



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 | _____ | _____ | |
| <hr/> | | | |
| 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 (mortgage/vehicle) | _____ |
| To secured creditor | _____ |

Total household expenses : _____

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 |
|---------|---------|------------|--------------------------------------|----------------------|
| | | | | |
| | | | | |

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