

YOUR PERSONAL INFORMATION

First Name: _____ S.I.N. _____

Middle Name: _____ Birth date (D/M/Y): _____

Last Name: _____ Gender (please circle one): Male Female

Nick Name (AKA): _____ Home Phone: _____

Street Address: _____ Cell Phone: _____

Town / City: _____ Work Phone: _____

Postal Code: _____ Email: _____

I have lived at the above address since: Month _____ Year _____

I have lived in B.C. since: Month _____ Year _____

Occupation: _____

Employer: _____ Employed Here Since (M/Y): _____

Education: University Degree Post-Secondary Certificate/Diploma Some Post-Secondary

High School Some High School 0 – 8 years

Last date of studies: Month _____ Year _____

Marital Status: Married Common-Law Single Widowed Separated Divorced

Marital Status (date of last change): Month _____ Year _____

SPOUSE / COMMON-LAW INFORMATION

First Name: _____ S.I.N. _____

Middle Name: _____ Birth date (D/M/Y): _____

Last Name: _____ Gender (please circle one): Male Female

Nick Name (AKA): _____ Cell Phone: _____

Street Address (if different from above): _____ Email: _____

Occupation: _____

Employer: _____ Employed Here Since (M/Y): _____

Education: University Degree Post-Secondary Certificate/Diploma Some Post-Secondary

High School Some High School 0 – 8 years

Last date of studies: Month _____ Year _____

DEPENDANT INFORMATION

Name	Relationship	Birth date (D/M/Y)	Address

EMPLOYMENT / OTHER INFORMATION

List all of your employers (including your current employer) showing dates started and terminated for the past two years. If there were periods when you were receiving EI benefits, show each period separately.

Employer's Name	Employer's Address and Postal Code	Start Date	End Date

Have you operated a business in the last five (5) years? Yes _____ No _____

If yes, provide the following details:

	Business #1	Business #2
Business Name		
Type (Corporation/Partnership/Sole Proprietorship)		
Period of operation		
What happened to the business?		
Address of business		
Location of books & records		
Name of business partners		
CRA Business Number		
Outstanding returns		

Are there any business assets?

If yes, list them here:

Are you currently an officer or a director of a limited company? Yes _____ No _____

If yes, please provide details:

MONTHLY INCOME AND EXPENSES

Income (Net):

Employment Income	
Spouses Employment Income	
Pensions / Annuities	
Child Support Received	
Other Income	

Non-Discretionary Expenses:

Spousal Support Paid	
Child Support Paid	

Discretionary Expenses:

<i>Housing Expenses</i>	
Rent/Mortgage	
Property Tax / Strata Fees	
Gas / Heating	
Telephone / Cellular	
Cable / Internet	
Hydro / Electricity	
Water	
<i>Personal Expenses</i>	
Smoking	
Alcohol	
Dining / Lunches / Restaurants	
Entertainment / Sports	
Gifts / Donations	
Allowances	
Other	

Child Tax Benefits	
Spousal Support Received	
Employment Insurance Benefits	
Social Assistance Benefits	
Self-Employment Income	
TOTAL (A)	

Child Care Expenses	
Medical Expenses	
TOTAL (B)	

<i>Living Expenses</i>	
Food / Grocery	
Laundry / Dry cleaning	
Grooming / Toiletries	
Clothing / Other	
<i>Transportation Expenses</i>	
Car Lease / Payments	
Repairs / Maintenance / Gas	
Public Transportation	
<i>Insurance Expenses</i>	
Vehicle	
House / Contents	
Disability / Life	
<i>Other Payments</i>	
Trustee	
Secured Creditor(s)	
TOTAL (C)	
SURPLUS / (SHORTFALL) (A) - (B) - (C)	

ASSETS – List all assets, their approximate value and specify ownership: A – Applicant, S – Spouse, J – Joint

Household Furnishings & Appliances

Location of Assets	Value	Owned By
Living Room		
Kitchen		
Dining Room		
Laundry Room		
Office		
Bedroom #1		
Bedroom #2		
Bedroom #3		
Bedroom #4		
Outdoor Furniture / Household Tools		
Collectibles / Antiques / Art		
TOTAL	\$	

Financial Assets

Type of Asset	Policy #	Institution	Value	Owned By
Cash on Hand				
Life-Insurance Policies				
Canada Savings Bond				
Mutual Funds/Stocks/Shares				
RRSP (Retirement Plans)				
RESP (Education Plans)				
RDSP (Disability Plans)				
Pensions				
Investments				
Pre-paid Funeral				

ASSETS – CONTINUED...

Vehicles

Year	Make / Model / VIN	Value	Owned By

Real Estate / Property

Address / Location	Value	Owned By

Recreational Equipment

Type (boat, quad, bicycle, camper/trailer, camping gear, sports equipment, etc.)	Value	Owned By

Personal Effects

Asset	Value	Owned By
Jewellery		
Clothing		
Medical Aids		

Work Tools (used to earn income)

Asset	Value	Owned By
TOTAL	\$	

LIABILITIES – List all creditors, including secured creditors (car loans or mortgages), student loans (if applicable), overdrafts and any utility arrears. Specify who owes the debt: A – Applicant, S – Spouse, J – Joint

Creditor Name	A / S / J	Account Number	Amount Owing

GENERAL INFORMATION

Have you ever been bankrupt or filed a proposal before, in Canada or elsewhere? Yes _____ No _____

If yes, please provide further information and attach a copy of the Discharge Certificate / Court Order.

