\_

Indicate the amount(s) and the commencement date: \_\_\_\_\_

Are you in arrears:  Yes  No Do you have a separation agreement:  Yes  No

Is there a court order:  Yes  No What was the date? \_\_\_\_\_

*Please provide our office with a copy of the Order or Separation Agreement*

### **Employment Information / History:**

Current Employer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ If you are unemployed, for how long? \_\_\_\_\_

Have you collected or are you collecting E.I.: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

List all your employers for the past year; include periods when you were drawing E.I, WCB or Social Assistance.

There has been no change in my employment in the past year:

Employer Name	Address	Start Date	End Date

Spouses Employers Name: \_\_\_\_\_

Spouses Employers Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Start Date: \_\_\_\_\_

If your spouse is unemployed, for how long? \_\_\_\_\_

Have they collected or are they collecting E.I.: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

## Tax Information:

What year did you last file a tax return? \_\_\_\_\_

Were you entitled to a refund or did you owe taxes?       Refund       Owed

Have you received the refund or paid the amount owing?  Yes       No

What was the amount? \_\_\_\_\_

What was your spouse's approximate income last year? \_\_\_\_\_

Were you living at your current address when you filed the return? \_\_\_  Yes       No

If no, what was the address? \_\_\_\_\_

### Briefly describe the circumstances that caused your financial difficulties.

Overuse of Credit       Marital Breakdown       Loss of Income       Business Failure  
 Illness       Addiction       Legal Action       Creditor Garnishee       Tax Debt  
 Other: \_\_\_\_\_

## Business Information:

Have you owned your own business or been self employed in the last 5 years?

Yes       No

Have you been a subcontractor in the past 5 years?       Yes       No

Do you have a GST Number? If yes, please provide the number? \_\_\_\_\_

Name of Business	Location	Type of Business	Percentage of Debt due to business?	Start Date & End Date of Business
			%	
			%	
			%	
			%	
			%	

Type of ownership:  Sole Proprietorship       Corporation       Partnership

Are your business tax returns up to date (business tax, GST, payroll)?  Yes       No

**Assets :** *Indicate the estimated value using auction or garage sale pricing.*

<b>Type of Asset</b>	<b>Description</b>	<b>Estimated Dollar Value</b>
<b>Cash</b>	On Hand	\$
<b>Bank Accounts</b>	Chequing	\$
	Savings	\$
	Other	\$
<b>Household Furniture</b>	Appliances	\$
	Dining Room	\$
	Living Room	\$
	Bedroom	\$
	Other	\$
<b>Personal Effects</b>	Clothing	\$
	Rings/ Jewelry/ Furs	\$
	Collectables / Art work	\$
	China/Crystal/Antiques	\$
	Other	\$
<b>Electronics</b>	Television	\$
	Entertainment System	\$
	Camera / Video Camera	\$
	Other	\$
<b>Investments</b>	RESP's	\$
	RRSP's	\$
	Stocks or Bonds	\$
	Other RIF'S	\$
	Tax Free Savings	\$
	Pensions	\$
	Term Deposits	\$
	G.I.C.'s	\$
	Shares	\$
	Other	\$
<b>Insurance Policies (Life, Disability etc.)</b>		\$
<b>Real Estate</b>	House #1	\$
	House #2	
	Condo #3	
	Townhome #4	
	Mobile Home #5	\$
	Other #6	\$
<b>Tools of the Trade</b>		\$
<b>Vehicles (Year &amp; Model)</b>		\$
		\$
<b>Recreational Vehicles</b>		\$
<b>Settlements (WCB/ CPP/ Labor Standards)</b>		\$
<b>Inheritance</b>		\$



## Monthly Budget:

Monthly Income:		
	Net Income	\$
	Self Employed Income	\$
	Spousal's Net Income	\$
	Pension Income	\$
	Spousal Pension	\$
	Child Support	\$
	Spousal Support	\$
	Employment Insurance	\$
	Spouse's Employment Insurance	\$
	Social Assistance	\$
	Rental Income	\$
	Financial Support from Family	\$
	Universal Child Care Benefit	\$
	Inheritance	\$
	Other	\$
	Other	\$
	Total Monthly Income	\$
Expenses:	Non- Discretionary:	
	Child Support Payments	\$
	Spousal Support Payments	\$
	Child Care	\$
	Medical Conditions Expense	\$
	Fines/Penalties Imposed by Court	\$
	Expenses as a Condition of Employment	\$
	Debts where stay has been lifted	\$
	Income Tax Installments	\$
	GST Installments	\$
	Other	\$
	Other	\$
	Total Non-Discretionary Expenses	\$
	Discretionary:	
	Rent/Mortgage	\$
	Property Taxes/Condo Fees	\$
	Gas/Heating/Oil	\$
	Telephone	\$
	Cell Phone	\$
	Cable or Satellite	\$
	Hydro/Water/Sewer	\$
	Cigarettes/Tobacco	\$
	Alcohol	\$

