

Financial Consultation Form

*Red fields are required.

Personal Information

First Name Middle Name Last Name

Please advise if you are known by any other names (ex. maiden name):

First Name Middle Name Last Name

First Name Middle Name Last Name

Birthdate (DD/MM/YYYY) SIN

Street Address Unit Number
(if applicable) City

Province Province if
outside of Canada Postal Code Country if
outside of Canada At address since
(DD/MM/YYYY)

Email Cell Phone Home Phone Work Phone

How did you hear about MNP? _____

If 'Other', please explain: _____

In the last 6 months, have you consulted with someone other than MNP about your debt concerns? _____

If yes:

Business Name Individual Name Total amount paid
(If any)

Have you previously filed a bankruptcy, proposal, or Orderly Payment of Debts? _____

What are the circumstances that have contributed to, or caused, your financial difficulties? _____

Details if desired: _____

*Red fields are required.

Voluntary Self-Identification Information

This data will be used by the Office of the Superintendent of Bankruptcy for statistical purposes and public policy research/development.

<p>Gender</p>	<p>Highest Level of Education</p>	<p>If you are a member of a visible minority group, please select the option that best describes your origin</p>	<p>If you selected 'Other Visible Minority Group', please specify the group to which you belong</p>
<p>If you are an aboriginal person, please specify the group to which you belong:</p> <p><input type="checkbox"/> I am not an aboriginal person</p> <p><input type="checkbox"/> I prefer not to answer</p> <p><input type="checkbox"/> North American Indian/First Nation</p> <p><input type="checkbox"/> Métis</p> <p><input type="checkbox"/> Inuit</p>		<p>If you are a person with a disability, please specify the nature of the disability:</p> <p><input type="checkbox"/> I am not a person with a disability</p> <p><input type="checkbox"/> I prefer not to answer</p> <p><input type="checkbox"/> Co-ordination or dexterity</p> <p><input type="checkbox"/> Mobility</p> <p><input type="checkbox"/> Blind or visual impairment</p> <p><input type="checkbox"/> Deaf or hard of hearing</p> <p><input type="checkbox"/> Speech impairment</p> <p><input type="checkbox"/> Other disability</p>	<p>If you selected 'Other disability', please specify the nature of the disability</p>

Family Information

Marital Status	Marital Status Date (DD/MM/YYYY)	# Of people living in your household over the age of 18 (including yourself)	# Of people living in your household under the age of 18
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Spouse Information

First Name	Last Name	Birthdate (DD/MM/YYYY)	SIN	Email
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Emergency Contact Information

First Name	Last Name	Relationship	Phone Number	Email
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Dependent Information

First Name	Middle Name	Last Name	Relationship	Birthdate (DD/MM/YYYY)
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Do you have primary custody (if applicable)? _____
 Estimated monthly net income (if any): \$ _____

Does this dependent live at your residence? _____
 Who claims this dependent on their taxes? _____

First Name	Middle Name	Last Name	Relationship	Birthdate (DD/MM/YYYY)
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Do you have primary custody (if applicable)? _____
 Estimated monthly net income (if any): \$ _____

Does this dependent live at your residence? _____
 Who claims this dependent on their taxes? _____

First Name	Middle Name	Last Name	Relationship	Birthdate (DD/MM/YYYY)
------------	-------------	-----------	--------------	------------------------

Do you have primary custody (if applicable)? _____
 Estimated monthly net income (if any): \$ _____

Does this dependent live at your residence? _____
 Who claims this dependent on their taxes? _____

Employment Information

Employment status: _____

Employer Information

Name	Address	City	Position	Start Date (DD/MM/YYYY)
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Name	Address	City	Position	Start Date (DD/MM/YYYY)
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If you have been employed by any other businesses since filing your most recent tax return, please provide their information as well:

Name	Address	City	Position	Employment Period (DD/MM/YYYY-DD/MM/YYYY)
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Income Tax Information

Year of most recent filed income tax return: _____ Status: _____

Please provide a copy of your most recent filed income tax return.

Business Information

Have you operated a proprietorship, partnership, or corporation in the past 5 years? _____
 If yes:

Type of Business	Legal Business Name	Operating As Name (if different)	Owners/Partners/Directors Names	% ownership/shares
Address	City	BIN	Date last GST/HST return filed	Date Started (DD/MM/YYYY)

Does the business have any:

	Current Value		Amount Owing
Assets? _____	_____	Outstanding Source Deductions? _____	_____
CPP Liabilities? _____	_____	Outstanding GST/HST? _____	_____
Guaranteed loans? _____	_____	Outstanding employee payroll/vacation? _____	_____

Maximum number of employees in the last year: _____ Date Closed (if applicable): _____

Please provide a copy of your most recent financial statements. (DD/MM/YYYY)

Asset Information

Real Estate Information

Type of Property	Address	Current Value	% Of ownership
Mortgage Lender <i>(If applicable)</i>	Amount Owing	Second Mortgage Lender <i>(If applicable)</i>	Amount Owing
Type of Property	Address	Current Value	% Of ownership
Mortgage Lender <i>(If applicable)</i>	Amount Owing	Second Mortgage Lender <i>(If applicable)</i>	Amount Owing

Please provide statements showing the most recent assessed value(s).

