

# Confidential Application Form

You can print this form and fill it out by hand or...

Save to your computer and enter your information using the free Adobe Reader.

If you are emailing this form you can sign it and provide required documentation at the initial meeting with the trustee, or at the trustee's direction.

**Please answer to the best of your knowledge. If you have any questions, please call us. When you have filled out the information call us to arrange a confidential complimentary interview.**

## PERSONAL DATA

Surname: \_\_\_\_\_ S.I.N. \_\_\_\_\_

Given and Middle Names: \_\_\_\_\_ Birthdate: (Y/M/D) \_\_\_\_\_

Are you known by any other name(s): \_\_\_\_\_ Please Chose One: \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone: (Home) \_\_\_\_\_

Town/Province: \_\_\_\_\_ Telephone: (Bus.) \_\_\_\_\_

Postal Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_

I have resided at the above address since: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

I have resided in this province since: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Present Occupation: \_\_\_\_\_

Full Name and Address of Present Employer: \_\_\_\_\_

(including postal code) \_\_\_\_\_

You have been employed since when? \_\_\_\_\_

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

Chose one

Month/Year of Event: \_\_\_\_\_

Full name and address of spouse or common-law partner: \_\_\_\_\_

Birthdate of spouse: \_\_\_\_\_ Spouse's S.I.N.: \_\_\_\_\_

Number of dependents who rely on you for financial support: \_\_\_\_\_

| Name | Relationship | Birthdate | Address |
|------|--------------|-----------|---------|
|      |              |           |         |
|      |              |           |         |
|      |              |           |         |

**PERSONAL DATA**

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

| Employer's Name | Employer's Full Address<br>(including postal code) | Date of Job or EI Benefits |            |
|-----------------|--|----------------------------|------------|
|                 |  | Commenced                  | Terminated |
|                 |  |                            |            |
|                 |  |                            |            |
|                 |  |                            |            |
|                 |  |                            |            |

Have you ever been bankrupt, either in Canada or elsewhere, or filed a proposal under the *Bankruptcy and Insolvency Act*?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give:

Name of Trustee: \_\_\_\_\_

Filing Date: \_\_\_\_\_

Location: \_\_\_\_\_

Date of discharge/  
Certificate of Full Performance: \_\_\_\_\_

Is there a copy available?  
(please provide copy)

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been self-employed in the last five (5) years?

Yes \_\_\_\_\_ No \_\_\_\_\_

|  | Business #1 | Business #2 | Business #3 |
|--|-------------|-------------|-------------|
| Name   |             |             |             |
| Proprietorship, Partnership or Limited Company |             |             |             |
| Period of Operation                            |             |             |             |
| What happened to business                      |             |             |             |
| Where are books and records of Company         |             |             |             |

Names of partners? \_\_\_\_\_

Place of business (city)? \_\_\_\_\_ Nature of business? \_\_\_\_\_

Do you have a GST number? # \_\_\_\_\_ Payroll Remittance # \_\_\_\_\_

If yes, are there any returns outstanding? Yes \_\_\_\_\_ No \_\_\_\_\_

What year? \_\_\_\_\_

Are you an officer or a director of a limited company? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MONTHLY INCOME**

|                        |       |                                   |       |
|------------------------|-------|-----------------------------------|-------|
| Net Employment Income  | _____ | Child Tax Benefit                 | _____ |
| Net Earnings of Spouse | _____ | Net Spousal Support               | _____ |
| Net Pensions/Annuities | _____ | Net Employment Insurance Benefits | _____ |
| Net Child Support      | _____ | Net Social Assistance             | _____ |
| Other net income       | _____ | Self-Employed (Net)               | _____ |

**TOTAL MONTHLY INCOME (A)** \_\_\_\_\_

**MONTHLY NON-DISCRETIONARY EXPENSES**

|                            |       |                                       |       |
|----------------------------|-------|---------------------------------------|-------|
| Child Support Payments     | _____ | Fines/Penalties Imposed by Court      | _____ |
| Spousal Support Payments   | _____ | Expenses as a Condition of Employment | _____ |
| Child Care                 | _____ | Debts Where Stay Has Been Lifted      | _____ |
| Medical Condition Expenses | _____ | Other                                 | _____ |

