



DETAILED APPLICATION FOR INSOLVENCY SERVICES
CONFIDENTIAL

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

Present occupation: _____

Name and address of present employer: _____

Employed since when: _____ Unemployed since when: _____

Education: What is your highest level of education obtained?

- 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: _____

DEPENDENTS

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

Name	Relationship	Date of Birth	SIN

INCOME TAX

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

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: _____

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 Company			
If Company, are you an Officer, Director or Shareholder?			
Period of operation, start date			
Number of employees @ date of application or end of operations			
What happened to the business? If ceased, when?			
Place of business (city)			
Nature of business			
Business number (eg. GST/Payroll)			
Date of last return(s) filed			

SPOUSAL AND CHILD SUPPORT

Are you paying or receiving maintenance or support payments for spouse or child? Yes No

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

Are the payments in arrears? Yes No

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	_____	_____	
Child tax benefits/ Universal child care	_____	_____	
Other: provide details	_____	_____	
<hr/>			
Total monthly income	_____	_____ + _____	= _____

<i>Monthly non-discretionary expenses</i>	Debtor	Other members of the family unit	Total
Child support payments	_____	_____	
Spousal support payments	_____	_____	
Child care	_____	_____	
Medical Condition Expenses	_____	_____	
Other: provide details	_____	_____	
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Total non-discretionary expenses	_____	_____ + _____	= _____

Monthly household expenses (family unit combined)

Housing expenses

Rent/Mortgage	_____
Property taxes/Condo fees	_____
Heating/Gas/Oil	_____
Telephone/Cell	_____
Cable	_____
Hydro	_____
Water	_____
Furniture	_____
Other: _____	_____

Personal expenses

Smoking	_____
Alcohol	_____
Dining/Lunches/Restaurants	_____
Entertainment/Sports	_____
Gifts/Charitable donations	_____
Allowances	_____
Other: _____	_____

Living expenses

Food/Grocery	_____
Laundry/Dry cleaning	_____
Grooming/Toiletries	_____
Clothing	_____
Other: _____	_____

Transportation expenses

Car lease/Payments	_____
Repair/Maintenance/Gas	_____
Public transportation	_____

Insurance expenses

Vehicle	_____
House	_____
Furniture/Contents	_____
Life Insurance	_____
Other: _____	_____

Payments

Payment to Trustee	_____
To secured creditor (other than mortgage/vehicle)	_____

Total household expenses: _____

Excess/Deficit: _____

ASSETS (Indicate the estimated value if sold at auction or garage sale)

ASSETS DESCRIPTION	LOCATION	BEST ESTIMATE OF PRESENT VALUE
Cash on hand/In Bank Name of bank: _____ Account # _____		
Household furnishings		
Registered plans (RRSP, RESP, TFSA, First Home Savings Account, RDSP, RRIF etc)		
Loans due to you/Accounts receivable		
Savings plans/Bonds		
Clothing and Medical aids		
Stocks/Shares		
Collectibles (Stamps, etc.)		
House/Cottage/Land (Sole, joint, past owner) (Fully/partially pledged)		
Mobile home		
Automobile (Year, make, model) Serial No: _____ (Fully/partially pledged)		
Motorcycle (Year, make, model) Serial No: _____		
Other motorized vehicle (please specify)		
Boat/Trailer		
Any other assets/Tools of the Trade		

INSURANCE POLICIES

Not applicable

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

LIABILITIES

Name of Creditor	Address	Account number	Amount Owning

Continue on another sheet if necessary

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

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

Have any of your assets been seized or wages garnished by any creditor? Yes No

OTHER INFORMATION

Does anyone owe you money? Yes No

If YES, provide details _____

Are you the beneficiary of a will? Yes No

Within the past 12 months, either within Canada or elsewhere, have you sold, disposed of or transferred any of your assets? Yes No

Within the past 5 years have you sold, disposed or transferred any property? Yes No

Have you given any gift or transferred funds with a value in excess of \$500 within the past 5 years? Yes No

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

BACKGROUND

Describe what, in your opinion, caused your financial difficulties.

How did you find our firm? _____

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