Dining/Lunches/Restaurant	\$	
Entertainment/Sports	\$	
Gifts/Charitable Donations	\$	
Allowances	\$	
Prescriptions	\$	
Dental	\$	
AHC/ Blue Cross	\$	
Food/ Groceries	\$	
Laundry/Dry Cleaning	\$	
Grooming/ Toiletries	\$	
Clothing	\$	
Vehicle Loan/ Lease Payment	\$	
Vehicle Repairs/Maintenance/Gas	\$	
Public Transportation	\$	
Vehicle Insurance	\$	
House/ Furniture/ Contents Insurance	\$	
Life Insurance	\$	
Payment to the Estate	\$	
Spouse's Payment to the Estate	\$	
Payment to Secured Creditor	\$	
Other	\$	
	\$	
<b>Total Discretionary Expenses</b>	\$	
<b>Surplus or Deficit</b>	\$	
Less the amount paid to unsecured creditors every month (Credit Cards etc)	\$	
<b>Total Surplus or Deficit</b>	\$	

**Historical Information:**

1) Have you ever been bankrupt before (Either in Canada or elsewhere)?  Yes  No

Cause of the previous Bankruptcy :

- Overuse of Credit   
 Marital Breakdown   
 Loss of Income   
 Business Failure  
 Illness   
 Addiction   
 Legal Action   
 Creditor Garnishee   
 Tax Debt  
 Other: \_\_\_\_\_

Date of Bankruptcy: \_\_\_\_\_ Name of Trustee: \_\_\_\_\_

Where did you go bankrupt? \_\_\_\_\_ Discharge date: \_\_\_\_\_

2) Have you ever previously filed a proposal?  Yes  No

Did you receive your Certificate of Full Performance?  Yes  No

3) Within the last 12 months have you:

Sold, disposed of or transferred any property (such as real-estate, vehicle or cashed in an investment such as a RRSP)?  Yes  No

If yes, give details including amounts and dates\_\_\_\_\_

\_\_\_\_\_

Made payments to a creditor in excess or higher than your regular payment?  Yes  No

If yes, give details\_\_\_\_\_

Had any property seized by a creditor?  Yes  No

If yes, give details\_\_\_\_\_

4) Within the last 5 years (while you were insolvent) have you...

Sold, disposed of or transferred any property (such as real estate, vehicles or cashed in an investment such as a RRSP)?  Yes  No

If yes, give details including amounts and dates\_\_\_\_\_

\_\_\_\_\_

Made any gifts in excess of \$500.00 to anyone, including relatives?  Yes  No

If yes, give details including amounts and dates\_\_\_\_\_

\_\_\_\_\_

5) Do you expect to receive any sums of money not related to your normal income in the next 12 months?  Yes  No

If yes, give details including amounts and dates\_\_\_\_\_

\_\_\_\_\_

6) Do you expect to receive any property in the next 12 months?  Yes  No

If yes, give details including amounts and dates\_\_\_\_\_

\_\_\_\_\_

7) Have you arranged to continue to pay any creditors if you decide to go bankrupt?  Yes  No

If yes, give details including amounts and whom\_\_\_\_\_

\_\_\_\_\_

## Additional Information:

- 1) Have you received, or do you expect to receive, an inheritance, insurance claim settlement or other settlement of property?  Yes  No

If yes, give details including amounts and dates \_\_\_\_\_

\_\_\_\_\_

- 2) Are you involved in civil litigation from which you may receive monies or property? (i.e. accident claim, motor vehicle)  Yes  No

If yes, give details including amounts and dates \_\_\_\_\_

\_\_\_\_\_

- 3) Are there any outstanding garnishments, wage assignments, judgments or Writs against you now?  Yes  No

If yes, give details including amounts and dates \_\_\_\_\_

\_\_\_\_\_

- 4) Has anyone co-signed or guaranteed a debt for you?  Yes  No

If yes, give details \_\_\_\_\_

- 5) Do you have you any credit cards?  Yes  No

If yes, give details \_\_\_\_\_

- 6) Have you obtained any credit in the last 3 months?  Yes  No

If yes, give details \_\_\_\_\_

- 7) Are your assets insured?  Yes  No

If yes, give details \_\_\_\_\_

- 8) Does your husband or wife own any assets?  Yes  No

If yes, give details \_\_\_\_\_

- 9) Are you currently in possession of (or storing any) personal property which does not belong to you and has never belonged to you?  Yes  No

If yes, give details \_\_\_\_\_

\_\_\_\_\_

- 10) Do you have safety deposit box?  Yes  No

Contents and location: \_\_\_\_\_

**OFFICE USE ONLY:**

**Payment Information:**

<b>PAYMENT INFORMATION:</b>						Joint Estate: <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>PRIMARY</b>						<b>SPOUSE</b>					
Total Monthly Payment:\$						Total Monthly Payment:\$					
Fee:		Surplus:		Asset:		Fee:		Surplus:		Asset:	
Start Date:			Standard:			Start Date:			Standard:		
<b>PROPOSAL:</b>						<b>PROPOSAL:</b>					
Monthly Payments		Number of Months		Grand Total		Monthly Payments		Number of Months		Grand Total	
\$		*		=		\$		*		=	
Start Date:			Standard:			Start Date:			Standard:		
Notes:						Notes:					

**How did you hear about us?**

- Telus Super Pages   
  Canpages   
  Creditor   
  Internet   
  T.V. Ad   
  Lawyer  
 Other Client   
 Other: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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