

Personal Information Form

(This form is for information purposes only,
completing it does NOT commit you to the process.)



Your Information

Full Name: _____
Last First Middle

Known Alias: _____
Last First Middle

Current Address: _____
Street Address Apartment/Unit #

City Province Postal Code

Alternative Address: _____
Street Address Apartment/Unit #

City Province Postal Code

How long at current address? _____

Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____ Extension: _____

Email address: _____

Date of Birth: _____ SIN: _____ Male ☐ Female ☐

Education: ☐ 0-9 Years ☐ Some High School
☐ High School Graduate ☐ Some Post-secondary
☐ Post-secondary certificate or diploma ☐ University Degree

Marital Status: ☐ Married ☐ Single ☐ Separated
☐ Divorced ☐ Widowed ☐ Common Law

Has your marital status changed in the last 5 years? ☐ Yes ☐ No

Date of Change: _____ Status Change: _____

Emergency
Contact Name: _____ Phone Number: () _____

Spousal Information

Full Name: _____
Last
First
Middle

Known Alias: _____
Last
First
Middle

Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____ Extension: _____

Email address: _____

Date of Birth: _____ SIN: _____ Male ☐ Female ☐

Education: ☐ 0-9 Years ☐ Some High School
 ☐ High School Graduate ☐ Some Post-secondary
 ☐ Post-secondary certificate or diploma ☐ University Degree

Dependent Information

*** Include children and anyone inside or outside your residence that you support financially. ***

Full Name (First, Middle, Last)	Date of Birth (DD/MM/YYYY)	Relationship	Have Primary Custody?	Live at your residence? If not, where?	Monthly Income

If over 18, why are they still dependent?

Business Information

Have you owned or had an interest in a business in the last 5 years? ☐ Yes ☐ No

If yes: ☐ Corporation ☐ Proprietorship ☐ Partnership

Name of Business: _____

Nature of Business: _____

Location of Business: _____

Date Commenced: _____

Date Ceased: _____

Names of
Directors/Officers/Partners: _____

Does the business have any assets/receivables? ☐ Yes ☐ No

If yes, please list: _____

Have all of the required G.S.T. returns been filed? ☐ Yes ☐ No GST #:

Required T4's prepared? ☐ Yes ☐ No

Where are the
books and records? _____

Employment Information / History

Current Employer Name: _____

Occupation: _____

Employer Address: _____

Start Date: _____

If you are unemployed,
since when? _____

Have you collected EI?: _____

If yes, what was the start
date and end date? _____

List all of your employers for the past year. Include periods when you were drawing EI, WCB or Social Assistance.

Employer Name	Address	Start Date	End Date

Spouse's Employment Information / History

Current Employer Name: _____

Occupation: _____

Employer Address: _____

Start Date: _____

If spouse is unemployed, since when? _____

Have they collected EI?: _____

If yes, what was the start date and end date? _____

List all of your spouse's employers for the past year. Include periods when they were drawing EI, WCB or Social Assistance.

Employer Name	Address	Start Date	End Date

Prior Insolvencies / Other

- 1) Have you ever been bankrupt before (either in Canada or elsewhere)? ☐ Yes ☐ No

If yes, what was the cause of the previous bankruptcy?

Date of Bankruptcy: _____ Name of Trustee: _____

Date of Discharge: _____ Bankruptcy Location: _____

- 2) Have you filed for a proposal before (either in Canada or elsewhere)? ☐ Yes ☐ No

Did you receive your Certificate of Full Performance? ☐ Yes ☐ No

- 3) How did you hear about us?

- | | | |
|---|---|--|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Google | <input type="checkbox"/> Realtor |
| <input type="checkbox"/> BBB | <input type="checkbox"/> Government of Canada | <input type="checkbox"/> Staff Member |
| <input type="checkbox"/> BNA Website | <input type="checkbox"/> Internet | <input type="checkbox"/> Telus |
| <input type="checkbox"/> CCCA | <input type="checkbox"/> LinkedIn | <input type="checkbox"/> Top Three Rated |
| <input type="checkbox"/> Consumer Choice Awards | <input type="checkbox"/> Money Mentors | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Credit Counselling Society | <input type="checkbox"/> Office of the Superintendent of Bankruptcy | <input type="checkbox"/> Yellow Pages |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Prior Client | <input type="checkbox"/> Yelp |
| <input type="checkbox"/> Family/Friend | | <input type="checkbox"/> Youtube |

Cause of your financial difficulties (check as many that apply):

