



# 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.: \_\_\_\_\_

If separated or divorced, 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

<b>MONTHLY INCOME (provide proof of income)</b>	<b>Self</b>	<b>Others</b>	<b>Total</b>
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)			
<b>TOTAL INCOME</b>			
<b>MINUS NON-DISCRETIONARY EXPENSES</b>			
Child / Spousal support payment ( <b>attach receipts</b> )			
Health-related expenses ( <b>prescriptions</b> )			
Child Care/Day Care Expenses			
Employment-related expenses ( <b>attach form T2007</b> )			
<b>TOTAL NON-DISCRETIONARY</b>			
<b>Housing Expenses</b>	<b>Living Expenses</b>		
Rent / Mortgage	Food/ Grocery		
Property taxes/condo fee	Laundry/DryCleaning		
Telephone	Grooming/Toiletries		
Cable/Internet	Clothing		
Utilities	Bank charges		
Other (specify)	Other:		
<b>Personal expenses</b>	<b>Transportation</b>		
Smoking	Car lease/ Loan		
Alcohol	Repairs/Maintenance		
Dining/Lunch/Restaurant	Public Transportation		
Entertainment/Sports	Vehicle Insurance		
Gifts / Donations	Fuel		
Allowances / Other	<b>Insurance Expenses</b>		
Education Expense	Furniture/ Contents		
<b>Non-recoverable Medical</b>	House Insurance		
MSP Premiums	Life insurance		
Dental	Other (specify)		
Non-prescriptions			
<b>TOTAL EXPENSES</b>			



**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: \_\_\_\_\_

## 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.

<b>Category</b>	<b>Description</b>	<b>Estimated Value</b>
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):

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

### REAL ESTATE:

<b>Location (civic address)</b>		<b>Assessed Value</b>
<b>Name of Mortgagee(s)</b>		<b>Outstanding Balance</b>
<b>Address</b>		
1 <sup>st</sup>		
2 <sup>nd</sup>		
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**

<b>PROVIDE THE FOLLOWING ITEMS WITH THE COMPLETED FORM</b>	<b>For office use only:</b>
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 statements received from creditors or collection agencies. Bring all <b>credit cards</b> , 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 " <b>year-to-date</b> " numbers, for all employers this year. If you are self employed, a statement of your " <b>year to date</b> " income and expenses. Last 3 months bank statements.	
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 <b>and</b> assessment notice received from Canada Revenue Agency.	
14. Initial Cash payment of \$ _____ at your appointment on _____	