

MNP LTD
Edmonton Main Office
Suite 1300, 10235 - 101 Street Edmonton, AB T5J 3G1 Phone: (780) 455-1155 Fax: (780) 409-5415 Toll Free: 1-866 465 1155



FINANCIAL CONSULTATION FORM

CONFIDENTIAL

► Personal Information

	Applicant	Co-Applicant
Last name:		
All given names:		
Also known as / Maiden name :		
Date of Birth (DD/MM/YY)		
S.I.N. #:		
Mailing address:		<small>if different from Applicant</small>
Physical address (if different):		
City/Town/Hamlet:		
Province:		
Postal Code:		
At this address since: (DD/MM/YY)		
Resident of province since:(DD/MM/YY)		
Telephone: Home:		
Work:		
Cell:		
Other inc Fax:		
Email:		
Occupation:		
Highest Level of Education:	<input type="checkbox"/> Grade 0-8 <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 - date finished ___/___	
Bankrupt before? If so date discharged:	<small>Please provide more details on page 8.</small> (DD/MM/YY)	<small>Please provide more details on page 8.</small> (DD/MM/YY)
How did you hear about us?	Yellow Pages, Referral (lawyer, accountant, family), Internet search (google, mnp, bankruptcy, debt etc) Flyer, Newspaper, MNP name, Other - please specify	

► Family Status

a) Marital Status:	<input type="checkbox"/>	Single	____ / ____	<input type="checkbox"/>	Divorced	____ / ____
Specify month and year	<input type="checkbox"/>	Married	____ / ____	<input type="checkbox"/>	Seperated	____ / ____
	<input type="checkbox"/>	Common Law	____ / ____	<input type="checkbox"/>	Widowed/Windower	____ / ____
b) Number of persons in household including applicant:						
c) Number in household 17 or under?						
d) Co-Applicant also filing for bankruptcy/proposal?						

► Dependents

• Do you have any dependents that rely on you for financial support?

Name	Relationship	Birthdate (DD/MM/YY)	Address if different	Monthly Income if applicable
				\$
				\$
				\$
				\$
				\$
				\$
				\$

If over 18 years old, why dependent?

.....

► Next of Kin - Applicant - other than spouse i.e parents, family, close friends

Name	Relationship	Address	Phone

► Employment Information for the past 2 years

● Current Employer

<u>Applicant</u>	<u>Co-Applicant</u>
Employer Name:	
Address:	
.....	
City:	
Province	
Post Code:	
Position:	
Start Date:	
End Date:	
Attention:	
Fax:	
Phone:	

● Previous Employers since last tax return filed:

<u>Applicant</u>	<u>Co-Applicant</u>
1) Employer Name:	
Address:	
.....	
City:	
Province	
Post Code:	
Position:	
Start Date:	
End Date:	
Attention:	
Fax:	
Phone:	

If applicable, please copy and attach extra page(s) for you need to list more employers

► LIABILITIES (Debts)

List ALL debts from whatever source, including secured debts and personal loans from friends and family and co-signed or guaranteed by others

Creditor's Name	Complete Address and Postal Code	Account No.	Best Estimate of Amount Owning (\$)	Applicant (A) Co-App (CA) or Joint (J)?	Personal or Business	Secured (S)/ Unsecured (US) - Which Asset?	Co-signed or guaranteed by others?	Additional Notes (including credit card disposition)
					P / B		Y / N	
					P / B		Y / N	
					P / B		Y / N	
					P / B		Y / N	
					P / B		Y / N	
					P / B		Y / N	
					P / B		Y / N	
					P / B		Y / N	
					P / B		Y / N	
					P / B		Y / N	
					P / B		Y / N	
					P / B		Y / N	
					P / B		Y / N	
					P / B		Y / N	
					P / B		Y / N	
					P / B		Y / N	
					P / B		Y / N	
					P / B		Y / N	
					P / B		Y / N	
		TOTAL DEBTS						