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Overuse of credit | <input type="checkbox"/> Marital breakdown | <input type="checkbox"/> Loss of income | <input type="checkbox"/> Business failure |
| <input type="checkbox"/> Illness | <input type="checkbox"/> Addiction | <input type="checkbox"/> Legal action | <input type="checkbox"/> Tax debt |
| <input type="checkbox"/> Creditor garnishee | | | |

Other: _____

Assets

** Indicate the estimated value using **auction or garage sale pricing** **

Type of Asset	Description	Estimated \$ Value
Cash	Cash / Chequing / Savings Account	\$
Household Goods	Furniture and Appliances	\$
	Other (please specify):	\$
Personal Effects	Clothing	\$
	Jewelry	\$
	Collections	\$
	Musical Instruments	\$
	Other (please specify):	\$
Securities, etc. (please provide details/copies of statments)	Life Insurance Policies	\$
	RRSP's	\$
	RESP's	\$
	Tax Free Savings Account	\$
	Pensions	\$
	Stocks	\$
	Bonds	\$
	Shares	\$
	Other (please specify):	\$
Miscellaneous Assets	Tools of the Trade	\$
Real Property (please provide address, % interest)	House / Condo / Townhome	\$
	Mobile Home	\$
	Other (please specify):	\$
Vehicles (please provide the year, make and model)	Automobile(s)	\$
	Motorcycle	\$
	Other (please specify):	\$
Recreational Equipment (please provide the year, make and model)	Boat	\$
	Snowmobile	\$
	Camper / Trailer / RV	\$
	Other (please specify):	\$
Motor Vehicle Accident Lawsuits		\$
Wrongful Dismissal Lawsuites		\$
Potential Inheritance		\$
Other Assets (please provide details)		\$

Debts and Liabilities

Your **SECURED** debts include mortgages, home equity lines of credits (HELOC), car loans, loans secured to your household goods, etc.

SECURED Creditor	Account Number	Amount Owing
		\$
		\$
		\$
		\$
		\$

Your **UNSECURED** debts include credit cards, bank loans, payroll loans, outstanding utilities, tax debt, loans to family and friends, overdrafts, lines of credit, student loans, etc.

[illegible]

Income and Expense Summary

Monthly Income	Self	Spouse	Others
Net employment income	\$	\$	\$
Net pension	\$	\$	\$
Net child support	\$	\$	\$
Net child tax benefit	\$	\$	\$
Net spousal support	\$	\$	\$
Net E.I. benefits	\$	\$	\$
Net social assistance	\$	\$	\$
Self-employment income	\$	\$	\$
Other net income (please specify):	\$	\$	\$
Total Monthly Income	\$	\$	\$
Total Monthly Income of the Family Unit	\$		

Non-discretionary Expenses	Self	Spouse	Others
Child support payments	\$	\$	\$
Spousal support payments	\$	\$	\$
Child care	\$	\$	\$
Medical condition expenses / Prescriptions	\$	\$	\$
Fines/penalties imposed by the court	\$	\$	\$
Expenses as a condition of employment	\$	\$	\$
Debts where stay has been lifted	\$	\$	\$
Other expenses (please specify):	\$	\$	\$
Total Monthly Non-discretionary Expenses	\$	\$	\$
Total Monthly Non-discretionary Expenses of the Family Unit	\$		

Monthly Discretionary Expenses (Family Unit)

Housing		Living	
Rent / Mortgage	\$	Food / Grocery	\$
Property Taxes / Condo Fees	\$	Laundry / Dry Cleaning	\$
Heating / Gas / Oil	\$	Grooming / Toiletries	\$
Telephone / Cell Phone	\$	Clothing	\$
Cable / Internet	\$	Other (please specify):	\$
Hydro	\$		
Water	\$	Subtotal	\$
Other (please specify):	\$	Car Lease / Payments	\$
		Repairs / Maintenance / Gas	\$
Subtotal	\$	Public Transportation	\$
Personal		Other (please specify):	\$
Smoking	\$	Subtotal	\$
Alcohol	\$	Insurance	
Dining / Lunches / Restaurants	\$		
Entertainment / Sports	\$	Vehicle	
Gifts / Charitable Donations	\$	House	\$
Allowances	\$	Furniture / Contents	\$
Other (please specify):	\$	Life Insurance	\$
Subtotal	\$	Other (please specify):	\$
Medical Expenses		Subtotal	\$
Dental	\$	Other	
Other (please specify):	\$		
			\$
			\$
Subtotal	\$	Subtotal	\$
Total Monthly Discretionary Expenses (Family Unit)			\$

