

Date: _____
Initial Payment \$ _____



APPLICATION FORM
Insolvency Consultants – Trustee in Bankruptcy

VANCOUVER OFFICE
1140 – 800 West Pender Street

NEW WESTMINSTER OFFICE*
400 – 604 Columbia Street
***(by appointment only)**

Fax: (604) 605-3359
Tel: (604) 605-3335
www.boalewood.ca

In order for us to properly complete your documents, we require that this application be completed in detail. Please answer all questions to the best of your knowledge. Should you require any assistance completing this application, please call us.

PERSONAL DATA

(Family Name) (First Name) (Middle Name(s))

Are you known by another name or have you changed your name? If yes, please state: _____

Address: _____
(Apartment, Street & Number)

(City) (Province) (Postal Code)

(home telephone) _____ (business telephone) _____

(cellular) _____ (email address): _____

At address since (yyyy/mm/dd) _____ Social Insurance Number _____

Date of Birth (yyyy/mm/dd) _____ Occupation _____

Name of current employer _____

For which year did you file your last income tax return? _____

Do you expect a refund for any income tax returns? If yes, how much? \$ _____

How did you locate our firm?

Referral; referred by: _____

Yellow Pages Advertisement: why did you pick our ad? _____

Other (please give details): _____

MARITAL STATUS

(Specify month and year of event if it occurred in the last five years, if applicable, for each of the below):

Married **SPOUSE/COMMON LAW PARTNER INFORMATION (IF CURRENTLY COHABITATING)**
 Common-Law Full Name: _____
 Single Address: _____
 Widowed Occupation: _____
 Separated Employer: _____
 Divorced Birth date of spouse: _____ Spouse's S.I.N.: _____

Are you required to make alimony or support payments? **Yes** **No** Amount payable \$ _____ per _____.

Are you in arrears? **Yes** **No** Total arrears \$ _____ for the period(s) _____ to _____.

Are there any settlement issues or court orders restricting you from dealing with your property? **Yes** **No**

If you answered yes above, please provide details:

DEPENDANTS: List those dependents living with you that rely upon you for financial support (number under age 18 _____)

Name	Relationship	Date of Birth (yyyy/mm/dd)	Income

EMPLOYMENT RECORD (list employers for the current year, including EI or social assistance):

Employer & Position	Address	Date started (yyyy/mm/dd)	Date ended (yyyy/mm/dd)

Continue to another sheet if necessary.

BACKGROUND: Describe in your opinion what has contributed to your current financial situation:

BUSINESS INFORMATION:

Have you owned or had an interest in a business in the last five (5) years? **Yes** **No**

If yes, please give the following details: Corporation Proprietorship Partnership

What percentage of your debts are related to your business involvement, including self-employment? _____%

Business name: _____

Address: _____

Nature of Business: _____

Name of Partners: _____

Since (mm/dd/yy)? _____ Have operations ceased? **Yes** **No** (mm/dd/yy)? _____

Business Registration Number: _____ Last period filed (mm/dd/yy): _____

Accountant (name & address): _____

Are you an Officer or Director of a Corporation? _____

GENERAL INFORMATION:

a) Have you previously been bankrupt or made a Proposal to your creditors? **Yes** **No**
(If yes, please provide copies of all available previous bankruptcy/proposal documents)

Name of Trustee _____

Date of Bankruptcy/Proposal (dd/mm/yy) _____ City filed: _____

What was the reason for your previous Bankruptcy/Proposal? _____

b) Have you changed your designated beneficiary on your life insurance within the last 12 months? **Yes** **No**

If yes, give details, including dates: _____

c) Do you expect to receive any sums of money or property such as an inheritance or funds from a lawsuit in the next year? **Yes** **No**

If yes, give details: _____

d) Have you signed an agreement whereby a creditor can take monies from your pay cheque? **Yes** **No**

If yes, give details: _____

e) Do you bank with a financial institution to which you owe money? **Yes** **No**

If yes, please give details: _____

f) Are there any co-signors or supplemental card holders for any of your debts? **Yes** **No**

If yes, please give details: _____

TRANSFER OF ASSETS- IN CANADA OR ELSEWHERE

- a) Have you sold, disposed of or transferred any of your assets in the past twelve months? (includes RRSPs, stocks or bonds; vehicles and real property). Yes No

If yes, please give details including dates, amount withdrawn, use of funds, details of payments to any creditors, etc: _____

- b) Have you made payments in excess of regular minimum payment to a creditor in the past twelve months?