Name / Location of Trustee: _____

Filing Date: _____

Date of Discharge/ Full Performance: _____

Have you guaranteed or co-signed any debts for someone else? Yes _____ No _____

If yes, please provide further information:

Has anyone else guaranteed or co-signed any debts for you? Yes _____ No _____

If yes, please provide further information:

In the last twelve (12) months, have you sold, disposed of or transferred any of your assets, either in Canada or elsewhere? This includes cashing out any investments, etc. Yes _____ No _____

If yes, please provide details:

In the last twelve (12) months, have you made payments in excess of regular payments to any creditor, either in Canada or elsewhere? Yes _____ No _____

If yes, please provide details:

In 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: _____

Do you expect to receive any sums of money not related to your normal income, or any other property, within the next twelve (12) months?

Yes _____ No _____

If yes, please provide details:

In the last five (5) years, have you sold, disposed of or transferred any property?

Yes _____ No _____

If yes, please provide details:

In the last five (5) years, have you made any gifts to relatives or others in excess of \$500?

Yes _____ No _____

If yes, please provide details:

Please list the banks that you presently deal with:

Name	Location	Balance

Do you have a safety deposit box?

Yes _____ No _____

If yes, please provide details:

Location: _____

Contents: _____

Does anyone owe you any money?

Yes _____ No _____

If yes, please provide details:

Are you a beneficiary of a will or will you receive an inheritance?

Yes _____ No _____

If yes, please provide details:

Has anyone started legal proceedings against you?

Yes _____ No _____

If yes, please provide details:

Do any of your debts arise from:

A fine or penalty imposed by court Yes _____ No _____

A recognizance or bail bond Yes _____ No _____

Spousal Support or child maintenance payments Yes _____ No _____

Fraud, embezzlement, misappropriation Yes _____ No _____

Defalcation while acting in a fiduciary capacity Yes _____ No _____

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

Are you paying/receiving any spousal support or child maintenance? Yes _____ No _____

If yes, please provide details and attach a copy of the Court Order or separation agreement.

To / From whom: _____

Amount paid / received since January 1: _____

OUTSTANDING TAX RETURNS

All outstanding income tax and/or GST returns must be filed before a consumer proposal can be filed, including the provisional return (part year) if there is a tax debt anticipated. Although returns do not need to be submitted to the Canada Revenue Agency before filing bankruptcy, you must provide our office with all of the information necessary to complete the returns before filing your bankruptcy. In certain situations, we may prepare your outstanding tax returns for no additional charge.

If you are self-employed, it is your responsibility to prepare all outstanding GST returns.

What year was the last tax return you filed? _____

Did you receive a refund? Yes _____ No _____

Are there arrears owing? Yes _____ No _____

Do you have a copy? Yes _____ No _____

What are the causes of your financial difficulties?

- Business failure Relationship/personal problems Health-related problems
 Financial mismanagement Over-extension of credit Other (please describe below):

How did you hear about us?

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS A TRUE, CORRECT AND COMPLETE STATEMENT THAT FULLY DISCLOSES MY ASSETS AND LIABILITIES.

Signature

Date

Emergency Contact Name

Emergency Contact Phone Number

CHECK LIST OF ADDITIONAL INFORMATION

	Information Form	Complete as thoroughly as possible.
	Vehicle Registration	Please provide a copy of the registration for all vehicles.
	Bank Statement	Please provide a current bank statement for any banks you currently have accounts with.
	Credit Cards	All credit cards (including accounts with a zero balance) must be disclosed and turned over to the Trustee.
	Creditor Statements	Please bring copies of the most recent statements from all creditors.
	Insurance Policies	Please bring a copy of any life insurance policies.
	Year-to-date income information	Please bring a copy of your most recent pay stub(s) or payroll summary showing year-to-date earnings and deductions for all employers and earnings.
	Tax Information	Please provide a copy of the last tax return you filed, or the last assessment notice you received along with any information required to file any outstanding tax returns.
	Other Assets and Investments	Provide copies of all pertinent documents, statements, assessment notices, etc. We must verify all RSP contributions made in the previous twelve months.
	Other Documents	Lease or finance contracts, separation agreements, proof of child and/or spousal support payments, child care costs, etc.
	New Bank Account	It is advisable that you obtain a new bank account if you owe any money to your current bank for credit cards, lines of credit, loans, overdrafts, etc. Your bank may take funds from your account to offset amounts owing to them.
	Pre-Authorized Payments and Deposits	If you are required to change your bank account, remember you must also change all pre-authorized deposits and payments including payroll, pensions, car insurance and life insurance to your new account.
	Filing Fee	A minimum payment will be required upon filing. The trustee will advise how much this will be based on your specific circumstances.