

APPLICATION

Please answer to the best of your knowledge. If you have any questions, please call us. When you have filled out the information call us to arrange a financial evaluation.

PERSONAL INFORMATION

Surname: _____	S.I.N. _____
Given and Middle Names: _____	Birthdate: (Y/M/D) _____
Are you known by any other name(s): _____	Please Circle One Mr. / Ms. / Mrs. / Miss
Address: _____ _____ _____	Telephone: (Home) _____
	Telephone: (Cell) _____
	Telephone: (Fax) _____
E-mail address: _____	Telephone: (Bus.) _____

I have resided at the above address since: Year _____ Month _____ Day _____

Mailing Address (if different): _____

Marital Status (*Specify month and year of event*):

- Married Common-Law Single Widowed Separated Divorced

Month/Year of Event: _____

Highest level of education completed:

- 0 – 8 years Some High School High School Graduate Some Post-Secondary
 Post-Secondary Certificate/Diploma University Degree

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

Name	Relationship	Birthdate	Address

Present Occupation: _____

List all of your employers or sources of income for the past two years. Show each period of EI benefits separately.

Employer's Name	Employer's Full Address (including postal code)	Date of Job or EI Benefits	
		Commenced	Terminated

BUSINESS INFORMATION

Have you been self-employed in the last five (5) years?

Yes _____

No _____

	Business #1	Business #2	Business #3
Name			
Proprietorship, Partnership or Limited Company			
If Limited Company, are you an officer or director?			
Period of Operation	Years _____	Years _____	Years _____
Number of employees @ date of application or end of business operations			
What happened to the business?			
Where are books and records of Company?			
Place of business (city)			
Nature of business			
Business number (eg. GST/Payroll)			
Date of last return filed			

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 _____

What caused your financial difficulties for the previous bankruptcy or proposal? _____

PERSONAL INFORMATION – SPOUSE

Surname: _____ S.I.N. _____
 Given and Middle Names: _____ Birthdate: (Y/M/D) _____
 Are you known by any other name(s): _____ Please Circle One **Mr. / Ms. / Mrs. / Miss**
 Address: _____ Telephone: (Home) _____
 _____ Telephone: (Cell) _____
 _____ Telephone: (Fax) _____
 E-mail address: _____ Telephone: (Bus.) _____

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****NOTE: When completing this page record ALL of the income and expenses for your household.**

MONTHLY INCOME

Net Employment Income	_____	Net Employment Income Spouse	_____
Pensions/Annuities	_____	Pensions/Annuities	_____
Employment Insurance Benefits	_____	Employment Insurance Benefits	_____
Social Assistance	_____	Social Assistance	_____
Spousal Support received	_____	Spousal Support received	_____
Child Support received	_____	Child Support received	_____
Child Tax Benefit & UCCB	_____	Child Tax Benefit & UCCB	_____
Self-Employed	_____	Self-Employed	_____
Gross _____ Net _____	_____	Gross _____ Net _____	_____
Other net income	_____	Other net income	_____

TOTAL MONTHLY INCOME (A) _____

MONTHLY NON-DISCRETIONARY EXPENSES

Child Support Payments	_____	Child Support Payments	_____
Spousal Support Payments	_____	Spousal Support Payments	_____
Child Care	_____	Child Care	_____
Medical Condition Expenses	_____	Medical Condition Expenses	_____
Required work expenses	_____	Required work expenses	_____

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	_____		
Hydro	_____	Transportation Expenses	
Water	_____	Car lease/payments	_____
Furniture	_____	Repairs/maintenance/gas	_____
		Public transportation	_____
Personal Expenses		Insurance Expenses	
Smoking	_____	Vehicle	_____
Alcohol	_____	House	_____
Dining/lunches/restaurants	_____	Furniture/contents	_____
Entertainment/sports	_____	Life insurance	_____
Gifts/charitable donations	_____	Medical Services Plan	_____
Allowances	_____		
		Payments	
Non-recoverable Medical Expenses		To Trustee	_____
Drug store items	_____	To secured creditor	_____
Dental	_____	(Other than mortgage and vehicle)	_____
		Other	_____