If yes, please give details, including dates: Yes No

- c) Have you had any assets seized or wages garnisheed by any creditors?

Yes No

If yes, please give details, including dates: _____

- d) Within the past five years, have you sold or transferred any of your property? (including RRSPs; bonds; sale of real estate; transfer of a vehicle or interest in real property)

Yes No

If yes, please give details including dates, amount withdrawn, use of funds, details of payments to any creditors, date of transfer, reason for transfer, and who the asset/property was transferred to: _____

- e) Within the past five years, have you given any gifts in excess of \$500?

Yes No

If yes, please give details, including who the monies were gifted to, and dates: _____

- f) Have you made any arrangements to continue to pay any of your creditors?

Yes No

If yes, please give details: _____

- g) Are any of your assets held as security by a creditor?

Yes No

If yes, please give details: _____

MONTHLY INCOME AND EXPENSE STATEMENT

MONTHLY INCOME (provide proof of income)	Self	Others	Total
Net income from employment/self-employment			
Pension / Annuities			
Child Tax Benefit			
Spousal Support / Child support			
Employment Insurance Benefits / Social Assistance			
Other income (including family assistance/loans)			
TOTAL INCOME			
MINUS NON-DISCRETIONARY EXPENSES			
Child / Spousal support payment (attach receipts)			
Health-related expenses (prescriptions)			
Child Care/Day Care Expenses			
Employment-related expenses (attach form T2007)			
TOTAL NON-DISCRETIONARY			
Housing Expenses	Living Expenses		
Rent / Mortgage	Food/ Grocery		
Property taxes/condo fee	Laundry/Dry Cleaning		
Telephone	Grooming/Toiletries		
Cable/Internet	Clothing		
Utilities	Bank charges		
Other (specify)	Other:		
Personal expenses	Transportation		
Smoking	Car lease/ Loan		
Alcohol	Repairs / Maintenance		
Dining/Lunch/Restaurants	Public Transportation		
Entertainment/Sports	Vehicle Insurance		
Gifts / Donations	Fuel		
Allowances / Other	Insurance Expenses		
Education Expense	Furniture/ Contents		
Non-recoverable Medical	House Insurance		
MSP Premiums	Life insurance		
Dental	Other (specify)		
Non-prescriptions			
TOTAL EXPENSES			

CREDITORS (continued)

Do any of your liabilities arise from:

- a) Fine, penalty or restitution order?
- b) Fraud / Embezzlement/ Misappropriation?

Yes No
Yes No

Student Loan Obligations:

Canada Student Loans outstanding: \$ _____

Provincial Student Loans outstanding: \$ _____

When did you cease to be a full-time or part-time student (dd/mm/yy)? _____

Education Level

- | | | | |
|----------------------|--------------------------|---------------------------------------|--------------------------|
| 0 – 8 Years | <input type="checkbox"/> | Some Post-Secondary | <input type="checkbox"/> |
| Some High School | <input type="checkbox"/> | Post-Secondary Certificate or Diploma | <input type="checkbox"/> |
| High School Graduate | <input type="checkbox"/> | University Degree | <input type="checkbox"/> |

Debts Guaranteed:

Have you co-signed or guaranteed any debts for anyone?

Yes No

Amount owing: \$ _____

Lender's name: _____

Borrower's name & address: _____

F. ASSETS

The estimated value is calculated at a "quick sale" price (e.g., by auction, garage sale) instead of what you actually paid for the item.

