

Appointment Check List

We will need you to provide the following documents with this application:

1. Please **include** a photo copy of **ONE** of the following documents showing your legal name and birth date **with this application form**. Please bring original to next appointment.
 - a. **Canadian birth certificate, if you have one please use this, if you do not have one please bring one of the following documents**
 - b. Canadian Citizenship Card
 - c. Canadian Permanent Resident Card
 - d. Canadian Landed Immigrant Card
 - e. Other Similar Foreign identification documents

If you do not have any of these documents please call our office at 905-566-9096.

2. Proof of Income. Please bring in **ONE** of the following **with this application** (copies are acceptable):
 - a. Pay Stub
 - b. Prior year's tax return or Notice of Assessment
 - c. T4 or equivalent
 - d. Bank statements

3. A current statement for any investments, RESP, RRSP, and/or RSP

You will need to bring the following information to your next appointment when you will be signing your documents:

1. Any legal documents relating to wage garnishees or other ongoing legal matters.
2. If you are signing a Proposal you **MUST** bring in a **\$200** deposit when you come in to sign your documents.

You may not be able to sign your bankruptcy/proposal documents at your next appointment if we do not have all the required information. Make sure you provide all information on these forms and bring all requested documents.

Thank You

Ralph Culp and Associates Inc.

DEBTS / LIABILITIES

| Creditor names & addresses | Applicant | Spouse | Joint | Comments | Business / Personal |
|----------------------------|-----------|--------|-------|----------|---------------------|
| Account # | | | | | P / B |
| | \$ | \$ | \$ | | |
| Account # | | | | | P / B |
| | \$ | & | \$ | | |
| Account # | | | | | P / B |
| | \$ | \$ | \$ | | |
| Account # | | | | | P / B |
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| Account # | | | | | P / B |
| | \$ | \$ | \$ | | |
| Account # | | | | | P / B |
| | \$ | \$ | \$ | | |
| TOTALS | \$ | \$ | \$ | | |

ASSETS

| Assets | Applicant | Spouse |
|--|-----------|--------|
| Cash on Hand | \$ | \$ |
| Accounts receivable | \$ | \$ |
| Household furniture and effects | \$ | \$ |
| Jewellery or personal effects | \$ | \$ |
| Cash value of insurance policies | \$ | \$ |
| Stocks/shares (include credit union) | \$ | \$ |
| Estimated tax refund | \$ | \$ |
| House / condo: Please provide recent tax bill and/or insurance policy | \$ | \$ |
| Registered owner of house / condo | | |
| Land | \$ | \$ |
| Cottage | \$ | \$ |
| Automobile value | \$ | \$ |
| Make/model/year/mileage | | |
| Recreation Vehicles/Equipment | \$ | \$ |
| Make/model/year/mileage | | |
| Other motorized vehicle | \$ | \$ |
| R.R.S.P. - Please provide current statement | \$ | \$ |
| Amount Contributed in last 12 months (RRSP) | \$ | \$ |
| R.E.S.P. Amount - provide current statement | \$ | \$ |
| Profit sharing plan - provide current statement | \$ | \$ |
| Canada savings bonds - provide current statement | \$ | \$ |
| Collections - detailed list & valuation | \$ | \$ |
| Tools: Please attach a detailed list | \$ | \$ |
| Other (specify) | \$ | \$ |

Additional comments / information:

Cause of financial problems:

EMPLOYMENT RELATED INFORMATION

| Applicant's Employers | | |
|---------------------------|--------------|------------|
| Employer's Name & Address | Date Started | Date Ended |
| | | |
| | | |
| | | |

| Spouse's Employers | | |
|---------------------------|--------------|------------|
| Employer's Name & Address | Date Started | Date Ended |
| | | |
| | | |
| | | |

| | |
|------------------------------------|----------|
| Business owned by applicant(s) | |
| Applicant / Spouse owned business? | YES / NO |
| Business name: | |
| Address: | |
| Type of ownership: | |
| Type of business: | |
| When business started: | |
| When ceased operations: | |
| Debts incurred in business: | |
| Assets: | |
| % of debts from business | |
| Financial statements / tax returns | |
| Previously in receivership? | YES / NO |
| Date of receivership: | |
| Name of receiver: | |

Verification of Income:

