
(1) Family Name: _____ Given Names: _____ (1A) Birth Date: (DD/MM/YY) _____

(2) Current Address: _____ Current address since: _____
Postal Code: _____

Previous Address: _____ (3) S.I.N.: _____
Postal Code: _____ (4) Phone: (Res) _____ (Bus) _____

(5) Name of Present Employer: _____ (7) Occupation: _____

(6) Address: _____

(8) Marital Status: _____ (9) Number of Dependents (including spouse): _____

(10) Name of Spouse in Full: _____ Date of Birth: _____
S.I.N.: _____

(10A) Name of Present Employer: _____ Occupation: _____
Address: _____

(11) Have you been self-employed in the last 5 years: _____

(12) Within the last 12 months have you:
(a) Sold, disposed of or transferred any of your assets: _____
(b) Made payments in excess of regular payments to a creditor: _____
(c) Had any assets seized by any creditor: _____

(13) Within the last 5 years have you:
(a) Sold, disposed of or transferred any real estate: _____
(b) Made any gifts to relatives or others in excess of \$500.00: _____

(14) Have you made any arrangements to continue to pay any creditors: _____

MONTHLY BUDGET INFORMATION

(15) Income - gross pay _____ Net take home pay _____
Spouse's income - gross pay _____ Net take home pay _____

(16) Other income - family benefits, pension, social assistance, other _____

(17) TOTAL TAKE HOME PAY (Lines 15 and 16) _____

AVERAGE MONTHLY LIVING EXPENSES

(18) Housing - Rent or mortgage payments _____

(19) Transportation - Auto and public transit _____

(20) Food costs - Groceries, milk, toiletries, diapers, etc. _____

(21) Utilities - Light and heat _____

(22) Telephone - Phone and cable _____

(23) Medical - Medical, drug and dental _____

(24) Clothing - Clothing costs _____

(25) Cleaning - Laundry and dry cleaning _____

(26) Insurance - Life, automobile and house _____

(27) Other major expenses - Alimony/Child support _____
- Child care and babysitting _____
- Tobacco, recreation, haircuts, etc. _____

(28) TOTAL KNOWN EXPENSES (Lines 18 to 27 inclusive) _____

(29) DISPOSABLE INCOME (Line 17 minus Line 28) _____

PART II STATEMENT OF AFFAIRS

TYPE OF ASSETS	DESCRIPTION (BE SPECIFIC)	ESTIMATED VALUE
1. Cash (on hand, savings, chequing account)		
2. Furniture (see attached list)		
3. Personal effects (see attached list)		
4. Cash surrender value of life insurance policies		
5. Stocks, bonds and investments		
6. Real property	- House	
	- Cottage	
	- Land	
7. Motorized vehicle	- Automobile	
	- Motorcycle	
	- Truck	
	- Other	
8. Recreational equip.	- Snowmobile	
	- All terrain vehicle	
9. Estimated tax refund	- Self	
	- Spouse	
10. Other assets		
11. TOTAL ASSETS:		

PART IIA

FURNITURE, APPLIANCES, HOUSEHOLD EFFECTS: Check items in your possession and indicate estimated value calculated at auction or bailiff sale price.

__ Stove	\$ _____	__ Beds	\$ _____	__ Piano/Organ	\$ _____
__ Refrigerator	_____	__ Water Bed(s)	_____	__ Entertain. Centre	_____
__ Dishwasher	_____	__ Desk	_____	__ V.C.R.	_____
__ Microwave	_____	__ Night Tables	_____	__ Stereo	_____
__ Table/Chairs	_____	__ Dresser	_____	__ Television	_____
__ Chesterfield	_____	__ Highboy(s)	_____	__ Paintings	_____
__ Lazy-Boy	_____	__ Freezer	_____	__ Silverware	_____
__ Living Rm. Set	_____	__ Washer	_____	__ China	_____
__ Cedar Chest	_____	__ Dryer	_____	__ Pool Table	_____
__ Snowblower	_____	__ Din. Rm Set	_____	__ Games (over \$25)	_____
__ Living Rm. Tables	_____	__ Book Case(s)	_____	__ Computer	_____
__ Coffee Tables	_____	__ Hutch	_____	__ Tool	_____
__ Lamps	_____	__ Patio Furn.	_____	__ Sculptures	_____
__ Vacuum Cleaner	_____	__ Typewriter	_____	__ Antiques	_____
__ Air Conditioner	_____	__ Swim. Pool	_____	__ Lawn Mower	_____

