

**BASIC INFORMATION FORM**

Last Name:		SIN #:	
First Name:		Date of Birth: (YY/MM/DD)	
Address:		City/Prov:	Postal Code:
Telephone:	Cell Phone:	Email:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common-Law (Date:)		Canadian Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Elections Canada Yes <input type="checkbox"/> No <input type="checkbox"/>
		Disability Tax Credit Yes <input type="checkbox"/> No <input type="checkbox"/>	
Spouse Information:			
Last Name:		SIN #:	
First Name:		Date of Birth: (YY/MM/DD)	
Dependents:			
Last Name:		Relationship:	
First Name:		Date of Birth: (YY/MM/DD)	
Last Name:		Relationship:	
First Name:		Date of Birth: (YY/MM/DD)	
<input type="checkbox"/> First time Home Buyer	Home Buyers Plan: Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Sold Home/Property
T2200 Expense Sheet Yes <input type="checkbox"/> No <input type="checkbox"/>			
<input type="checkbox"/> Rent Receipt	# of Months:	Landlord Name:	
<input type="checkbox"/> Property Taxes	# of Months:	City where Property Taxes paid:	
All information provided is believed to be accurate and reliable. I will provide all required receipts that I claim upon request.			
SIGNATURE:		DATE:	