Category	Description	Estimated Value
Cash on Hand / In the Bank <i>(attach most recent bank statement)</i>		
Household Furniture <i>(please complete following page)</i>		
Clothing and Medical Aids		
Jewelry <i>(specify)</i>		
Registered Plans <i>(RRSPs, RESPs, Pension Plans)</i>		
Cash Surrender Value of Life Insurance Policies		
Savings Bonds		
Stocks/Shares/Investment Accounts		
Collectibles <i>(Stamps, Coins, Artwork)</i>		
"Tools of the Trade" Tools that you use to earn your living <i>(provide list)</i>		
Safety Deposit Box <i>(please describe contents and location)</i>		

VEHICLES (REQUIRED: attach copy of the ICBC Certificate of Insurance for each item):

Description	Year and Model	Vehicle Identification Number (VIN)	Estimated Value
Cars / Truck Motorcycle <i>(Specify)</i>	1.		
	2.		
Boat / Motorhome Other <i>(Specify)</i>			

REAL ESTATE:

Location (civic address)		Assessed Value
Name of Mortgagee(s)		Outstanding Balance
1 st		
2 nd		
Property Taxes and Strata Fees outstanding:		

HOUSEHOLD FURNITURE & APPLIANCES:

The estimated value is calculated at a "quick sale" price (e.g., by auction, garage sale) instead of what you actually paid for the item.

	QTY		CURRENT VALUE
<u>LIVING ROOM</u>			
Sofa			
Chair			
Lamp			
Table			
Stereo equip.			
Television			
Painting			
Computer			
VCR			
DVD			
<u>RECREATION ROOM</u>			
Desk			
Chair			
Lamp			
Bookcase			
<u>DINING ROOM</u>			
Table			
Chairs			
Cabinet			
China			
Silver			
<u>SPORTING GOODS/OUTDOORS</u>			
Barbecue			
Furniture			
Lawnmower			
Power Tools			
Bicycles			
Ski Equipment			

	QTY		CURRENT VALUE
<u>KITCHEN</u>			
Table			
Chair			
Small Appl.	N/A		
Pots/Pans	N/A		
Dishes	N/A		
Microwave			
Freezer			
Fridge/Stove			
<u>BEDROOM #1</u>			
Bed			
Dresser			
Night Table			
Drapes			
<u>BEDROOM #2</u>			
Bed			
Dresser			
Night Table			
Drapes			
<u>ANY ASSETS NOT LISTED ABOVE</u>			
Washer/Dryer			
<u>PERSONAL</u>			
Clothing	N/A	N/A	
Jewelry	N/A	N/A	

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 on my ability to pay.

Applicant signature

Date

<p>PROVIDE THE FOLLOWING ITEMS WITH THE COMPLETED FORM</p>	<p>For office use only:</p>
1. Two pieces of identification, one of which should have your photograph (birth certificate, social insurance card, driver's license, Canadian citizenship papers, etc.)	
2. Provide copies of the most recent correspondence received from creditors or collection agencies. Bring all credit cards , including those with nil balances.	
3. Provide all copies of ICBC Certificate of Insurance and lease documents.	
4. Provide a copy of any Property Tax Statement, Notice of Assessment; and mortgage documents.	
5. Provide certificates or shares for all stocks, bonds and other securities, as well as the name and address of your broker.	
6. Provide all copies of life insurance policies.	
7. Provide copies of all statements relating to any RRSP (including employer pensions), RESP and GIC or other investments including any information on contributions and withdrawals.	
8. Provide copies of Separation Agreement, divorce papers or family maintenance orders	
9. If your wages are being garnished, provide a copy of the Court Order or garnishee, the name and address of employer, the full name and fax number of payroll person.	
10. If you previously filed a Proposal or Bankruptcy, provide a copy of your discharge certificate or court order.	
11. Provide a copy of your most recent pay stub with " year-to-date " numbers, for all employers this year. If you are self employed, a statement of your " year to date " income and expenses.	
12. Provide all information required for the preparation of tax returns that are outstanding for any past years.	
13. Bring the last income tax return filed and assessment notice received from Canada Revenue Agency.	
14. Initial Cash payment of \$ _____ at your appointment on _____	