

P.F. Markham & Associates Inc.

265 Carling Avenue, Suite 201
613 237 8484 (Ottawa)
613 735 5986 (Pembroke)
613 237 8485 (fax)

Full Legal Name: _____

Address: _____

At address since: _____ Home Phone Number: _____

Work Phone Number: _____ Cell Phone Number: _____

Employer: _____ Occupation: _____

Date of Birth: _____ SIN: _____

Level of Education: _____

Marital Status: _____ Since (if changed in last year): _____

Spouse Name: _____

Spouse Date of Birth: _____ Spouse Occupation: _____

Dependants: 1. _____ Date of Birth: _____

2. _____ Date of Birth: _____

3. _____ Date of Birth: _____

1. Have you ever been bankrupt before? _____

2. Have you ever filed a proposal before? _____

3. Have you made any unusual payments, returned any goods, given security to your creditors in the last three months? _____

4. Are you an officer or director of any corporations? _____

5. Do you have a safety deposit box or safe in your house? _____

6. Do you have any credit cards? _____

7. Have you been self-employed in the past five years? _____

8. Within the last 12 months have you:

• Disposed, sold or transferred any assets? _____

• Made any excessive payments to any creditor(s)? _____

• Paid off any one or other particular creditor(s)? _____

9. Within the last five years have you:

• Sold, transferred or disposed of any real estate? _____

• Made any gifts to any person(s) in excess of \$500? _____

10. Has anyone co-signed or guaranteed your debts? _____

11. Have you co-signed or guaranteed any other person's debts? _____

12. Do you have any student loans? _____

• When did you cease being a full time student? _____

13. When did you file your last income tax return? _____

Assets

Type of Asset	Description of Asset	Estimated Dollar Value	Secured Amount / Liens
1. Cash on Hand			
2. Furniture			
3. Personal Effects			
4. Policies & RRSP's			
6. Real Property or Immovable House Land Cottage			
7. Motor Vehicles Automobile Snowmobile Motorcycle Other			
8. Recreational Equipment			
9. Other			

Liabilities

Creditor Name	Address	Account Number	Amount
1.			
2.			
3.			
4.			
5.			
6.			
7.			

SUMMARY OF MONTHLY INCOME AND EXPENSES

MONTHLY INCOME

Other Members of family unit

Net employment income	_____	_____
Pension/Annuities	_____	
Child Tax Credits	_____	
Child / Spousal support	_____	
Employment insurance benefits	_____	
Social assistance	_____	
Self-employment income	_____	
Other net income	_____	_____

LESS MONTHLY NON- DISCRETIONARY EXPENSES

Child / Spousal support payments	(_____)	
Child Care Expenses Paid	(_____)	
Health Related Expenses Paid	(_____)	
Fines or Penalties Being Paid	(_____)	
Employment Related Expenses Paid	(_____)	
Debt Payments (Court Lifted Stay)	(_____)	
Other Expenses	(_____)	(_____)

TOTAL NET MONTHLY INCOME FOR SURPLUS _____

MONTHLY DISCRETIONARY EXPENSES: (Family unit)

Housing expenses

Rent/Mortgage _____	_____
Property taxes/Condo _____	_____
Heating/Gas/Oil _____	_____
Telephone _____	_____
Cable _____	_____
Hydro _____	_____
Water _____	_____
Furniture _____	_____
Other _____	_____

Personal expenses

Smoking _____	_____
Alcohol _____	_____
Dining/Lunches _____	_____
Entertainment/Sports _____	_____
Gifts/Charitable _____	_____
Allowances _____	_____
Other _____	_____

Non-recoverable medical

Prescriptions _____	_____
Dental _____	_____
Other _____	_____

Living expenses

Food/Grocery _____	_____
Laundry/Dry cleaning _____	_____
Grooming/Toiletries _____	_____
Clothing _____	_____
Other _____	_____

Transportation

Car lease/Payments _____	_____
Repair/ Maintenance/Gas _____	_____
Public transportation _____	_____
Other _____	_____

Insurance expenses

Vehicle _____	_____
House _____	_____
Furniture/Contents _____	_____
Life insurance _____	_____
Other _____	_____

TOTAL MONTHLY DISCRETIONARY EXPENSES (FAMILY UNIT) _____

MONTHLY SURPLUS OR (DEFICIT) FAMILY UNIT _____

Number of persons in household family unit, including bankrupt: _____