



APPLICATION - PERSONAL DATA

Complete & Send to langley@bdodebthelp.ca

If you do not receive a response within 24 hours, please call our local office to ensure there was no error on the email transmission.

FOR OFFICE USE ONLY		DATE OF ASSESSMENT:	
PREPARED BY:		DATE OF SIGN UP:	
FILE TYPE:		PAYMENTS:	
		REFERRAL SOURCE:	
SERVICE LOCATION:		JOINT FILING (YES/NO):	

APPLICANT'S LAST NAME	SPOUSE'S LAST NAME
GIVEN NAME(S) (as they appear on your birth certificate)	GIVEN NAME(S) (as they appear on your birth certificate)
ALSO KNOWN AS	ALSO KNOWN AS
S.I.N.	S.I.N.
DATE OF BIRTH (DD/MM/YY)	DATE OF BIRTH (DD/MM/YY)
GENDER	GENDER
MARITAL STATUS (specify month and year of event if it occurred in the last five years) <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law Marital Status change as of (MM/YY) : _____	MARITAL STATUS (specify month and year of event if it occurred in the last five years) <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law Marital Status change as of (MM/YY) : _____
HOME ADDRESS	HOME ADDRESS
_____	_____
Township / County _____	Township / County _____
At This Address Since (MM/YY): _____	At This Address Since (MM/YY): _____
HOME PHONE	HOME PHONE
WORK PHONE	WORK PHONE
MOBILE/OTHER	MOBILE/OTHER
EMAIL	EMAIL
EMPLOYER	EMPLOYER
OCCUPATION (full/part time):	OCCUPATION (full/part time):
HIGHEST EDUCATION LEVEL COMPLETED <input type="checkbox"/> 0-8 years <input type="checkbox"/> some high school <input type="checkbox"/> high school graduate <input type="checkbox"/> some post secondary <input type="checkbox"/> post-secondary certificate or diploma <input type="checkbox"/> university degree	HIGHEST EDUCATION LEVEL COMPLETED <input type="checkbox"/> 0-8 years <input type="checkbox"/> some high school <input type="checkbox"/> high school graduate <input type="checkbox"/> some post secondary <input type="checkbox"/> post-secondary certificate or diploma <input type="checkbox"/> university degree

NUMBER OF DEPENDENTS: _____	NUMBER OF PERSONS 17 YEARS OF AGE OR LESS? _____
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NUMBER OF PERSONS IN HOUSEHOLD FAMILY UNIT, INCLUDING THE APPLICANT? _____

NAME OF DEPENDANT	AGE	DATE OF BIRTH	RELATIONSHIP

ASSETS

DESCRIPTION	VALUE FOR APPLICANT	VALUE FOR SPOUSE	EXEMPT ?	ENC. BY	COMMENTS
CASH					
HOUSEHOLD FURNITURE & EFFECTS					
JEWELLERY OR PERSONAL EFFECTS					
C.S.V. OF INSURANCE POLICIES					
RRSPs / RRIF / LIRA (submit copies)					CONT. IN LAST 12 MTHS? AMT?
RESP's (submit copies)					
SHARES / BONDS / INVESTMENTS (submit copies)					
HOUSE Description: Title Holders: Secured Creditor:					
LAND / COTTAGE / OTHER Description: Title Holders: Secured Creditor					
MOTOR VEHICLES					Year Make Model Trim Style KM
MOTOR VEHICLES					Year Make Model Trim Style KM
SNOWMOBILE / MOTORCYCLE / BOAT					
TRAILER / CAMPER					
RECREATIONAL EQUIPMENT / ATV					
TAX REFUNDS					
BUSINESS ASSETS					
ACCOUNTS RECEIVABLE					
TOOLS					
OTHER (specify)					

REASONS FOR FINANCIAL DIFFICULTY (please check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Over extension of credit | <input type="checkbox"/> Inconsistent employment | <input type="checkbox"/> Mismanagement of finances |
| <input type="checkbox"/> Reduction in income | <input type="checkbox"/> Job-loss | <input type="checkbox"/> Marital separation/relationship breakdown |
| <input type="checkbox"/> Medical related issues | <input type="checkbox"/> Gambling | <input type="checkbox"/> Insolvency of co-signor |
| <input type="checkbox"/> OTHER (Specify) | | |