**TOTAL MONTHLY NON-DISCRETIONARY EXPENSES (B)** \_\_\_\_\_

**AVAILABLE MONTHLY INCOME (A – B) = (C)** \_\_\_\_\_

**MONTHLY DISCRETIONARY EXPENSES:**

|                                  |       |  |       |
|----------------------------------|-------|--|-------|
| Housing Expenses                 |       | Living Expenses                          |       |
| Rent/Mortgage                    | _____ | Food/grocery                             | _____ |
| Property taxes/condo fees        | _____ | Laundry/dry cleaning                     | _____ |
| Heating/gas/oil                  | _____ | Grooming/toiletries                      | _____ |
| Telephone                        | _____ | Clothing                                 | _____ |
| Cable                            | _____ | Other                                    | _____ |
| Hydro                            | _____ | Transportation Expenses                  |       |
| Water                            | _____ | Car lease/payments                       | _____ |
| Furniture                        | _____ | Repairs/maintenance/gas                  | _____ |
| Other                            | _____ | Public transportation                    | _____ |
| Personal Expenses                |       | Other                                    | _____ |
| Smoking                          | _____ | Insurance Expenses                       |       |
| Alcohol                          | _____ | Vehicle                                  | _____ |
| Dining/lunches/restaurants       | _____ | House                                    | _____ |
| Entertainment/sports             | _____ | Furniture/contents                       | _____ |
| Gifts/charitable donations       | _____ | Life insurance                           | _____ |
| Allowances                       | _____ | Other                                    | _____ |
| Other                            | _____ | Payments                                 |       |
| Non-recoverable Medical Expenses |       | To Trustee                               | _____ |
| Prescriptions                    | _____ | To secured creditor                      | _____ |
| Dental                           | _____ | <i>(Other than mortgage and vehicle)</i> | _____ |
| Other                            | _____ | Other                                    | _____ |

**TOTAL MONTHLY DISCRETIONARY EXPENSES (D)** \_\_\_\_\_

**TOTAL - SURPLUS/(SHORTFALL) (C)-(D)** \_\_\_\_\_

| ASSETS DESCRIPTION   | LOCATION | BEST ESTIMATE OF PRESENT VALUE |
|--|----------|--------------------------------|
| Cash on Hand<br>/In Bank   |          |                                |
| Household Furniture<br>(Fully/Partially Pledged/Exempt)                    |          |                                |
| Retirement Savings Plans (Total)<br>(Contributions in the last 12 months)  |          |                                |
| Loans Due to You<br>/Accounts Receivable                                   |          |                                |
| Cash Surrender Value of<br>Insurance Policies                              |          |                                |
| Savings Plans<br>/Bonds  |          |                                |
| Clothing and Medical Aids  |          |                                |
| Jewellery  |          |                                |
| Stocks<br>/Shares  |          |                                |
| Estimated Tax Refund   |          |                                |
| Collectibles<br>(Stamps, etc.)   |          |                                |
| House/Cottage/Land<br>(Sole/Joint/Part Owner)<br>(Fully/Partially Pledged) |          |                                |
| Mobile Home  |          |                                |
| Automobile/Model<br>Serial No. _____<br>(Fully/Partially Pledged/Exempt)   |          |                                |
| Motorcycle/Model<br>Serial No. _____                                       |          |                                |
| Other Motorized Vehicle  |          |                                |
| Boat<br>/Trailer   |          |                                |
| Any Other Assets/Tools of the Trade  |          |                                |



Have any of the above debts arisen from your guarantee or co-signing of debts for another individual or corporation?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate:

| Lender's Name | Lender's Address | Amount | Borrower's Name | Borrower's Address |
|---------------|------------------|--------|-----------------|--------------------|
|               |                  |        |                 |                    |
|               |                  |        |                 |                    |
|               |                  |        |                 |                    |

Is borrower bankrupt?

Yes \_\_\_\_\_ No \_\_\_\_\_

**GENERAL**

1. Within the last twelve (12) months, have you sold, disposed of or transferred any of your assets, either in Canada or elsewhere? (eg. vehicles, RRSP's, stocks/bonds, furniture)

Yes \_\_\_\_\_ No \_\_\_\_\_

| Description of Asset | Date Disposed | To Whom | Proceeds | Disposition of Proceeds |
|----------------------|---------------|---------|----------|-------------------------|
|                      |               |         |          |                         |
|                      |               |         |          |                         |
|                      |               |         |          |                         |
|                      |               |         |          |                         |

2. Within the last twelve (12) months, have you made payments in excess of regular payments to any creditor, either in Canada or elsewhere?

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Within 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 \_\_\_\_\_

Was party who made seizure a secured creditor? Yes \_\_\_\_\_ No \_\_\_\_\_

Form of security? \_\_\_\_\_

4. Do you expect to receive any sums of money, or any other property within the next 12 months, which are not related to your normal income?

