

SEGAL & PARTNERS INC.

2005 Sheppard Avenue East, Suite 500

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APPLICATION

Referred by: _____

PERSONAL DATA

Surname: _____ S.I.N. _____
Given and Middle Names: _____ Birth date: (Y/M/D) _____
Any other name(s): _____ Telephone: (Cell) _____
Street Address: _____ Telephone: (Home) _____
Town/City: _____ Telephone: (Bus.) _____
Province: _____ Postal Code: _____
At this address since: _____ Email address: _____
Present Occupation: _____ Employed Since: _____
Full Name and Address of Present Employer: _____

Marital Status (please circle)

Married Common-Law Single Widowed Separated Divorced

Full name and address of spouse-or
common-law partner: _____

Birth date of spouse: _____ Spouse's S.I.N.: _____

Number of dependents who rely on you for financial support: _____

Name	Relationship	Birthdate	Address

Have you ever been bankrupt, either in Canada or elsewhere,
or filed a proposal under the *Bankruptcy and Insolvency Act*? Yes _____ No _____

If yes, give: Name of Trustee: _____
Filing Date: _____
Location: _____
Date of discharge/
Certificate of Full Performance: _____
Is there a copy available?(please provide copy) Yes _____ No _____

MONTHLY INCOME

Net Employment Income	_____	Child Tax Benefit	_____
Net Earnings of Spouse	_____	Net Spousal Support	_____
Net Pensions/Annuities	_____	Net Employment Insurance Benefits	_____
Net Child Support	_____	Net Social Assistance	_____
Other net income	_____	Self-Employed	_____
		Gross _____ Net _____	_____
		TOTAL MONTHLY INCOME (A)	_____

MONTHLY NON-DISCRETIONARY EXPENSES

Child Support Payments	_____	Fines/Penalties Imposed by Court	_____
Spousal Support Payments	_____	Expenses as a Condition of Employment	_____
Child Care	_____	Debts Where Stay Has Been Lifted	_____
Medical Condition Expenses	_____	Other	_____
		TOTAL MONTHLY NON-DISCRETIONARY EXPENSES (B)	_____

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

MONTHLY DISCRETIONARY EXPENSES:

Housing Expenses		Living Expenses	
Rent/Mortgage	_____	Food/grocery	_____
Property taxes/condo fees	_____	Laundry/dry cleaning	_____
Heating/gas/oil	_____	Grooming/toiletries	_____
Telephone	_____	Clothing	_____
Cable	_____	Other	_____
Hydro	_____	Transportation Expenses	
Water	_____	Car lease/payments	_____
Furniture	_____	Repairs/maintenance/gas	_____
Other	_____	Public transportation	_____
Personal Expenses		Other	_____
Smoking	_____	Insurance Expenses	
Alcohol	_____	Vehicle	_____
Dining/lunches/restaurants	_____	House	_____
Entertainment/sports	_____	Furniture/contents	_____
Gifts/charitable donations	_____	Life insurance	_____
Allowances	_____	Other	_____
Other	_____	Any other Payments	_____
Non-recoverable Medical Expenses			
Prescriptions	_____		_____
Dental	_____		_____
Other	_____		_____
		TOTAL MONTHLY DISCRETIONARY EXPENSES (D)	_____

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

ASSETS DESCRIPTION	LOCATION	PRESENT VALUE
Cash on Hand /In Bank		
Household Furniture (Fully/Partially Pledged/Exempt)		
Retirement Savings Plans (RRSP)		
Loans Due to You /Accounts Receivable		
Cash Surrender Value of Insurance Policies		
Savings Plans /Bonds		
Clothing and Medical Aids		
Jewellery		
Stocks /Shares		
Estimated Tax Refund		
Collectibles (Stamps, etc.)		
House/Cottage/Land (Sole/Joint/Part Owner) (Fully/Partially Pledged)		
Mobile Home		
Automobile/Model Serial No. _____ (Fully/Partially Pledged/Exempt)		
Motorcycle/Model Serial No. _____		
Other Motorized Vehicle		
Boat /Trailer		
Any Other Assets/Tools of the Trade		

