

## INTERVIEW INFORMATION

*\*\*please complete the following information and bring it with you to your free consultation appointment\*\**

NAME: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(you) EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

(spouse/partner) EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ How many people in your household?: \_\_\_\_\_

How did you hear about us?: \_\_\_\_\_

Have you filed for bankruptcy before?  YES  NO

If yes, when?: \_\_\_\_\_ Did your spouse also file at that time?:  YES  NO

Have you filed a Consumer Proposal before?  YES  NO

If yes, when?: \_\_\_\_\_ Did your spouse also file at that time?:  YES  NO

Have you been in business for self?  YES  NO  Sole Proprietorship  Corporation

If yes, when?: \_\_\_\_\_ Did you ever have any employees?  YES  NO

Briefly describe the cause of your financial difficulties:

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Please list your monthly take-home pay:

	<u>Yours</u>	<u>Spouse/partner's</u>
Employment income	_____	_____
Pension income	_____	_____
Child Tax & UCCB	_____	_____
Support/alimony	_____	_____
Self-employment income (gross)	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____

**Please list your debts:**

	<b>CREDITORS</b>	<b>This debt is</b>			<b>AMOUNT</b>	<b>DETAILS</b> <i>for office use</i>
		mine (✓)	partner (✓)	both (✓)		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

**Do you have any overdraft accounts?**  YES  NO If yes, which bank(s)? \_\_\_\_\_

## MONTHLY STATEMENT OF FAMILY INCOME AND EXPENSES

\*\* please complete with average monthly amounts for any areas that apply to your household \*\*

MONTHLY INCOME		FIXED EXPENSES	
Income after deductions		Rent, mortgage	
Spouse's income after deductions		Property Taxes	
Dependent's income after deductions		Heat	
EI benefits		Electricity	
Social Assistance		Water	
Child Tax Benefit + UCCB		Telephone	
Pensions		Life Insurance	
Alimony or support income		Residential Insurance	
Rental income		Car lease or payment	
Other		Child Care	
Self-employment income (GROSS) <i>list deductions below at ☼</i>		Child Support payment	
		Spousal Support payment	
<b>TOTAL MONTHLY FAMILY INCOME</b>		<b>TOTAL MONTHLY FIXED EXPENSES</b>	

REGULAR EXPENSES		VARIABLE EXPENSES	
Groceries		Meals eaten outside the home	
Clothing		Tobacco and/or alcohol	
Laundry & Dry Cleaning		Entertainment	
Cable TV		Donations	
House Maintenance and Repairs		Gifts, holidays, etc.	
Car Gas and Oil		Barber & Hairdresser	
Car Repairs		School and Sport Supplies	
Car Insurance		<b>☼ SELF-EMPLOYED BUSINESS EXPENSES</b> <i>(please list)</i>	
Public Transportation/Tolls		1. Income tax on self-employed income	
		2. CPP on self-employed income	
<b>Non-reimbursed portions of:</b>		3. GST/HST	
Medical Insurance		4.	
Dentist		5.	
Prescriptions		6.	
		7.	
<b>TOTAL MONTHLY REGULAR EXPENSES</b>		<b>TOTAL MONTHLY VARIABLE EXPENSES</b>	

<b>COMMENTS AND NOTES:</b>	<b>SUMMARY OF EXPENSES</b>	
	REGULAR	
	FIXED	
	VARIABLE	
	TOTAL EXPENSES	
<b>EXCESS (DEFICIENCY) OF INCOME OVER EXPENSES =</b>		