DESCRIBE IN YOUR OWN WORDS WHY YOU NEED FINANCIAL HELP:

DEBTS

CREDITOR NAME AND ADDRESS	BALANCE			Debt Type	
	APPLICANT	SPOUSE	JOINT	Consumer	Business
1.				<input type="checkbox"/>	<input type="checkbox"/>
Secured by:					
Account # / Comments:					
2.				<input type="checkbox"/>	<input type="checkbox"/>
Secured by:					
Account # / Comments:					
3.				<input type="checkbox"/>	<input type="checkbox"/>
Secured by:					
Account # / Comments:					
4.				<input type="checkbox"/>	<input type="checkbox"/>
Secured by:					
Account # / Comments:					
5.				<input type="checkbox"/>	<input type="checkbox"/>
Secured by:					
Account # / Comments:					
6.				<input type="checkbox"/>	<input type="checkbox"/>
Secured by:					
Account # / Comments:					
7.				<input type="checkbox"/>	<input type="checkbox"/>
Secured by:					
Account # / Comments:					
8.				<input type="checkbox"/>	<input type="checkbox"/>
Secured by:					
Account # / Comments:					

CREDITOR NAME AND ADDRESS	BALANCE			Debt Type	
	APPLICANT	SPOUSE	JOINT	Consumer	Business
9.				<input type="checkbox"/>	<input type="checkbox"/>
Secured by:					
Account # / Comments:					
10.				<input type="checkbox"/>	<input type="checkbox"/>
Secured by:					
Account # / Comments:					
11.				<input type="checkbox"/>	<input type="checkbox"/>
Secured by:					
Account # / Comments:					
12.				<input type="checkbox"/>	<input type="checkbox"/>
Secured by:					
Account # / Comments:					
13.				<input type="checkbox"/>	<input type="checkbox"/>
Secured by:					
Account # / Comments:					
14.				<input type="checkbox"/>	<input type="checkbox"/>
Secured by:					
Account # / Comments:					
15.				<input type="checkbox"/>	<input type="checkbox"/>
Secured by:					
Account # / Comments:					
16.				<input type="checkbox"/>	<input type="checkbox"/>
Secured by:					
Account # / Comments:					
17.				<input type="checkbox"/>	<input type="checkbox"/>
Secured by:					
Account # / Comments:					
18.				<input type="checkbox"/>	<input type="checkbox"/>
Secured by:					
Account # / Comments:					

TOTALS			
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OTHER DEBT INFORMATION

LOANS CO-SIGNED OR GUARANTEED BY APPLICANT

LENDER'S NAME _____
 ADDRESS _____

BORROWERS NAME _____
 ADDRESS _____

IS THE PARTY BANKRUPT? _____
 BUSINESS OR PERSONAL DEBT? _____
 TYPE OF BUSINESS: _____

LOANS CO-SIGNED OR GUARANTEED BY SPOUSE

LENDER'S NAME _____
 ADDRESS _____

BORROWERS NAME _____
 ADDRESS _____

IS THE PARTY BANKRUPT? _____
 BUSINESS OR PERSONAL DEBT? _____
 TYPE OF BUSINESS: _____

DO YOU HAVE ANY DEBTS ARISING FROM:

	APPLICANT		SPOUSE	
FINE OR PENALTY IMPOSED BY COURT? (INCLUDING ASSAULT)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
RECOGNIZANCE OR BAIL BOND?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ALIMONY?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MAINTENANCE OF AFFILIATION ORDER?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MAINTENANCE OF SUPPORT OF SEPARATED FAMILY?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
FRAUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
EMBEZZLEMENT?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MISAPPROPRIATION?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DEFALCATION WHILE ACTING IN A FIDUCIARY CAPACITY?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PROPERTY OR SERVICES OBTAINED BY FALSE MEANS/FRAUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
STUDENT LOANS OUTSTANDING (indicate last day of program)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PLEASE PROVIDE DETAILS: _____

HAVE YOU PREVIOUSLY FILED A BANKRUPTCY OR PROPOSAL IN CANADA OR ELSEWHERE? (SPECIFY)

APPLICANT	<input type="checkbox"/> Yes	<input type="checkbox"/> No	SPOUSE	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TRUSTEE'S NAME			TRUSTEE'S NAME		
BANKRUPTCY DATE			BANKRUPTCY DATE		
BANKRUPT DISCHARGE DATE			BANKRUPT DISCHARGE DATE		
PROPOSAL DATE			PROPOSAL DATE		
RESULT OF PROPOSAL			RESULT OF PROPOSAL		
PLACE FILED			PLACE FILED		

ESTATE NO.