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



5. Within the last five (5) years, while you knew yourself to be insolvent, have you sold, disposed of, or transferred any real estate? Yes \_\_\_\_\_ No \_\_\_\_\_

| Description of Asset | Date Disposed | To Whom | Proceeds | Disposition of Proceeds |
|----------------------|---------------|---------|----------|-------------------------|
|                      |               |         |          |                         |
|                      |               |         |          |                         |
|                      |               |         |          |                         |

6. Within the last five (5) years, while you knew yourself to be insolvent, have you made any gifts to relatives or others in excess of \$500.00? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. (a) Please list the banks that you are currently dealing with:

| Bank | Address | City | Postal Code | Amount Currently In Account |
|------|---------|------|-------------|-----------------------------|
|      |         |      |             |                             |
|      |         |      |             |                             |
|      |         |      |             |                             |

(b) Do you have a safety deposit box? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, which bank? \_\_\_\_\_

Please provide details of the contents: \_\_\_\_\_

\_\_\_\_\_

8. Does anyone owe you any money? Provide details. Yes \_\_\_\_\_ No \_\_\_\_\_

(a) Personal loans \_\_\_\_\_

(b) Accounts receivable \_\_\_\_\_

(c) Agreement for sale \_\_\_\_\_

(d) Other \_\_\_\_\_

9. Do you currently own any of the following?

- (a) Collectibles (stamps, coins, art, antiques, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_
  - (b) Savings bonds (owned presently or being purchased on a payroll savings plan). Yes \_\_\_\_\_ No \_\_\_\_\_
  - (c) R.R.S.P.'s Yes \_\_\_\_\_ No \_\_\_\_\_
  - (d) Shares (owned presently or being purchased on a payroll savings plan). Yes \_\_\_\_\_ No \_\_\_\_\_
- Please provide details
- 
- 

- (e) Personal life insurance policies (please include a copy of your life insurance policy). Yes \_\_\_\_\_ No \_\_\_\_\_

|                           | Policy No. 1 | Policy No. 2 |
|---------------------------|--------------|--------------|
| i) Life Insurance Company |              |              |
| ii) Beneficiary           |              |              |
| iii) Cash Surrender Value |              |              |

10. Are you a beneficiary of a will or will you receive an inheritance? Yes \_\_\_\_\_ No \_\_\_\_\_

11. Has anyone started legal proceedings against you? If yes, give details. Yes \_\_\_\_\_ No \_\_\_\_\_

---



---

12. Do any of your debts arise from:
- A fine or penalty imposed by court Yes \_\_\_\_\_ No \_\_\_\_\_
  - A recognizance or bail bond Yes \_\_\_\_\_ No \_\_\_\_\_
  - Alimony or maintenance payments Yes \_\_\_\_\_ No \_\_\_\_\_
  - Fraud, embezzlement, misappropriation Yes \_\_\_\_\_ No \_\_\_\_\_
  - Defalcation while acting in a fiduciary capacity Yes \_\_\_\_\_ No \_\_\_\_\_
  - Obtaining property by false pretences/ fraudulent misrepresentation Yes \_\_\_\_\_ No \_\_\_\_\_

13. For which year did you file your last income tax return? \_\_\_\_\_

Did you receive a refund? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there arrears owing? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there a copy available? Yes \_\_\_\_\_ No \_\_\_\_\_

14. Are you paying/receiving any alimony or maintenance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, to/from whom \_\_\_\_\_ Amount since January 1st \$ \_\_\_\_\_

Please provide a copy of the Court Order or separation agreement.



**INVENTORY OF ASSETS  
HOUSEHOLD FURNITURE  
AND EFFECTS**

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

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

|                                    | QTY | YEAR PURCH. | CURRENT VALUE |
|------------------------------------|-----|-------------|---------------|
| <u>KITCHEN</u>                     |     |             |               |
| Table                              |     |             |               |
| Chair                              |     |             |               |
| Small Appl.                        |     |             |               |
| Pots/Pans                          |     |             |               |
| Dishes                             |     |             |               |
| 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                           |     |             |               |
| Jewellery                          |     |             |               |
|                                    |     |             |               |
|                                    |     |             |               |

## BANKRUPTCY APPLICATION CHECKLIST

1. Application - complete all questions
2. Vehicles - copy of vehicle registration
3. Agreements - debentures, mortgages, separation, alimony, child support, leases, sales contracts, judgements, fines, wage assignments, court order.
4. Credit Cards - all must be turned over to the Trustee, including those with a nil balance
5. Life Insurance - copy of all policies - (cash surrender value not exempt)
6. Stock/Bonds/Securities /RRSP's - all pertinent documentation/statements
7. Pay Stubs - most current one available  
- if you are/were on EI please supply all stubs for current year, as well as the EI office address where application was made
8. Tax Information - copy of last return filed  
- if you have not filed up to date, please provide information for Trustee to file any previous years (T4's, receipts, etc.)  
- re current year - a list of all employers with gross earnings and deductions made for tax, CPP, EI, union dues and any maintenance/support payments and spousal earnings.
9. Initial Payment to Bankruptcy Estate (to cover filing fees, mailings, etc.)  
\$\_\_\_\_\_ (by cash, certified cheque or money order only)
10. Postdated cheques - \_\_\_\_\_