

APPLICATION FORM

Congratulations for taking this first step to improve your finances. The sooner you deal with your debt problems the sooner you can put this behind you and enjoy life to the fullest again. We know it can seem daunting to ask for help with your finances, but rest assured, we are experts at dealing with debt problems, and we have helped thousands of people just like you. Our advice is always **free**, and our discussions are **confidential**. We guarantee you will **feel better** about your finances once you find out your options and learn about our solutions. Fixing your debt problems will provide tremendous relief and allow you to live your best life.

Please fill out the following form as best as you can but don't worry if you are missing any information, we can get that from you later. We will use the information you provide to assess your financial health and provide you with the best options to improve your financial future and get relief from your debt.

Those that take action and deal with their debt do better than those that don't. Send in this completed form today and get started with your debt reset, we guarantee you'll be glad you did.

Once you complete this form and save it to your computer, you can email it to admin@ResetMyDebt.ca, upload it on our website or print it out and bring it with you to our meeting.

TELL US ABOUT YOU

Applicant	Spouse/Common-Law
Legal Name:	Legal Name:
First: _____	First: _____
Middle: _____	Middle: _____
Surname: _____	Surname: _____
Also Known As: _____	Also Known As: _____
Birthdate (Month/Day/Year): ____ / ____ / ____	Birthdate (Month/Day/Year): ____ / ____ / ____
Phone Number: (Home) _____ (10 digit number)	Phone Number: (Work) _____ (10 digit number)
(Work) _____	(Cell) _____
(Cell) _____	
Email: _____	Email: _____

TELL US ABOUT YOU

Applicant

Have you previously filed a bankruptcy or proposal?

Yes ☐ No ☐

If yes:

What Year? _____

City? _____

Trustee? _____

Spouse/Common-Law

Has your spouse previously filed a bankruptcy or proposal?

Yes ☐ No ☐

If yes:

What Year? _____

City? _____

Trustee? _____

Your Mailing Address: _____

Postal Code: _____ At Address Since (Month/Year): _____ / _____

Street Address (if different): _____

Marital Status: Married ☐ Single ☐ Common-Law ☐ Separated ☐

of Dependents: _____

Emergency Contact: Name: _____ Phone Number: _____

In the last five (5) years, have you owned or had an interest in a business? Yes ☐ No ☐

If yes, please provide details:

Name of business? _____

Nature of business? _____

Type of business? Sole proprietorship ☐ Partnership ☐ Corporation ☐

Business Number: _____

Date business started (Month/Year)? _____

Date business ceased (Month/Year or Ongoing)? _____

List any assets of the business:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

DEBTS

[illegible]

ASSETS

Asset	Description	Ownership? Mark with (X)			Liquidation Cash Value (\$)
		His	Hers	Joint	
Cash/Bank Balance <i>(Name of bank)</i>					
Household Furniture/Appliances <i>(Estimate total value based on liquidation value not cost)</i>					
Tools <i>(Used to earn income)</i>					
Investments <i>(Name of institution)</i>					
RRSP					
TFSA					
RESP					
Pension					
Whole Life Insurance <i>(Cash Surrender Value, if any)</i>					
Other Investments					
House or Cottage <i>(Address)</i>					
Mobile Home <i>(Address)</i>					
Land <i>(Address)</i>					

ASSETS

Asset	Description	Ownership? Mark with (X)			Liquidation Cash Value (\$)
		His	Hers	Joint	
Motor Vehicles <i>(Year, make and model)</i>					
Recreation Vehicles <i>(Year, make and model)</i>					
Motorcycle					
Snowmobile					
Boat					
Quad					
Camper/RV					
Motorhome					
Other					
Other Assets					
Total Cash Value (\$)					

MONTHLY FAMILY INCOME

Employment Income

Choose Pay Frequency	His Net Pay \$	Her Net Pay \$	Convert to Monthly	Monthly	
				His	Hers
Monthly			Not applicable		
Semi-Monthly			Payment amount \times 2		
Bi-Weekly			Payment amount \times 26 \div 12		
Weekly			Payment amount \times 52 \div 12		
Employment Insurance					
Bi-Weekly			Payment amount \times 26 \div 12		
Total Employment Income (A)					

Other Income

Type	Frequency	His	Hers
Net Self-Employment Income	Monthly		
Canada Child Benefit	Monthly		
Child Support received	Monthly		
Spousal Support received	Monthly		
Government Pension (CPP & OAS)	Monthly		
Work Pension	Monthly		
Social Assistance	Monthly		
Other Income (Please describe)	Monthly		
Other Income (Please describe)	Monthly		
Total Other Income (B)			
Total Income (A + B)			

Reductions to Available Income

Type	Frequency	His	Hers
Child Support paid	Monthly		
Spousal Support paid	Monthly		
Child Care Expenses (Tax Deductible)	Monthly		
Medical and Prescriptions	Monthly		
Dental and Optical	Monthly		
Tax Deductible Work Expenses	Monthly		
Total Reductions to Available Income (C)			
Total Net Income (A) + (B) – (C) = (D)			
Total Net Family Income (His + Hers) (E)			

MONTHLY FAMILY SPENDING

Housing		Children	
Rent		Babysitting (not daycare)	
Mortgage		Children's Toys and Activities	
Property Taxes		Children's Allowance/Spending	
Strata/Condo Fees/Pad Rent		Personal Care	
House/Renter's Insurance		Hairdresser/Barber	
Electricity		Spa and Beauty Care	
Gas		Dry Cleaning/Seamstress	
Water		Cosmetics and Skin Care	
Food		Recreation and Entertainment	
Groceries & Household Supplies		Gym and Club Memberships	
Restaurants and Take-out		Entertainment	
Transportation		Sports and Recreation	
Vehicle Loans/Leases		Smoking	
Vehicle Fuel		Alcohol	
Parking		Pet Food & Supplies	
Vehicle Insurance		Charity and Gifts	
Driver Licensing		Charitable Donations	
Public Transport & Ride Share		Gifts	
Communications		Debt and Fees	
Phones		Bank Fees and Charges	
Cable/Satellite		Credit Card Payments	
Internet		Personal Loan Payments	
Streaming Services & Apps		Line of Credit Payments	
Insurance		Other Debt Payments	
Life Insurance		Monthly Savings	
Medical/Dental Insurance		RRSP	
Disability Insurance		RESP	
		TFSA	
		Other Savings	

Total Monthly Spending (F)

IRREGULAR FAMILY SPENDING

Christmas		<i>Per year</i>	Home Repairs/Maintenance		<i>Per year</i>
Birthdays		<i>Per year</i>	Household Furniture/Equipment		<i>Per year</i>
Vacations and Holidays		<i>Per year</i>	Vehicle Repairs/Maintenance		<i>Per year</i>
Education		<i>Per year</i>	Professional Dues/Memberships		<i>Per year</i>
Clothing and Accessories		<i>Per year</i>	Other (please describe)		<i>Per year</i>
Veterinarian		<i>Per year</i>	Other (please describe)		<i>Per year</i>
Total Irregular Family Spending Per Year (G)					
Converted to Monthly = (G) ÷ 12 = (H)					

Grand Total Monthly Family Spending = (F) + (H) = (I)

Net Monthly Cash Flow

Total (E) – Total (I)

You're all done!

Send your application in today. Discovering that you have good solutions to resolve your debt problems is a tremendous relief. Everyone feels better after consulting with us, and we guarantee you will wish you did this sooner.

The secret to getting ahead.....is getting started.

We look forward to helping you join the thousands of others that have repaired their financial health and started living their best life.