ESTATE NO.

TRANSACTIONS

	APPLICANT		SPOUSE	
HAVE YOU SOLD, DISPOSED OR TRANSFERRED ANY ASSETS, CASHED RRSP'S OR CHANGED THE NAMED BENEFICIARY ON A LIFE INSURANCE POLICY IN THE LAST 12 MONTHS? (Provide Details)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HAVE YOU MADE PAYMENTS IN EXCESS OF THE REGULAR AMOUNT TO CREDITORS IN THE LAST 12 MONTHS? (Provide Details)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HAVE YOU HAD ANY ASSETS SEIZED OR GARNISHEED BY A CREDITOR IN THE LAST 12 MONTHS? (Provide Details)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HAVE YOU SOLD, DISPOSED OR TRANSFERRED ANY REAL PROPERTY OR OTHER ASSETS IN THE PAST FIVE YEARS? (Provide Details)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
INSOLVENT AT THE TIME: YES / NO				
HAVE YOU MADE ANY GIFTS TO RELATIVES OR OTHERS IN EXCESS OF \$500.00 IN PAST 5 YEARS WHILE YOU KNEW YOURSELF TO BE INSOLVENT? (Provide Details)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
INSOLVENT AT THE TIME: YES / NO				
DO YOU EXPECT TO RECEIVE ANY SUMS OF MONEY WHICH ARE NOT RELATED TO YOUR NORMAL INCOME, OR ANY OTHER PROPERTY WITHIN THE NEXT 12 MONTHS (INCLUDING INHERITANCE)? (Provide Details)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HAVE YOU BEEN OR ARE YOU INVOLVED IN CIVIL LITIGATION FROM WHICH YOU MAY RECEIVE MONIES OR PROPERTY? (Provide Details)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HAVE YOU MADE ARRANGEMENTS TO CONTINUE TO PAY ANY CREDITORS AFTER FILING? (Provide Details)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

INCOME TAX INFORMATION

APPLICANT'S EMPLOYERS AND EMPLOYMENT INSURANCE (EI) PERIODS FOR THE PAST TWO YEARS:

EMPLOYER'S NAME AND ADDRESS	DATE STARTED	DATE ENDED

SPOUSE'S EMPLOYERS AND EMPLOYMENT INSURANCE (EI) PERIODS FOR THE PAST TWO YEARS:

EMPLOYER'S NAME AND ADDRESS	DATE STARTED	DATE ENDED

APPLICANT'S TAX INFORMATION

SPOUSE'S TAX INFORMATION

YEAR LAST RETURN FILED	YEAR LAST RETURN FILED
AMOUNT OWING	AMOUNT OWING
REFUND RECEIVED	REFUND RECEIVED
REFUND PENDING	REFUND PENDING

DID YOU PAY CHILD OR SPOUSAL SUPPORT DURING THE PAST YEAR?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES, TO WHOM?		
ADDRESS:		
AMOUNT PAID:		
IF CHILD OR SPOUSAL SUPPORT PAYMENTS ARE BEING PAID ATTACH A COPY OF THE COURT ORDER		
DATE OF SEPARATION (DD/MM/YY)		

BANK ACCOUNT INFORMATION

BANK

ADDRESS

ACCOUNT NUMBER

JOINT

BANK

ADDRESS

ACCOUNT NUMBER

JOINT

BUSINESSES

APPLICANT OWNED BUSINESS WITHIN THE LAST 5 YEARS?

Yes No

BUSINESS NAME
ADDRESS
TYPE OF OWNERSHIP
TYPE OF BUSINESS
ARE YOU A DIRECTOR? <input type="checkbox"/> Yes <input type="checkbox"/> No
NAMES OF PARTNERS / DIRECTORS
WHEN STARTED (DD/MM/YY)
WHEN CEASED OPERATIONS (DD/MM/YY)
IS THE CORPORATION BANKRUPT? <input type="checkbox"/> Yes <input type="checkbox"/> No
DOES THE BUSINESS :
• HAVE EMPLOYEES OR SUB-CONTRACTORS? <input type="checkbox"/> Yes <input type="checkbox"/> No
• OWE ANY WAGES TO EMPLOYEES? <input type="checkbox"/> Yes <input type="checkbox"/> No
• OWE ANY SOURCE DEDUCTIONS ON WAGES? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other details:

SPOUSE OWNED BUSINESS WITHIN THE LAST 5 YEARS?

