

How did you find our firm? _____

DETAILED APPLICATION FOR INSOLVENCY SERVICES

PERSONAL DATA

Legal Name (in full) _____
Last Name *First Name* *Middle Name*

Are you known by another name? _____

Residential address (including postal code) _____
_____ Since _____

Mailing address (including postal code) _____

Telephone: Home: _____ Cell: _____ Work: _____

E-mail address: _____ Fax: _____

SIN: _____ Date of Birth: _____ Are you a Canadian Citizen? Yes No

Education: What is the highest level of education obtained?

(Please note: this information is collected on behalf of the Office of the Superintendent of Bankruptcy and will not be included with information provided to your creditors)

- 0-8 years some high school high school graduate
 some post-secondary post-secondary certificate or diploma university degree

FAMILY UNIT DATA

Marital Status: Single Married Common-Law Divorced Separated Widowed

Has your marital status changed within the past five years? No Yes , when? (MM/YY) _____

Spouse's legal name (in full): _____
Last Name *First Name* *Middle Name*

Spouse's address, if different: _____

Spouse's telephone: Home: _____ Cell: _____ Work: _____

SIN: _____ Date of Birth: _____ Occupation: _____

MATRIMONIAL MATTERS

Are you now or have you been involved in any matrimonial dispute which may restrict your ability to deal with your assets?

Yes No If YES, please give details;

Are there any outstanding property settlement issues? Yes No If YES, please give details;

Are you paying or receiving maintenance or support payments for spouse or child? Yes No If YES, provide details.

Amount payable \$ _____ per _____ (monthly, bi-weekly, etc.).

Are the payments in arrears? Yes No If YES, please give details;

Total arrears \$ _____ for the period(s) _____ (MM/YY) to _____ (MM/YY)

DEPENDENTS

Dependents who reside with you and who rely on you for financial support:

| Name | Relationship | Date of Birth | SIN |
|------|--------------|---------------|-----|
| | | | |
| | | | |
| | | | |
| | | | |

EMPLOYMENT DATA

Present occupation: _____

Name and address of present employer: _____

Employed since when: _____ Unemployed since when: _____

INCOME TAX

What is the last year for which you filed an income tax return? _____

Do you owe income taxes? Yes No If YES, how much: \$ _____

Did you receive a refund last year? Yes No If YES, how much: \$ _____

Is there a refund still owing to you? Yes No If YES, how much: \$ _____

PRIOR INSOLVENCY

Have you previously been bankrupt or made a proposal under the *Bankruptcy and Insolvency Act*? Yes No

If YES, please complete the following:

Type of proceeding; Bankruptcy Consumer Proposal Division I Proposal

Name of Trustee: _____

Please provide a brief description of the cause of the previous filing: _____

BUSINESS INFORMATION

Have you been self-employed, or had an interest in a business, in the last 5 years? Yes No

Are any of your current debts related to your present or past business involvement? Yes No

If YES, what percentage (%) _____ or total debt \$ _____

Name of Business: _____

Location of Business: _____

Nature of Business: _____

Date business began operating (DD/MM/YY)? _____

Has the business ceased operations? Yes No If YES, when (DD/MM/YY) _____

Location of books and records: _____

Accountant name, address and telephone number: _____

Bank name, address and account number: _____

Proprietorship:

Are you a GST registrant? Yes No If YES: GST number? _____

Are GST filings up to date? Yes No Last period filed? _____

Have you closed this GST account? Yes No If YES, when (DD/MM/YY) _____

Do/did you have any employees? Yes No If YES, number of employees _____

Are there any unremitted source deductions? Yes No If YES, how much? \$ _____

Are any employees owed wages? Yes No If YES, how much? \$ _____

When was the last day of employment (DD/MM/YY) _____ T4's issued? Yes No

Corporations:

You are hereby notified that under the Canada Corporation Act and the Company Act of British Columbia, you cannot be a director or officer of a corporation while you are an undischarged bankrupt. Therefore, you must resign your position by notifying the Registrar of Companies.

What percentage was your ownership _____%

Are/were you a director? Yes No Date of resignation: _____

Are the corporate income tax returns up to date? Yes No Last year filed: _____

When is the end of the fiscal period for tax purposes (DD/MM/YY)? _____

Are you a GST registrant? Yes No If YES: What is GST number? _____

Are GST filings up to date? Yes No What was the last period filed? _____

Have you closed this GST account? Yes No If YES, when (DD/MM/YY) _____

Do/did you have any employees? Yes No If YES, number of employees _____

Are there any unremitted source deductions? Yes No If YES, how much? \$ _____

Are any employees owed wages? Yes No If YES, how much? \$ _____

When was the last day of employment (DD/MM/YY) _____ T4's issued? Yes No

Partnerships :

Names and address of partners: _____

Percentage of ownership _____%

Is/was there a partnership agreement? Yes No If YES, please provide copy.