▶ ASSETS

				MNP office use				
Asset Description		Details & Location Account #, Serial #, Policy #		Best Estimate Of Current Value (\$)	Applicant (A) Co-App. (CA) or Joint (J)?	Exempt / Non- Exempt	Secured?	Keep?
1)	Cash on Hand / In Bank							
2)	Retirement Savings Plans (RRSP) - Please list institutions							
3)	RESP - Please list institutions							
3)	Savings Plans/Bonds - Please list institutions							
4)	Cash Surrender Value of Insurance Policies - Please list institutions							
5)	Stocks/Shares - Please list institutions and quantity							
5)	Household Furniture (Free & Clear or Secured by loan - include creditor name)	Other than regular household items.						
7)	Personal Effects - e.g. Clothing and Jewellery	Other than regular items.						
8)	Principal Residence (Free & clear or Secured by mortgage - include creditor name)	Address:	Lender:					
9)	Other House / Cottage / Land (Free & Clear or Secured by loan - include creditor name)	Address:	Lender:					
10)	Mobile Home (Free & Clear or Secured by loan - include creditor name)	Year: Make: Model:	Location: Creditor: Serial #:					
11)	Automobile 1 (Free & Clear or Secured by loan - include creditor name)	Year: Make: Model:	Location: Creditor: Serial #:					
	Automobile 2 (Free & Clear or Secured by loan - include creditor name)	Year: Make: Model:	Location: Creditor: Serial #:					
	Automobile 3 (Free & Clear or Secured by loan - include creditor name)	Year: Make: Model:	Location: Creditor: Serial #:					
12)	Other Motorized Vehicle 1 e.g. Motorcycle, Quad, Skidoo etc (Free & Clear or Secured by loan - include creditor name)	Year: Make: Model:	Location: Creditor: Serial #:					
	Other Motorized Vehicle 2 e.g. Motorcycle, Quad, Skidoo etc (Free & Clear or Secured by loan - include creditor name)	Year: Make: Model:	Location: Creditor: Serial #:					
13)	Boat / Trailer (Free & Clear or Secured by loan - include creditor name)	Year: Make: Model:	Location: Creditor: Serial #:					
14)	Loans Due to You / Accounts Receivable	Who from: Address:	Reason:					
15)	Estimated Tax Refund	Tax year:						
16)	Tools of the Trade - (Free & Clear or Secured by loan - include creditor name)	Provide inventory list and values:						
17)	Any Other Assets	Please list on page 15 or attach details.						

► **MONTHLY HOUSEHOLD BUDGET**

<u>ALL MONTHLY INCOME</u>		<u>NON-DISCRETIONARY MONTHLY EXPENSES</u>	
	\$		\$
Net Employment Income - Applicant	.....	Child Support Payments	.....
Net Employment Income - Co Applicant	.....	Spousal Support Payments	.....
Net Pensions/Annuities	.....	Child Care	.....
Net Child Support	.....	Medical Condition Expenses	.....
Other Net Income	.....	Fines/Penalties Imposed by Court	.....
Child Tax Benefit	.....	Expenses as a Condition of Employment	.....
Net Spousal Support	.....	Debts Where Stay Has Been Lifted	.....
Net Employment Insurance Benefits	.....	Other: (inc. details)	.....
Net Social Assistance	.....	
Self Employed Income	.....	
TOTAL MONTHLY INCOME (A)	\$	TOTAL MONTHLY NON-DISCRETIONARY EXPENSES (B)	\$

AVAILABLE MONTHLY INCOME (A - B) = (C)	\$
---	-----------

<u>DISCRETIONARY MONTHLY EXPENSES</u>			
	\$		\$
Housing Expenses		Living Expenses	
Rent/ mortgage	.....	Food/grocery	.....
Property Taxes / Condo Fees	.....	Laundry/dry cleaning	.....
Heating, gas, propane etc.	.....	Grooming/toiletries	.....
Telephone	.....	Clothing	.....
Cable	.....	Other: (inc. details)	.....
Hydro	.....	Transportation Expenses	
Water	.....	Car lease/payments	.....
Furniture	.....	Repairs/maintenance/gas	.....
Other: (inc. details)	.....	Public Transportation	.....
Personal Expenses		Other: (inc. details)	.....
Smoking	.....	Insurance Expenses	
Alcohol	.....	Vehicle	.....
Dining/lunches/restaurants	.....	House	.....
Entertainment/sports	.....	Furniture/contents	.....
Gifts/charitable donations	.....	Life Insurance	.....
Allowances	.....	Other: (inc. details)	.....
Other: (inc. details)	.....	Payments	
Non-recoverable Medical Expenses		To Trustee	.....
Prescriptions	.....	To secured creditor	.....
Dental	.....	(other than mortgage and vehicle)	.....
Other: (inc. details)	.....	Other: (inc. details)	.....
TOTAL MONTHLY DISCRETIONARY EXPENSES (D)		\$	

TOTAL - SURPLUS/(SHORTFALL) (C) - (D)	\$
--	-----------

► Business Involvement

- Have you operated a proprietorship, partnership, or corporation in the last 5 years?

