

**How did you hear about SPERGEL?**  
 Website/Google/Internet \_\_ Radio \_\_ Facebook \_\_ Friend/Family \_\_ Referral Name \_\_\_\_\_  
**What words did you search for on the internet?** \_\_\_\_\_

**Family Information**

	<b>Applicant</b>	<b>Spouse</b>
<b>Family Name (Last Name)</b>		
<b>First and Middle Names (as printed on your birth certificate)</b>		
<b>AKA/Maiden Name</b>		
<b>Date of Birth</b>	Day: _____ Month: _____ Year: _____	Day: _____ Month: _____ Year: _____
<b>SIN #</b>		
<b>Marital Status</b>	Single __ Married __ Separated __ Widowed __ Common-Law __ Divorced __ Other: _____ <b>Since:</b> Day: _____ Month: _____ Year: _____	
<b>Level of Education</b>	<input type="checkbox"/> 0-8 years <input type="checkbox"/> High School <input type="checkbox"/> 0-8 years <input type="checkbox"/> High School <input type="checkbox"/> Some high school <input type="checkbox"/> University degree <input type="checkbox"/> Some high school <input type="checkbox"/> University degree <input type="checkbox"/> Some post-secondary <input type="checkbox"/> N/A <input type="checkbox"/> Some post-secondary <input type="checkbox"/> N/A	
<b>Email</b>	_____	_____
<b>Telephone Number</b>	Home: _____ Cell: _____	Work: _____
<b>Address (including postal code)</b>	_____	
	<b>At this address since</b> Day: _____ Month: _____ Year: _____	

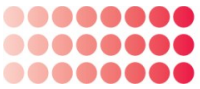
**List of Dependents Currently Living with You**

<b>Full Name</b>	<b>Relation</b>	<b>Date of Birth (dd/mm/yy)</b>	<b>Gender (M/F)</b>	<b>Income</b>

**Employment Information**

**Applicant** – Please indicate your current source of income (if unemployed, please indicate if you are currently collecting benefits)  
**Employer:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_ **Employed from(dd/mm/yy):** \_\_\_\_\_  
**Address (incl postal code):** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Payroll Contact (to stop garnishment):** Name \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Spouse (if also filing)** – Please indicate your current source of income (if unemployed, please indicate if you are currently collecting benefits)  
**Employer:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_ **Employed from(dd/mm/yy):** \_\_\_\_\_  
**Address (incl postal code):** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Payroll Contact (to stop garnishment):** Name \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_



**Self Employed or Business Details**

<b>Are you currently self-employed or have you operated a business in the last 5 years?</b> Yes ___ No ___ If yes, please complete below	
<b>Business Name and Address</b> (incl Postal Code): _____	
<b>Type of Ownership:</b> Incorporated ___ Sole Proprietor ___ Partnership ___	
<b>Type of Business:</b> _____	<b>Commenced Operating:</b> Month ___ Year ___ <b>Ceased Operating:</b> Month ___ Year ___ <b>Still in Operation:</b> Yes ___ No ___
<b>Name of Partners or Directors (if applicable):</b> _____	
<b>Does the business have any assets and/or receivables?</b> Yes ___ No ___ (if yes, please attach a list)	
<b>Was the Business GST Registered?</b> Yes ___ No ___ <b>If yes, GST Number:</b> _____	
<b>Did/does the Business have employees?</b> Yes ___ No ___ <b>Were all source deductions remitted?</b> Yes ___ No ___	
<b>Can you produce books and records?</b> Yes ___ No ___ <b>If no, what happened to them?</b> _____	

**Assets**

	Applicant Spouse Joint	A S J	Description (Serial#, acct. #, location)	Estimated Net Value	Exempt (Y/N)	Secured (Y/N)
Cash on hand/in bank						
Household Furnishings						
Personal Effects						
Cash surrender value of insurance policies						
Stocks/Shares						
Pension Plans						
RRSP						
R.E.S.P.						
Canada Savings Bonds						
Profit Sharing Plan						
<b>Real Estate (in Canada or abroad)</b>						
House						
Land/Cottage						
Time Share						
Rental/Business Prop.						
<b>Motorized Vehicles (year, make, model)</b>						
Auto #1						
Auto #2						
Truck(s)/Van(s)						
Motorcycle						
Snowmobile/other						
Boat/Motor/Trailer						
Recreational Vehicle						
<b>Tools of Trade</b>						
<b>Other (specify) (Collections, etc.)</b>						



**Liabilities/Debts**

Creditor Name and Account Number	Amount	Applicant (A) Spouse (S) Joint (J)	Business (B) Personal (P)	Comments
1. _____ AC #: _____				
2. _____ AC #: _____				
3. _____ AC #: _____				
4. _____ AC #: _____				
5. _____ AC #: _____				
6. _____ AC #: _____				
7. _____ AC #: _____				
8. _____ AC #: _____				
9. _____ AC #: _____				
10. _____ AC #: _____				
11. _____ AC #: _____				
12. _____ AC #: _____				

