

## 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: \_\_\_\_\_

### 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	# Of people living in your household over the age of 18 <i>(including yourself)</i>	# Of people living in your household under the age of 18
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### Spouse Information

First Name	Last Name	Birthdate <i>(DD/MM/YYYY)</i>	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 <i>(DD/MM/YYYY)</i>
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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 <i>(DD/MM/YYYY)</i>
------------	-------------	-----------	--------------	-------------------------------

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? \_\_\_\_\_

\*Red fields are required.

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? \_\_\_\_\_

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

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.*