Yes No

BUSINESS NAME
ADDRESS
TYPE OF OWNERSHIP
TYPE OF BUSINESS
ARE YOU A DIRECTOR? <input type="checkbox"/> Yes <input type="checkbox"/> No
NAMES OF PARTNERS / DIRECTORS
WHEN STARTED (DD/MM/YY)
WHEN CEASED OPERATIONS (DD/MM/YY)
IS THE CORPORATION BANKRUPT? <input type="checkbox"/> Yes <input type="checkbox"/> No
DOES THE BUSINESS :
• HAVE EMPLOYEES OR SUB-CONTRACTORS? <input type="checkbox"/> Yes <input type="checkbox"/> No
• OWE ANY WAGES TO EMPLOYEES? <input type="checkbox"/> Yes <input type="checkbox"/> No
• OWE ANY SOURCE DEDUCTIONS ON WAGES? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other details:

MONTHLY INCOME AND EXPENSES STATEMENT

MONTHLY INCOME (NET)	APPLICANT	SPOUSE	OTHER HOUSEHOLD MEMBERS
EMPLOYMENT INCOME			
PENSION/ANNUITIES			
CHILD SUPPORT			
SPOUSAL SUPPORT			
EMPLOYMENT INSURANCE			
SOCIAL ASSISTANCE			
SELF EMPLOYMENT INCOME			
RENTAL INCOME			
UNIVERSAL CHILD CARE			
CHILD TAX BENEFITS			
OTHER (Specify)			
SUB TOTAL			
TOTAL COMBINED INCOME			

HOUSING EXPENSES	
RENT/MORTGAGE PAYMENT	
PROP. TAXES / CONDO FEES	
HEAT/FUEL OIL	
TELEPHONE	
CABLE	
HYDRO / ELECTRICITY	
WATER	
FURNITURE	
HOUSEHOLD MAINTENANCE	
OTHER (Specify)	
SUB TOTAL	

PERSONAL EXPENSES	
SMOKING	
ALCOHOL	
DINING/LUNCHESES/RESTAURANTS	
ENTERTAINMENT/SPORTS	
GIFTS/CHARITABLE DONATIONS	
ALLOWANCES	
NEWSPAPERS/MAGAZINES	
OTHER (Specify)	
SUB TOTAL	

MEDICAL EXPENSES	
PRESCRIPTIONS	
DENTAL	
OTHER (Specify)	
SUB TOTAL	

MONTHLY NON-DISCRETIONARY EXPENSES	AMOUNT
CHILD SUPPORT PAYMENTS	
SPOUSAL SUPPORT PAYMENTS	
CHILD CARE	
MEDICAL CONDITION EXPENSES	
FINES/PENALTIES IMPOSED BY COURT	
EXPENSES AS A CONDITION OF EMPLOYMENT	
DEBTS WHERE STAY HAS BEEN FILED	
BUSINESS RELATED EXPENSES	
OTHER (Specify)	
SUB TOTAL	

LIVING EXPENSES	
FOOD/GROCERY	
LAUNDRY/DRY CLEANING	
GROOMING/TOILETRIES	
CLOTHING	
OTHER (Specify)	
SUB TOTAL	

TRANSPORTATION EXPENSES	
CAR LEASE/ FINANCE PAYMENTS	
REPAIR/MAINTENANCE/GAS	
PUBLIC TRANSPORTATION	
OTHER (Specify)	
SUB TOTAL	

INSURANCE EXPENSES	
VEHICLE	
HOUSE	
FURNITURE/CONTENTS	
LIFE INSURANCE	
OTHER (Specify)	
SUB TOTAL	

PAYMENTS	
VOLUNTARY PAYMENTS	
SURPLUS INCOME PAYMENTS	
SETTLEMENT ON ASSETS	
TO SECURED CREDITOR	
OTHER (Specify)	
SUB TOTAL	

TOTAL EXPENSES	
SURPLUS / DEFICIENCY	
(Total Combined Income Less Total Expenses)	