Have you been self-employed in the last five (5) years? Yes _____ No _____

Are you an officer or a director of a limited company? Yes _____ No _____

Type of company:(please circle one) Corporation Partnership Sole Proprietorship

Name of company: _____

Operating since: _____

Status of company: _____

Have any of the above debts arisen from your guarantee or co-signing of debts for another individual or corporation? Yes _____ No _____

If yes, please indicate:

Lender's Name	Lender's Address	Amount	Borrower's Name	Borrower's Address

Is borrower bankrupt? Yes _____ No _____

GENERAL

1. Within the last twelve (12) months, have you sold, disposed of or transferred any of your assets, either in Canada or elsewhere? (eg. vehicles, RRSP's, stocks/bonds, furniture) Yes _____ No _____

Description of Asset	Date Disposed	To Whom	Proceeds	Disposition of Proceeds

2. Within the last twelve (12) months, have you made payments in excess of regular payments to any creditor, either in Canada or elsewhere? Yes _____ No _____

3. Within the last twelve (12) months, have you had any assets seized by a creditor, either in Canada or elsewhere? Yes _____ No _____

If yes, provide details

Asset seized _____

Date seized _____

Name of party seized by _____

Was party who made seizure a secured creditor? Yes _____ No _____

Form of security? _____

4. Do you expect to receive any sums of money, or any other property within the next 12 months, which are not related to your normal income? Yes _____ No _____

5. Within the last five (5) years, while you knew yourself to be insolvent, have you sold, disposed of, or transferred any real estate? Yes _____ No _____

Description of Asset	Date Disposed	To Whom	Proceeds	Disposition of Proceeds

6. Within the last five (5) years, while you knew yourself to be insolvent, have you made any gifts to relatives or others in excess of \$500.00? Yes _____ No _____

7. (a) Please list the banks that you are currently dealing with:

Bank	Address	City	Postal Code	Amount Currently In Account

(b) Do you have a safety deposit box? Yes _____ No _____

If so, which bank? _____

Please provide details of the contents: _____

8. Does anyone owe you any money? Provide details. Yes _____ No _____

(a) Personal loans _____

(b) Accounts receivable _____

(c) Agreement for sale _____

(d) Other _____

9. Do you currently own any of the following?

(a) Collectibles (stamps, coins, art, antiques, etc.) Yes _____ No _____

(b) Savings bonds (owned or purchased through payroll) Yes _____ No _____

(c) R.R.S.P.'s (owned or purchased through payroll) Yes _____ No _____

(d) Shares (owned or purchased through payroll) Yes _____ No _____

(e) Personal life insurance policies (please include a copy of your life insurance policy). Yes _____ No _____

	Policy No. 1	Policy No. 2
i) Life Insurance Company		
ii) Beneficiary		
iii) Cash Surrender Value		

10. Are you a beneficiary of a will or will you receive an inheritance? Yes _____ No _____

11. Has anyone started legal proceedings against you? If yes, give details. Yes _____ No _____

12. Do any of your debts arise from:

A fine or penalty imposed by court Yes _____ No _____

A recognizance or bail bond Yes _____ No _____

Alimony or maintenance payments Yes _____ No _____

Fraud, embezzlement, misappropriation Yes _____ No _____

Obtaining property by false pretences/
fraudulent misrepresentation Yes _____ No _____

13. For which year did you file your last income tax return? _____

Did you receive a refund? Yes _____ No _____

Are there arrears owing? Yes _____ No _____

Is there a copy available? Yes _____ No _____

14. Are you paying/receiving any alimony or maintenance? Yes _____ No _____

If yes, to/from whom _____ Amount since January 1st \$ _____

Please provide a copy of the Court Order or separation agreement.