**TOTAL DEBT:** Joint Applicant \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_ Joint \$ \_\_\_\_\_

Debt > 75% Yes \_\_\_\_\_ NO \_\_\_\_\_

**Budget (Monthly)**

<b>INCOME</b> *Please provide proof of anything entered in this section (e.g. Pay stubs, etc.)	<b>Applicant</b>	<b>Spouse</b>	<b>Total</b>
Net Employment Income	\$	\$	\$
Pension/Annuities	\$	\$	\$
Support Received	\$	\$	\$
Baby Bonus/CTB	\$	\$	\$
Employment insurance benefits	\$	\$	\$
Social Assistance	\$	\$	\$
Self-Employment Income: _____	\$	\$	\$
Net: _____	\$	\$	\$
Other Income (provide details): _____	\$	\$	\$
<b>Net Monthly Income</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>SUPPORT, CHILD CARE, MEDICAL &amp; OTHER EXPENSES</b> *please provide proof for anything entered in this section (i.e. receipts for childcare, etc.)			
Child Support	\$	\$	\$
Spousal Support	\$	\$	\$
Child Care	\$	\$	\$
Medical Expenses	\$	\$	\$
Court Imposed Fines	\$	\$	\$
Employment Expenses	\$	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>



<b>LIVING EXPENSES</b>			
<b>Housing Expenses</b>		<b>Living Expenses</b>	
Rent/Mortgage	\$	Food/Groceries	\$
Property Taxes/Condo Fees	\$	Laundry/Dry Cleaning	\$
Heat/Gas/Oil	\$	Grooming/Toiletries	\$
Telephone/Cell phone	\$	Clothing	\$
Cable/Internet	\$	Pets	\$
Hydro	\$	Other	\$
Water	\$	<b>Transportation</b>	
Furniture	\$	Car Leases/Payments	\$
Other	\$	Repairs/Maintenance/Gas	\$
<b>Personal Expenses</b>		<b>Public Transportation</b>	
Smoking	\$	\$	
Alcohol	\$	<b>Insurance Expenses</b>	
Dining/Lunches/Restaurants	\$	Vehicle	\$
Entertainment/Dining out	\$	House	\$
Gift/Charitable Donations	\$	Furniture/contents	\$
Allowances	\$	<b>Life insurance</b>	
<b>Other non-recoverable medical expenses</b>		Payments	
Prescriptions	\$	To the estate	\$
Dental	\$	To secured creditors	\$
Other	\$		
<b>Total Monthly discretionary expenses (family unit) .....</b>			<b>\$</b>

**Recent Transactions**

	(A)	(S)
In the past twelve months, have you sold, disposed or transferred any assets? (including real estate, vehicles, RRSP's, RESP's, GIC's, Bonds, etc.) If yes, specify date, asset, how much money you received, and what you did with the money: _____	Y/N	Y/N
In the last twelve months, have you made excess payments to creditors, or paid off in full any creditor? If yes, specify date, creditor paid, and the amount of the payment: _____	Y/N	Y/N
In the last twelve months, have you had any assets seized by creditors? If yes, provide date seized, description of asset, and creditor who seized the asset: _____	Y/N	Y/N
In the last five years, while knowingly insolvent, have you sold or transferred any property in Canada or elsewhere? If yes, specify asset, approximate date, amount received, and what you did with the money: _____	Y/N	Y/N
Within the last five years, have you made any gifts to others over \$500? If yes, provide when the gift was made, to whom the gift was made, and the value of the item: _____	Y/N	Y/N
Has anyone left you an inheritance which you have not yet received, or are you expecting to receive sums of money which are not related to your normal income or any other property within the next twelve months? If yes, provide details: _____	Y/N	Y/N

**General Information**

Within the last 6 months, have you paid for advice regarding your financial situation? If yes, provide the date, the name of the company, and how much you paid:	Y/N	Y/N
Have you ever been bankrupt before or filed a consumer proposal? If yes, provide the name of the Trustee, year filed, and the name you filed under if different than your current name:	Y/N	Y/N
Have you obtained new credit in the last three months, or have you used credit cards in the last three months? If yes, provide details:	Y/N	Y/N



Do you still have any credit cards in your possession? (Must be given to Trustee)		
Has anyone co-signed for any of your debts, or have you co-signed a debt for someone? If yes, provide details (i.e. co-card holder and/or supplementary card holder): _____		
Are there any writs, judgments, garnishments or wage assignments against you? If yes, provide details and supporting documentation:		
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 deposits or post dated cheques for debt payments? If yes, provide details:		
Do you have a safety deposit box? If yes, please describe the contents and value:		
Do you have any debts arising from court fines, penalties, child support or alimony arrears, student loans or convictions of fraud? If yes, what and how much?		
Are you involved in civil litigation from which you may receive monies or property? If yes, please provide details:		
Are you bonded in your current position?		
Have you made arrangements to continue to pay any creditors?		
Does your spouse have any assets?		
Have you given any post-dated cheques to anyone?		
If renting, have you ever owned the property or does a family member own it?		
Do you have any student loan debts? If yes, what was your last study date (mm/yyyy) _____ (If you do not know your last study date please call the federal and/or provincial student loan provider for this date)		

### Income Tax

For which year was your last tax return filed? _____	Refund received \$ _____
	Amount Owing \$ _____
	Refund Owing \$ _____

**Cause of Financial Difficulty** – Briefly describe what, in your opinion, caused your current financial problems?

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I hereby certify that the information in the application is true and complete in every respect and fully disclose the state of my affairs.

\_\_\_\_\_

Signature of Applicant Date

### Express Consent to Email

SPERGEL would like to occasionally share financial tips and interesting, timely, and relevant industry updates and news with you via email. To provide these, we would like to get your express consent for this purpose only:

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ (please only fill out email address if signature is given above)

SPERGEL collects, uses, and discloses personal information provided to us in accordance with our Privacy Policy available at [www.spergel.ca](http://www.spergel.ca). You can withdraw your consent at any time by contacting [hello@spergel.ca](mailto:hello@spergel.ca) or clicking the unsubscribe button located at the bottom of each communication.