TOTAL MONTHLY DISCRETIONARY EXPENSES (D) _____

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

ASSETS DESCRIPTION	LOCATION	BEST ESTIMATE OF PRESENT VALUE
Cash on Hand /In Bank		
Household Furniture <i>(please complete following page)</i> (Fully/Partially Pledged/Exempt)		
Registered Plans (RRSP, RESP, Pension Plan, WOF)		
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 <i>(please specify)</i>		
Boat /Trailer		
Any Other Assets/Tools of the Trade		

**INVENTORY OF HOUSEHOLD FURNITURE
AND EFFECTS**

Name: _____

Address: _____

	QTY	YEAR PURCH.	CURRENT VALUE
<u>LIVING ROOM</u>			
Sofa			
Chair			
Lamp			
Table			
Stereo equip.			
TV Equipment			
Art & Collectibles			
Piano			
<u>RECREATION ROOM</u>			
Desk			
Chair			
Lamp			
Bookcase			
Computer			
<u>DINING ROOM</u>			
Table			
Chairs			
Cabinet			
China			
Silver			
<u>SPORTING GOODS/OUTDOORS</u>			
Barbecue			
Furniture			
Lawnmower			
Power Tools			
Bicycles			
Ski Equipment			
Other recreational equipment			

	QTY	YEAR PURCH.	CURRENT VALUE
<u>KITCHEN</u>			
Table			
Chair			
Small Appl.	N/A	N/A	
Pots/Pans	N/A	N/A	
Dishes	N/A	N/A	
Microwave			
Freezer			
Fridge/Stove			
<u>BEDROOMS</u>			
Bed			
Dresser			
Night Table			

ANY ASSETS
NOT LISTED

Washer/Dryer			

PERSONAL

Clothing	N/A	N/A	
Jewellery	N/A	N/A	

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 made any gifts to relatives or others in excess of \$500.00?

Yes _____ No _____

6. 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

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: _____

(c) Do you have any automatic deposits, preauthorized debits or post dated cheques written against your current bank account? Yes No

If so, please provide details _____

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 presently or being purchased on a payroll savings plan). Yes No

(c) RRSP's, RESP's, Pension Plans & Mutual Funds Yes No

(d) Shares (owned presently or being purchased on a payroll savings plan). Yes No

Please provide details

10. 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		

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

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

13. 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 _____

Defalcation while acting in a fiduciary capacity Yes _____ No _____

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

14. 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 _____

15. Do you have a court order that restricts you from dealing with any of your assets? Yes _____ No _____

If yes, please provide details _____

Please provide a copy of the Court Order, if available.

16. 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.

BANKRUPTCY APPLICATION CHECKLIST

1. Application - complete all questions
2. Vehicles - copy of registration for all vehicles, recreational equipment, trailers, etc.
3. Creditor's Statements - copies of most recent statements/letters received from creditors/collection agencies
4. Agreements - debentures, mortgages, separation agreement, spouse and/or child support agreement, leases, sales contracts, judgments, fines, wage assignments, court order.
5. Credit Cards - all must be turned over to the Trustee, including those with no balance owing
6. Life Insurance - copy of all policies - (cash surrender value not exempt)
7. Stocks/Bonds/Securities - all pertinent documentation/statements
/RRSP's/RESP's/Mutual Funds
8. Pay Stubs - most current one available
- if you are/were on EI during the current calendar year please supply all stubs for current year, as well as the EI office address where application was made
9. Tax Information - copy of last return filed
- if you have not filed up to date, please provide information for Trustee to file any previous years (T4's, receipts, etc.)
- re current year - a list of all employers with gross earnings and deductions made for tax, CPP, EI, union dues and any maintenance/support payments and spousal earnings.
10. Previous Bankruptcy - copy of absolute order of discharge or certificate of full performance, if available
/Proposal - name and address of previous trustee
- date of bankruptcy/proposal
- reasons for the bankruptcy/proposal
11. Identification - two pieces of identification, one of which should have your photograph on it
- examples: driver's license, birth certificate, social insurance card, Canadian citizenship papers, passport
12. Initial Payment to Bankruptcy Estate (to cover filing fees, mailings, etc.)

\$_____ (cash please)
13. Postdated cheques - _____
14. Open new bank account and change automatic deposits & necessary debits (such as car insurance, life insurance, etc.) to the new account.