Tax Information

What year did you last file a tax return? _____

Were you entitled to a refund or did you owe taxes? ☐ Refund ☐ Owed

Have you received the refund or paid the amount owing? ☐ Yes ☐ No

Amount of refund or balance owing: \$ _____

What was your spouse's approximate income last year? \$ _____

Were you living at your current address when you filed the return? ☐ Yes ☐ No

If no, what was the address? _____

Historical Information

Within the last 12 months, have you:

Sold, disposed of or transferred any property (such as real estate, vehicles or cashed in an investment such as an RRSP)? ☐ Yes ☐ No

If yes, please provide details of the property, date of transaction, amount of net proceeds and how the proceeds were disbursed:

Made any large or lump sum payments to a creditor in excess of your regular payment? ☐ Yes ☐ No

If yes, please provide details:

Had any property seized by a creditor? ☐ Yes ☐ No

If yes, please provide details:

Within the last 5 years, have you (knowing yourself to be insolvent):

Sold, disposed of or transferred any property (such as real estate, vehicles or cashed in an investment such as an RRSP)? ☐ Yes ☐ No

If yes, please provide details of the property, date of transaction, amount of net proceeds and how the proceeds were disbursed:

Made any gifts in excess of \$500.00 to anyone, including relatives?

☐ Yes

☐ No

If yes, please provide details including amounts and dates:

Has anyone left you an inheritance which you have not yet received or do you expect to receive any sums of money not related to your normal income in the next 12 months?

☐ Yes

☐ No

If yes, please provide details including amounts and dates:

Additional Information

1. Are you involved in civil litigation from which you may receive monies or property? (ex: vehicle accident claim, wrongful dismissal claim, labour standards claim, etc.) ☐ Yes ☐ No

If yes, please provide details including amounts and dates:

2. Are there any outstanding garnishments, wage assignments, judgments or writs against you now? ☐ Yes ☐ No

If yes, please provide details including amounts and dates:

3. Do you have any credit cards?

☐ Yes

☐ No

If yes, please provide details:

4. Have you obtained any or continued to use credit in the last 3 months?

☐ Yes

☐ No

If yes, please provide details:

5. Does your husband or wife own any assets?

☐ Yes

☐ No

If yes, please provide details:

6. Have you received any lump sum payments or settlements in the last 12 months?

☐ Yes

☐ No

If yes, please provide details:

7. If you have paid alimony or maintenance payments during the last year,

To whom paid? _____

Amount paid (YTD)? \$ _____

By court order? ☐ Yes ☐ No

Date of court order: _____

8. Do you bank with a financial institution to which you owe money (including overdrafts, credit cards, lines of credit) or do you have any automatic debits or post-dated cheques for debt payments?

☐ Yes ☐ No

If yes, please provide details:

Please provide the name, address and account number of your current banking institution:

Have you any debts arising from:

Fine or penalty imposed by the court (including traffic fines)? ☐ Yes ☐ No

Recognizance or bail bond? ☐ Yes ☐ No

Fraud, embezzlement or obtaining property by false pretenses? ☐ Yes ☐ No

Employment insurance overpayments? ☐ Yes ☐ No

Are your vehicles or other assets insured? ☐ Yes ☐ No

Has anyone co-signed any of your outstanding debts? ☐ Yes ☐ No

If yes, please provide details: _____

Do you have a safety deposit box? ☐ Yes ☐ No

If yes, please provide location and contents: _____

Are you currently involved in a matrimonial property settlement? ☐ Yes ☐ No

Are you storing any personal property which does not belong to you? ☐ Yes ☐ No

If yes, please provide details: _____

Only for Student Loans

Degree/certificate received? ☐ Yes ☐ No

Attended school from: _____ to _____

Area of study: _____

Institution attended: _____

When did you receive funds? _____

Are you working in that field? _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Signature: _____ Date: _____



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**FOR YOUR INITIAL INTERVIEW, PLEASE BRING THE FOLLOWING
(if applicable):**

- ☐ Identification (Driver's license, birth certificate, etc.)
- ☐ Copy of your insurance and registration for your vehicle(s)
- ☐ Copy of any vehicle loan agreements, leases, loans through finance companies and mortgage agreements
- ☐ Financial statements of any businesses owned
- ☐ Recent copies of credit card statements, overdrafts and lines of credit
- ☐ Copies of investment statements (Ex: RRSP, RESP, TFSA, Canada Savings Bond, Profit Sharing Plans, Stocks, Stock Options, Shares, Term Deposit, GIC, etc.)
- ☐ Copy of your life insurance policy/policies
- ☐ A copy of your latest pay stub
- ☐ Copy of garnishee, court order judgment, requirement to pay
- ☐ Copy of previous tax returns
- ☐ Copy of land title