Location: _____

Total Estimated Value: \$ _____

PERSONAL EFFECTS (Please List)

Musical instruments	\$ _____	Collections (stamps, coins, etc.)	\$ _____
Furs	_____	Jewellery	_____
Tools of the trade	_____	Cameras and related equipment	_____
Sporting/camping equipment	_____		
Others (identify)	_____		

Location, if other than at home address:

Total Estimated Value \$ _____

PART III
STATEMENT OF AFFAIRS – LIABILITIES - Note: If insufficient space, attach separate page

CREDITOR (NAME)	MAILING ADDRESS	POSTAL CODE	ACCOUNT NO.	AMOUNT OWED	MONTHLY PAYMENT
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
TOTAL AMOUNT OWING		\$			

PART IV
SUPPLEMENTARY INFORMATION

1. TAX INFORMATION

List all employers for past two years. In periods when drawing unemployment benefits, show each period separately.

EMPLOYER'S NAME	ADDRESS AND POSTAL CODE	STARTED	ENDED
Self			

Spouse			

- A. For which year was your last tax return filed? _____ B. Amount owing (if any) _____
 For which year was your spouse's last income tax return filed? _____ Amount owing (if any) _____

2. **DEPENDENTS**

List all dependents who rely on you for financial support:

NAME	RELATIONSHIP	DATE OF BIRTH (Day/Month/Year)	ADDRESS IF DIFFERENT FROM APPLICANT	INCOME

3. **DETAILS OF MOTOR VEHICLES OWNED IN THE PAST TWO YEARS (IF APPLICABLE)**

4. **DETAILS ON ALIMONY OR MAINTENANCE PAYMENTS (IF APPLICABLE)**

5. **DETAILS OF ANY PRESENT GARNISHMENTS OR ATTACHMENTS (IF APPLICABLE)**

6. HAVE YOU ANY CREDIT CARDS? YES () NO ()
 7. HAVE YOU RECEIVED OR DO YOU EXPECT TO RECEIVE AN INHERITANCE? YES () NO ()
 8. HAVE YOU A SAFE DEPOSIT BOX? YES () NO ()
 9. HAVE YOU EVER BEEN BANKRUPT BEFORE? YES () NO ()
 10. HAVE YOU OBTAINED CREDIT IN THE PAST 3 MONTHS? YES () NO ()
 11. HAS ANYONE GUARANTEED (CO-SIGNED) A DEBT FOR YOU? YES () NO ()

12. _____
Signature

13. _____
Date

NOTE: FOR YOUR PERSONAL INTERVIEW, PLEASE BRING:

- A. Last income tax return submitted (if available)
- B. Recent pay stub or Unemployment stub
- C. Rent or mortgage receipt (if available)
- D. Copies of creditors statements (bills)



St. John's: Telephone: (709) 364-8148 Toll Free: 1 (800) 563-9779 Fax: (709) 368-2146	Corner Brook: Telephone: (709) 634-3631 Toll Free: 1 (877) 934-4330 Fax: (709) 634-3638	Marystown: Telephone: (709) 279-3003 Toll Free: 1 (888) 979-0923 Fax: (709) 279-0923	Grand Falls-Windsor: Telephone: (709) 489-8219 Toll Free: 1 (866) 489-8219 Fax: (709) 489-7550
---	---	--	--