	Applicant Yes / No	Co-Applicant Yes / No	MNP Office Notes
	If Yes, please complete below	If Yes, please complete below	
Type of Business			
1) Proprietorship	Yes / No	Yes / No	
2) Partnership - Partners and % ownership	Yes / No	Yes / No	
3) Corporation % of Share Ownership:	Yes / No	Yes / No	
Legal Business Name:			
Operating As:			
Nature/Type of Business:			
Address:			
City:			
Province			
Postal Code			
B.I.N Number:			
Last GST/HST return filed:			
Period of operations:	Start: (DD/MM/YY) End: (DD/MM/YY)	Start: (DD/MM/YY) End: (DD/MM/YY)	
1) Does the business have any assets?	Yes / No \$	Yes / No \$	
2) Source Deductions outstanding?	Yes / No \$	Yes / No \$	
3) GST/HST Outstanding	Yes / No \$	Yes / No \$	
4) Employee Payroll/Wages outstanding, unpaid vacation pay etc	Yes / No \$	Yes / No \$	
5) Any payroll requirements to be completed: (T4's, Separation Slips, , etc.)	Yes / No \$	Yes / No \$	
6) CPP Liabilities	Yes / No \$	Yes / No \$	
7) Guaranteed loan for business?	Yes / No \$	Yes / No \$	
Other relevant details			

► Previous Insolvencies

1) Have you been previously bankrupt in Canada or elsewhere?		
	Applicant Yes / No	Co-Applicant Yes / No
Date Filed		
Cause		

2) Have you ever filed a Proposal under the Bankruptcy & Insolvency Act?		
	Applicant Yes / No	Co-Applicant Yes / No
Date Filed		
Cause		

3) Have you ever filed for orderly payment of debts?	Yes / No
---	-----------------

► Disposition of Assets

- 1) **Have you sold, disposed of or transferred any assets in the last 12 months? (including investments such as RRSP's, Canada Savings Bonds, etc.)**

Applicant Yes / No	Co-Applicant Yes / No
Asset sold/disposed:	Asset sold/disposed:
When:	When:
\$ Received:	\$ Received:
Proceeds used for:	Proceeds used for:

- 2) **Have you made excess or lump sum payments to your creditors in the past 12 months?**

Applicant Yes / No	Co-Applicant Yes / No
When:	When:
\$ Received:	\$ Received:
Proceeds used for:	Proceeds used for:

- 3) **Have you had any property seized by creditors in the last 12 months?**

Applicant Yes / No	Co-Applicant Yes / No
Asset seized:	Asset seized:
By whome:	By whome:
When:	When:

- 4) **Have you sold, disposed of, or transferred any real property in the last 5 years?**

Applicant Yes / No	Co-Applicant Yes / No
Asset sold/disposed:	Asset sold/disposed:
When:	When:
\$ Received:	\$ Received:
Proceeds used for:	Proceeds used for:

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

Applicant Yes / No	Co-Applicant Yes / No

- 6) **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? (i.e inheritance, insurance or other settlements, civil litigations and other lawsuits, WCB, Disability Tax Credits etc)**

Applicant Yes / No	Co-Applicant Yes / No

► Additional Questions (Part 1)

(Please circle your response and if YES, make detailed notes in the reference section below)

- | | | <u>Applicant</u> | <u>Co-Applicant</u> |
|-----|--|------------------|---------------------|
| 1) | Are there any Garnishee's, Judgments or Writs against you at this time?
..... | | Yes / No |
| 2) | Have you ever applied for financial advice or assistance elsewhere?
(e.g. government agency, lawyer, debt counsellor, another trustee)
..... | | |
| 3) | Have you guaranteed or co-signed a debt for anyone else?
..... | | |
| 4) | Has anyone guaranteed or co-signed a debt for you?
..... | | |
| 5) | Are you bonded in your present position?
..... | | |
| 6) | Do you have a Safety Deposit box?
..... | | |
| 7) | Does your spouse own any assets separately from you?
..... | | |
| 8) | Did you sell or transfer anything you purchased on credit before it was fully paid off?
..... | Yes / No | |
| 9) | Have you borrowed money, obtained a loan or used your credit card for any purchases for a value of \$1,000 or more in the last 3 months?
..... | | |
| 10) | Have you purchased any assets on a deferred payment plan such as "buy now pay later" and the debt is still due?
..... | | |
| 11) | In the last 12 months have you given security for any asset to any creditor? i.e. taken out loan and pledged an asset as collateral in return
..... | | |
| 12) | Are any of your assets being held by someone else or in trust?
..... | | |
| 13) | Are you in possession of any assets which do not belong to you and have never belonged to you?
..... | | |
| 14) | Do you bank with a financial institution to which you owe money?(including overdraft). Who? _____
..... | | |
| 15) | Are any creditors holding post dated cheques or directly debiting your account?
..... | | |
| 16) | Do you have or recently had any addictions such as alcohol, gambling, or drugs?
a). If yes, have you received any counselling for your addiction? | | |

Detailed Notes: (Reference by question number above)

► Additional Questions (Part 2)

(Please circle your response and if YES, make detailed notes in the reference section below)