Vehicle Information

Type of Vehicle	Year	Make	Model	Trim	
VIN	Current Value	Lender <i>(If applicable)</i>	Amount Owing	Kilometres	Vehicle type?
Type of Vehicle	Year	Make	Model	Trim	
VIN	Current Value	Lender <i>(If applicable)</i>	Amount Owing	Kilometres	Vehicle type?

Please provide copies of the vehicle registration(s).

Policies Information

Please list all of your active policies (RRSPs, TFSAs, pensions, life insurances, etc.) and provide a copy of a recent statement(s).

Type of Policy	Company Name	Policy Number	Current Value	Beneficiary

Have you made contributions to any RRSPs, RRFs or RDSPs within the last 12 months? _____

Other Asset Information

Total value of cash on hand: _____

Estimated second-hand values of:

Furniture: _____ Personal Effects: _____ Tools required for employment (if any): _____

List any other assets and provide statements as applicable (ex. money owed to you from others, personal collections, etc.):

Description	Current Value
_____	_____
_____	_____
_____	_____

Do you have outstanding loans for any of these assets?

If yes, through which Lender?

Have you sold, disposed of, or transferred any assets (including property) in the last 5 years? _____

If yes:

Asset Description	Date Sold (DD/MM/YYYY)	\$ Received	Proceeds used for:
_____	_____	_____	_____
_____	_____	_____	_____

Have you had any assets seized by creditors in the last 12 months? _____

If yes:

Asset Description	Date Seized (DD/MM/YYYY)	Seized by
_____	_____	_____
_____	_____	_____

Debt Information

General Debts

List all debts owed to corporations (ex. banks, Canada Revenue Agency, deferred payment plans ['buy now, pay later' plans], etc.).

Type of Debt	Creditor Name	Account Number	\$ Amount Owing	Personal or Business debt?	Co-signed or guaranteed?	If yes, by whom?
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Please provide a recent statement for all debts listed.

Do you bank with a financial institution to which you currently owe money (including overdrafts)? _____

Are any creditors directly withdrawing funds from your bank account? _____ If yes, which creditor(s)? _____

Personal Debts

List all debts owed to individuals (family, friends, etc.).

Name	Email	Address	\$ Amount Owing
_____	_____	_____	_____
_____	_____	_____	_____

Have you made excess or lump sum payments to any creditor (whether business or individual) within the past 12 months? _____

If yes:

Creditor Name	\$ Amount Paid	Date of Payment (DD/MM/YYYY)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there any writs, judgements or garnishees outstanding against you? _____ If yes, please explain: _____

Have you guaranteed or co-signed a debt for anyone else? _____ If yes, please explain: _____

Do you have any debts arising from:

Fine imposed by Court: _____	Bail bond: _____	Alimony: _____	Maintenance Order: _____
Misappropriation: _____	Fraud: _____	Embezzlement: _____	Theft of Trust Funds: _____
Property by False Pretence: _____	Student Loans: _____	If yes, what date did you cease being a student (DD/MM/YYYY): _____	

Monthly Budget

Income

Please list the monthly net income for everyone in your household to the best of your ability.

Source of income	Myself	Spouse	Dependent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If 'Other', please explain: _____

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 (ex. inheritance, insurance settlement, etc.)? _____ If yes, please explain: _____

Expenses

Please list the monthly expenses for everyone in your household to the best of your ability.

Non-Discretionary Expenses	Myself	Spouse	Dependent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If 'Other', please explain: _____

Rent/mortgage: _____	Vehicle payment: _____	Alcohol: _____
Property taxes/condo fees: _____	Vehicle insurance: _____	Smoking: _____
Home/rental insurance: _____	Vehicle maintenance/gas: _____	Clothing: _____
Heating/gas/oil: _____	Public transportation: _____	Grooming/toiletries: _____
Hydro: _____	Telephone(s): _____	Entertainment: _____
Water: _____	Food/grocery: _____	Life insurance: _____
Cable/internet: _____	Dining/lunches/restaurants: _____	Gifts/charitable donations: _____
Other: _____	Other: _____	Other: _____
If 'Other', please explain: _____	If 'Other', please explain: _____	If 'Other', please explain: _____

Total Household Income: _____

Total Household Expenses: _____

Have you made any gifts to relatives or others in excess of \$500 in the past 5 years? _____

If yes:

\$ Value Given	To Whom	Relationship
_____	_____	_____
_____	_____	_____

By submitting this form to MNP Ltd., I am consenting to the collection, disclosure and use of my responses by MNP Ltd. and the Office of the Superintendent of Bankruptcy (OSB) in conjunction with the filing of a bankruptcy or proposal under the Bankruptcy and Insolvency Act.