CURRENT BUSINESS / SELF-EMPLOYMENT INCOME (Monthly)

(Complete this page only if you are currently self-employed)

Gross Business / Self-employment Income \$ _____

Direct Business / Self-employment Expenses

Advertising \$ _____

Business tax, fees, licenses, dues, memberships _____

Business insurance _____

Office expenses _____

Supplies and materials _____

Legal, accounting or other professional fees _____

Office rent (non-residential) _____

Salaries, wages and benefits (include employer amounts) _____

Travel _____

Telephone and utilities _____

Vehicle expense

Lease/payment \$ _____

Gas/repairs/maintenance _____

Insurance _____

Total \$ _____

Less: Personal use (____%) _____

Business use portion of vehicle _____

Other

Parking _____

Total Direct Business Expenses \$ _____

Business Income before tax _____

Less: Income tax/ CPP (____%) _____

Net Business / Self-employment Income \$ _____

(Enter this amount on the monthly income and expense statement)

MONTHLY FAMILY INCOME AND EXPENSES

| <i>Monthly income</i> | Debtor | Other members of the family unit | Total |
|--|--------|---|---------|
| Net employment income | _____ | _____ | |
| Net Pension/annuities | _____ | _____ | |
| Net Child support | _____ | _____ | |
| Net Spousal support | _____ | _____ | |
| Net employment insurance benefits | _____ | _____ | |
| Net Social Assistance | _____ | _____ | |
| Self-employment (from statement) | _____ | _____ | |
| Child tax benefits/ Universal child care | _____ | _____ | |
| WCB | _____ | _____ | |
| Gratuities | _____ | _____ | |
| Other: provide details | _____ | _____ | |
| <hr/> | | | |
| Total monthly income | _____ | + _____ | = _____ |
| | | | |
| <i>Monthly non-discretionary expenses</i> | | | |
| Child support payments | _____ | _____ | |
| Spousal support payments | _____ | _____ | |
| Child care | _____ | _____ | |
| Medical Condition Expenses: | | | |
| Prescriptions | _____ | _____ | |
| Dental | _____ | _____ | |
| Eyeglasses | _____ | _____ | |
| Medical Services Plan | _____ | _____ | |
| Other: provide details | _____ | _____ | |
| <hr/> | | | |
| Total non-discretionary expenses | _____ | + _____ | = _____ |
| | | | |
| <i>Monthly household expenses (family unit combined)</i> | | | |
| Housing expenses | | Living expenses | |
| Rent | _____ | Food/grocery | _____ |
| Mortgage | _____ | Laundry/dry cleaning | _____ |
| Property taxes/condo fees | _____ | Grooming/toiletries | _____ |
| Heating/gas/oil | _____ | Clothing | _____ |
| Telephone/cell | _____ | Pet expenses | _____ |
| Cable | _____ | Other: _____ | _____ |
| Hydro | _____ | Transportation expenses | |
| Water | _____ | Car lease/payments | _____ |
| Furniture | _____ | Repair/maintenance/gas | _____ |
| Internet | _____ | Public transportation | _____ |
| Other: _____ | _____ | Personal use of business vehicle | _____ |
| Personal expenses | | Taxi cab | _____ |
| Smoking | _____ | Insurance expenses | |
| Alcohol | _____ | Vehicle | _____ |
| Dining/lunches/restaurants | _____ | House | _____ |
| Entertainment/sports | _____ | Furniture/contents | _____ |
| Gifts/charitable donations/tithing | _____ | Life Insurance | _____ |
| Allowance | _____ | Other _____ | _____ |
| Other: _____ | _____ | Payments | |
| Other: _____ | _____ | Payment to Trustee | _____ |
| Other: _____ | _____ | Spouse's debt payments | _____ |
| | | Secured, other than mortgage and vehicle | _____ |
| <hr/> | | | |
| | | Total household expenses : | _____ |

STUDENT LOANS

Do you have a student loan? Yes No

Canada Student Loans outstanding \$_____ Provincial Student Loan outstanding \$_____

Please list location and dates of all studies for which you carried student loans:

| School | From (DD/MM/YY) | To (DD/MM/YY) |
|--------|-----------------|---------------|
| | | |
| | | |

Did you complete your studies? Yes No

If YES, what degree(s)/diploma(s) did you earn? _____

When did you cease to be a full or part time student (DD/MM/YY) _____

We strongly suggest you contact student loans and obtain written confirmation of your “study period end date” for each loan.