You need to provide proof of your Income. Please provide one of the following as proof of income:

1. Pay Stub
2. Prior Year tax return or notice of assessment
3. T4 or equivalent
4. Bank Statements

TRANSACTIONS

| | Applicant | | Spouse | |
|---|-----------|---|--------|---|
| | Y | N | Y | N |
| Have you disposed of / transferred assets in the last 12 months? i.e. Property or RRSP's? Details: | | | | |
| Have you made any excess payments to creditors in the last 12 months? Details: | | | | |
| Have you had any assets seized by creditors in the last 12 months? Details: | | | | |
| Have you sold / disposed of / transferred real estate in the past 5 years? Details: | | | | |
| Have you made arrangements to continue to pay any creditors? Details: | | | | |
| Have you been or are you involved in civil litigation from which you may receive monies or property? Details: | | | | |
| Are you anticipating any lump sum of money within the next year? Details: | | | | |

Income tax information:
 What is the last year you filed an income tax return?

Bank account information

1. Bank:

Address:

Account number:

Is this a joint account? YES / NO

2. Bank:

Address:

Account number:

Is this a joint account? YES / NO

INCOME AND EXPENSE

MONTHLY INCOME

| | APPLICANT | SPOUSE | OTHER |
|-----------------------------------|-----------|--------|-------|
| Net employment income | _____ | _____ | _____ |
| Net pension/Annuities | _____ | _____ | _____ |
| Net child support | _____ | _____ | _____ |
| Net child tax benefit | _____ | _____ | _____ |
| Net spousal support | _____ | _____ | _____ |
| Net employment insurance benefits | _____ | _____ | _____ |
| Net social assistance | _____ | _____ | _____ |
| Self employment income: | _____ | _____ | _____ |
| Gross | _____ | _____ | _____ |
| Net | _____ | _____ | _____ |
| Other net income | _____ | _____ | _____ |
| TOTAL NET | _____ | _____ | _____ |
| TOTAL FAMILY INCOME | _____ | _____ | _____ |

MONTHLY NON-DISCRETIONARY EXPENSES

| | APPLICANT | SPOUSE | OTHER |
|--|-----------|--------|-------|
| Child support payments | _____ | _____ | _____ |
| Spousal support payments | _____ | _____ | _____ |
| Child care | _____ | _____ | _____ |
| Medical condition expenses | _____ | _____ | _____ |
| Fines/Penalties imposed by the court | _____ | _____ | _____ |
| Expenses as a condition of employment | _____ | _____ | _____ |
| Debts where stay has been lifted | _____ | _____ | _____ |
| Other expenses | _____ | _____ | _____ |
| TOTAL NON-DISCRETIONARY | _____ | _____ | _____ |
| TOTAL FAMILY NON-DISCRETIONARY EXPENSES | _____ | _____ | _____ |

MONTHLY DISCRETIONARY EXPENSES

| | | |
|----------------------------------|---|-------|
| Housing expenses | Living expenses | |
| Rent/Mortgage | Food/Grocery | _____ |
| Property taxes/Condo fees | Laundry/Dry cleaning | _____ |
| Heating/Gas/Oil | Grooming/Toiletries | _____ |
| Telephone | Clothing | _____ |
| Cable | Transportation expenses | |
| Hydro | Car lease/Payments | _____ |
| Water | Repair/Maintenance/Gas | _____ |
| Furniture | Public transportation | _____ |
| Personal expenses | Insurance expenses | |
| Smoking | Vehicle | _____ |
| Alcohol | House | _____ |
| Dining/Lunches/Restaurants | Furniture/Contents | _____ |
| Entertainment/Sports | Life insurance | _____ |
| Gifts/Charitable Donations | Payments | |
| Allowances | To the estate/proposal | _____ |
| Non-recoverable medical expenses | To secured creditor | _____ |
| Prescriptions | Other expenses | _____ |
| Dental | | _____ |
| | TOTAL INCOME | _____ |
| | TOTAL DISCRETIONARY EXPENSES | _____ |
| | INCOME - EXPENSES = SURPLUS OR (DEFICIT) | _____ |

HAVE YOU RECORDED ALL INCOME EARNED BY ALL MEMEBERS IN YOUR HOUSEHOLD? YES / NO