

NEW CLIENT INFORMATION

Name: _____

Birth date: _____
(Y/M/D)

Spouse: _____

Birth date: _____
(Y/M/D)

Marital Status: _____
(Single / Married / Common-law / Divorced / Separated / Widowed)

If your marital status changed during the year, provide date: _____
(Y/M/D)

Address: _____

Phone: (H) _____

(W) _____

(C) _____

Email: _____

Dependents:	Name:	Relation:	Birth date: (Y/M/D)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do any of the following situations apply to you or your spouse:

- A member of your family has a medical condition that impacts daily life activities
- Provide financial or other caregiving support to a family member inside or outside your home
- Owner of sole proprietorship/self-employed business
- Partner in partnership/self-employed business
- Own a rental property or rent space in your home
- Registered to collect HST on business or rental income
- Claim employment expenses as an employee