Applicant Co-Applicant

17) Do you have any debts arising from the following:

- a) Fine Imposed by the court: _____
- b) Bail Bond: _____
- c) Alimony: _____
- d) Maintenance Order: _____
- e) Fraud: _____
- f) Embezzlement: _____
- g) Misappropriation: _____
- h) Theft of Trust Funds: _____
- i) Property by False Pretence: _____
- j) Student Loans: Date you ceased being a student _____
- k) Employment Insurance Overpayment: _____

Detailed Notes: (Reference by question number above)

18) Summarize the circumstances that have contributed to, or caused your financial difficulties.	
Applicant:	Co-Applicant:

19) What actions are creditors taking against you at this time?	
Applicant:	Co-Applicant:

► Income Tax Information

Applicant	Co-Applicant
Last Income Tax Return Filed:(Year)	Last Income Tax Return Filed:(Year)
Status? (Assessed, pending assessment)	Status? (Assessed, pending assessment)
Have you provided the Trustee with a copy of your last filed income tax return? Yes / No (If not, please provide)	Have you provided the Trustee with a copy of your last filed income tax return? Yes / No (If not, please provide)

► Additional Notes:

1)

PLEASE UNDERSTAND THAT A STATEMENT OF YOUR FINANCIAL AFFAIRS WILL BE PREPARED FROM THE INFORMATION SUPPLIED BY YOU ON THIS APPLICATION AND THAT STATEMENT MUST BE SWORN BY YOU UNDER OATH AS BEING, TO THE BEST OF YOUR KNOWLEDGE AND BELIEF, A FULL, TRUE AND COMPLETE STATEMENT OF YOUR FINANCIAL AFFAIRS.

I hereby certify that the information contained in this application is, to the best of my knowledge, a full, true and complete statement of my affairs as of the date shown below and fully discloses all property and transactions of every discription that is or was in my possession or that may devolve on me.

Applicant Signature

Co-Applicant Signature

Date

Date

MNP Office Use

Estate Manager	_____	Initial Consultation Date	_____
Trustee	_____	Assessment Date	_____
VPA/month	\$ _____	Min VPA total	\$ _____
SGL month	\$ _____	Bankruptcy or Proposal?	_____
Proposal Terms	\$ _____ / month x _____ months	Provisional Bankruptcy period	9 /21 / 24 / 36

► Reminder Checklist

► If applicable, please bring the following information listed below for meeting with MNP LTD

	Notes
<p>1) Consultation Form</p> <ul style="list-style-type: none"> a) Ensure all questions are answered as fully where relevant. b) Mailing addresses and account numbers for all creditors, including credit card statements and loan documents c) Copy of any garnishee summons issued by a creditor. 	
<p>2) Personal Identification</p> <ul style="list-style-type: none"> a) Copy of Driver's license or passport b) Copy of Social Insurance card 	
<p>3) Vehicles</p> <ul style="list-style-type: none"> a) Copy of vehicle registration documents (pink slip) b) Copy of vehicle Insurance c) Copy of lease agreements or finance sales contract 	
<p>4) Residence</p> <ul style="list-style-type: none"> a) Copy of most recent mortgage statement b) Copy of recent property tax assessment or market evaluation c) Copy of land title if available d) Copy of mortgage documents if available 	
<p>5) RRSP, RESP, TFSA</p> <ul style="list-style-type: none"> a) Copies of most recent plan statements b) Policy number and address for administrator 	
<p>6) Pensions, LIRA, Life Insurance</p> <ul style="list-style-type: none"> a) Copies of all whole life insurance policies b) Policy numbers and address of Insurance Co 	
<p>7) Stock/Bonds/Securities</p> <ul style="list-style-type: none"> a) All pertinent documentation / statements 	
<p>8) Matrimonial Agreements</p> <ul style="list-style-type: none"> a) Separation, alimony, child support, and property division agreements b) Proof of child support payment 	
<p>9) Credit Cards</p> <ul style="list-style-type: none"> a) Bring all credit cards to the Trustee, including those with a nil balance 	
<p>10) Pay Stubs</p> <ul style="list-style-type: none"> a) Most current pay stub available showing year to date income and/or bank statement if unemployed 	
<p>11) Tax Information</p> <ul style="list-style-type: none"> a) Copy of most recent tax return filed or Notice of Assessment b) If prior years return is outstanding, all pertinent tax information slips (T4's, receipts, etc.) 	
<p>12) Payment to Trustee/Administrator</p> <ul style="list-style-type: none"> a) Deposit due on signing (first month payment) b) Copy of void cheque / preauth. debit form 	
<p>13) Business Information</p> <ul style="list-style-type: none"> a) Recent financial statements or trial balance b) CRA notices 	