DEBTS GUARANTEED

Have you co-signed or guaranteed a debt for anyone? Yes No If YES, please provide details

Has anyone co-signed or guaranteed a debt for you? Yes No If YES, please provide details:

CREDITORS

Do any of your liabilities arise from?

- i. Fine or penalty imposed by the Court Yes No
- ii. Alimony/Maintenance/Spousal/ Child Support Yes No
- iii. Damages/ Fraud/ Embezzlement/ Fraudulent misrepresentation Yes No

Are there any writs or judgments outstanding against you at this time? Yes No If YES, please give details.

Have you made payments in excess of the regular/normal payments to anyone within the past 12 months? Yes No

If YES, please give details including the name of the recipient, the amount paid and when this occurred.

Have you made any arrangements to continue to pay any of your creditors? Yes No If YES, please give details including which creditor, terms of the arrangement and reason.

Have any of your assets been seized or wages garnished by any creditor? Yes No If YES, please give details

CASH AND BANKING INFORMATION

BANK ACCOUNTS

Not applicable

(If the account has a negative balance please show it in the liabilities page)

| Name of Bank | Address | Account Number | Balance on hand |
|--------------|---------|----------------|-----------------|
| | | | |
| | | | |

Have you given out any post-dated cheques or have any pre-authorized payments being withdrawn from your bank account?

Yes No If YES, please give details.

Do you bank with a financial institution to which you owe money? Yes No If YES, please give details.

If you owe your current financial institution any money it is suggested that you open a new bank account immediately.

HOUSEHOLD FURNISHINGS *(Indicate estimated value if sold at auction or garage sale, not replacement value)*

| | | | | | |
|-----------------|----|-----------------------|----|---------------------|----|
| Stove | \$ | End and coffee tables | \$ | DVD / PVR | \$ |
| Refrigerator | | Lamps | | Music sound systems | |
| Dishwasher | | Desk | | Television | |
| Freezer | | Bookcases | | Exercise equipment | |
| Washer & Dryer | | Bedroom set | | Tablet | |
| Table / Chairs | | China and silverware | | Computer / Laptop | |
| Living room set | | Dining room set | | Patio furniture | |
| Area rugs | | Antiques | | Barbeque | |

PERSONAL EFFECTS AND TOOLS OF THE TRADE *(Indicate the estimated value if sold at auction or garage sale)*

| Description | Estimated Value \$ |
|---------------------------------|--------------------|
| Clothing | |
| Jewellery | |
| Valuable artwork or collections | |
| Cameras | |
| Musical instruments | |
| Hand and power tools | |

| | | |
|--|--|--|
| Recreational equipment | | |
| Tools that you use to earn your living | | |

INSURANCE POLICIES

Not applicable

| Company | Address | Policy No. | Name and Relationship of Beneficiary | Cash Surrender value |
|---------|---------|------------|--------------------------------------|----------------------|
| | | | | |
| | | | | |

SECURITIES

Not applicable

| Description (include company name and account numbers) | Address | Estimated Value |
|---|---------|-----------------|
| Stocks/ Bonds | | |
| Shares | | |
| RRSP | | |
| RIF | | |
| Public/ Private Pension | | |
| RESP | | |
| TFSA | | |
| Other | | |

REAL ESTATE

Not applicable

| Location and Description | Address | Estimated Value | % of Ownership |
|--------------------------|---------|-----------------|----------------|
| House/ Townhouse | | | |

| | | | | |
|-----------------------|--|--|--|--|
| Condo/Apartment | | | | |
| Land/Cottage/Building | | | | |
| Timeshare | | | | |

MOTORIZED AND RECREATIONAL VEHICLES

Not applicable

| Description | Year, make and model | Serial Number | Estimated value |
|-----------------------------|----------------------|---------------|-----------------|
| Motor vehicle | 1 | | |
| | 2 | | |
| Motorcycle | | | |
| Boat, motors | | | |
| Snowmobile, ATV | | | |
| Trailer, camper, motor home | | | |

OTHER INFORMATION

Does anyone owe you money? Yes No

If YES, provide details _____

Are you the beneficiary of a will? Yes No

If YES, provide details _____

Are you involved in any lawsuit from which you may receive monies or assets? Yes No

If YES, provide details _____

Are you in possession of or storing any assets which belong to someone else? Yes No

If YES, provide details _____

Within the past 12 months, either within Canada or elsewhere, have you sold, disposed of or transferred any of your assets? Yes No If YES, please give details including a description of the asset, when it occurred, the amount received and what was subsequently done with the funds received.

Have you made any withdrawal from an RRSP or other investment account within the past 12 months? Yes No

If YES, please give details including the name of the account, when the withdrawal occurred, the amount received and what was subsequently done with the funds received.

Have you changed your designated beneficiary in your life insurance or RRSP within the last 12 months? Yes No
If YES, please give details.

Have you contributed to an RRSP within the past 12 months? Yes No If YES, please give details.

Within the past 5 years have you sold, disposed or transferred any property? Yes No If YES, please give details including complete description of the property, proceeds received and what was subsequently done with the funds received.

Have you given any gift or transferred funds with a value in excess of \$500 within the past 5 years? Yes No
If YES, please give details including the name of the recipient, description of the gift item and when this occurred.

Do you expect to receive any property, or any sum of money, within the next 12 months which is not related to your normal income or assets? Yes No If YES, please give details.

BACKGROUND

Describe what, in your opinion, caused your financial problem(s).
This statement will be included with the information provided to your creditors.

Approximately when did you realize that you were having a serious financial problem and what made you aware of this fact?

Have you seen another Trustee or other financial advisor within the past 6 months? Yes No If YES, please give details including name, when this occurred and if any fee was paid.

DECLARATION

I, _____, hereby certify that to the best of my knowledge and belief the information contained in this application is true, correct, and complete in every respect and fully discloses my assets and liabilities. I understand that I will be expected to co-operate with the Trustee in dealing with my affairs, and that I will also be expected to pay a reasonable fee to the Trustee, based upon my ability to pay.

Signature

Date signed

DOCUMENTS AND INFORMATION TO BE PROVIDED WITH YOUR APPLICATION FORM

Original documents submitted will be photocopied and returned to you

| | Enclosed with application | Not applicable |
|--|---------------------------|--------------------------|
| Two pieces of identification (birth certificate, passport and/or driver's license) | <input type="checkbox"/> | <input type="checkbox"/> |
| Separation agreement or court order for maintenance or support payments | <input type="checkbox"/> | <input type="checkbox"/> |
| Divorce order | <input type="checkbox"/> | <input type="checkbox"/> |
| Most recent pay stubs for current employment | <input type="checkbox"/> | <input type="checkbox"/> |
| Most recent GST returns and corporate income tax returns | <input type="checkbox"/> | <input type="checkbox"/> |
| Most recent financial statements for business | <input type="checkbox"/> | <input type="checkbox"/> |
| List of tools of the trade including valuations | <input type="checkbox"/> | <input type="checkbox"/> |
| Current bank statements | <input type="checkbox"/> | <input type="checkbox"/> |
| Life insurance policies | <input type="checkbox"/> | <input type="checkbox"/> |
| Share certificates and/or statement of account for stocks, bonds and other securities | <input type="checkbox"/> | <input type="checkbox"/> |
| RRSP statement showing contributions in the last 12 months | <input type="checkbox"/> | <input type="checkbox"/> |
| Most recent pension statement | <input type="checkbox"/> | <input type="checkbox"/> |
| Most recent RESP statement of account | <input type="checkbox"/> | <input type="checkbox"/> |
| Most recent TFSA statement of account | <input type="checkbox"/> | <input type="checkbox"/> |
| Realtor valuation of real estate AND recent Property Tax Assessment | <input type="checkbox"/> | <input type="checkbox"/> |
| Mortgage statement including mortgage pre-payment penalty | <input type="checkbox"/> | <input type="checkbox"/> |
| Timeshare statement | <input type="checkbox"/> | <input type="checkbox"/> |
| Vehicle, motorcycle, boat registration papers | <input type="checkbox"/> | <input type="checkbox"/> |
| Copy of lease agreements, finance agreements and conditional sales contracts | <input type="checkbox"/> | <input type="checkbox"/> |
| Credit cards including those with no balances. <i>Credit cards are destroyed as soon as they are received.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Most recent statements and letters from creditors and collection agents | <input type="checkbox"/> | <input type="checkbox"/> |
| Court documents including notice of civil claim, judgments, and court orders | <input type="checkbox"/> | <input type="checkbox"/> |
| Requirement to pay or statutory set off issued by the Canada Revenue Agency | <input type="checkbox"/> | <input type="checkbox"/> |
| If wages are being garnished, name of payroll personnel and fax number | <input type="checkbox"/> | <input type="checkbox"/> |
| Last year's filed income tax return | <input type="checkbox"/> | <input type="checkbox"/> |
| Last year's Notices of Assessment received from Canada Revenue Agency. | <input type="checkbox"/> | <input type="checkbox"/> |