SANDS & ASSOCIATES

We help with debt.

www.sands-trustee.com
Toll-free 1-800-661-3030

CONFIDENTIAL DETAILED APPLICATION

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: _____
Given and Middle Names: _____
Are you known by any other name(s): _____
Street Address: _____
City and Province: _____
Postal Code: _____
Email Address: _____
Emergency Contact Name: _____
Relationship: _____
Emergency Contact Number: _____

S.I.N. _____
Birthdate: (Y/M/D) _____
Please Circle One Mr. Ms. Mrs. Miss
Telephone: (Home) _____
Telephone: (Cell) _____
Telephone: (Bus.) _____
Language: English ( ) French ( ) Other ( )
I have resided at the above address 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? _____

Highest level of education completed:
☐ 0 – 8 years ☐ Some High School ☐ High School Graduate ☐ Some Post-Secondary
☐ Post-Secondary Certificate/Diploma ☐ University Degree

Marital Status (Specify month and year of event if it occurred in the last five years, if applicable, for each of the below):
☐ Married ☐ Common-Law ☐ Single ☐ Widowed ☐ Separated ☐ Divorced
Month/Year of Event: _____
Full name and address of spouse or common-law partner: _____
Occupation and place of employ of spouse: _____

Birthdate of spouse: _____ Spouse's S.I.N.: _____

Number of dependents who rely on you for financial support: _____

Name	Relationship	Birthdate	Address

FOR OFFICE USE ONLY

Interviewed by: _____
Office: _____
Referred by: _____
Date signing: _____

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 (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 ☐

What caused your financial difficulties for the previous bankruptcy or proposal? _____

_____

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			
If Limited Company, are you an officer or director?			
Period of Operation, start date			
Number of employees @ date of application or end of business operations			
What happened to the business? If ceased, when?			
Where are books and records of Company?			
Place of business (city)			
Nature of business			
Business number (eg. GST/Payroll)			
Date of last return(s) filed			

***NOTE: When completing this page record ALL of the income and expenses for your FAMILY unit.**

MONTHLY INCOME

Net Employment Income		Canada Child 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 Gross ____ Net ____	0

Frequency of pay dates, please check one:

☐ weekly ☐ bi-weekly
☐ semi monthly ☐ monthly

TOTAL MONTHLY INCOME (A) 0

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) 0

AVAILABLE MONTHLY INCOME (A – B) = (C) 0

MONTHLY DISCRETIONARY EXPENSES

Housing Expenses

Rent/Mortgage	
Property taxes/condo fees	
Heating/gas/oil	
Telephone/cell phone	
Cable/Internet	
Hydro	
Other housing expenses	

Personal Expenses

Smoking	
Alcohol	
Dining/lunches/restaurants	
Entertainment/sports	
Gifts/charitable donations	
Bank fees	
Other personal expenses	

Non-recoverable Medical Expense

Drug store items	
Dental	

Living Expenses

Food/grocery	
Laundry/dry cleaning	
Grooming/toiletries	
Clothing	

Transportation Expenses

Car lease/payments	
Repairs/maintenance/gas	
Public transportation	

Insurance Expenses

Vehicle	
House	
Furniture/contents	
Life insurance	
Medical Services Plan	

Payments

To Trustee	
To secured creditor *(Other than mortgage and vehicle)*	
Other	

TOTAL MONTHLY DISCRETIONARY EXPENSES (D) 0

TOTAL - SURPLUS/(SHORTFALL) (C) - (D) 0

ASSETS DESCRIPTION	LOCATION	BEST ESTIMATE OF PRESENT VALUE
Cash on Hand /In Bank		
Household Furniture *(please complete following page)* (Fully/Partially Pledged/Exempt)		
Registered Plans (RRSP, RESP)		
Loans Due to You /Accounts Receivable		
Cash Surrender Value of Insurance Policies		
Savings Plans /Bonds		
Clothing and Medical Aids		
Stocks /Shares		
Estimated Tax Refund		
Collectibles (Stamps, etc.)		
House/Cottage/Land (Sole/Joint/Part Owner) (Fully/Partially Pledged)		
Mobile Home		
Automobile/Model Serial No. _____ (Fully/Partially Pledged/Exempt)		
Motorcycle/Model Serial No. _____		
Other Motorized Vehicle (please specify)		
Boat /Trailer		
Any Other Assets /Tools of the Trade		

INVENTORY OF ASSETS
HOUSEHOLD FURNITURE AND EFFECTS

Name: _____
Address: _____
_____

	QTY	YEAR PURCH.	CURRENT VALUE
LIVING ROOM			
Sofa			
Chair			
Lamp			
Table			
Electronic equipment			
Television			
Painting			
VCR / PVR			
DVD			
FAMILY ROOM			
Desk			
Chair			
Lamp			
Bookcase			
Computer			
DINING ROOM			
Table			
Chairs			
Cabinet			
China			
Silver			
SPORTING GOODS/OUTDOORS			
Barbecue			
Furniture			
Lawnmower			
Power Tools			
Bicycles			
Ski Equipment			

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

DEBTS

List all debts, including secured debts, student loans and Canada Revenue Agency.

Creditor's Name	Type	Address, include Apt.#, Street # and postal code	Account #	Best Estimate of Amount Owing

TYPE: Secured = S, Unsecured = U, Preferred = P, Joint = J

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, 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, have you made any gifts to relatives or others in excess of $500? 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: _____

(c) Do you have any automatic deposits, preauthorized debits or post dated cheques written against your current bank account? Yes ☐ No ☐
If so, please provide details _____

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) RRSP's, RESP's, Other Yes ☐ No ☐
(d) Shares (owned presently or being purchased on a payroll savings plan). Yes ☐ No ☐

Please provide details

10. 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		

11. Are you a beneficiary of a will or will you receive an inheritance? Yes ☐ No ☐

12. Has anyone started legal proceedings against you? Yes ☐ No ☐
If yes, give details.

_____

_____

_____

_____

13. 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 ☐

14. 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 ☐

15. Do you have a court order that restricts you from dealing with any of your assets? Yes ☐ No ☐

If yes, please provide details _____

_____

Please provide a copy of the Court Order, if available.

16. 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.

17. Please describe briefly, the circumstances which caused your financial difficulties.

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

Your Signature

Date

PROPOSAL / BANKRUPTCY APPLICATION CHECKLIST

1.	**Application**	☐ Complete all questions
2.	**Vehicles**	☐ Copy of vehicle(s) registration
3.	**Creditor's Statements**	☐ Copies of most recent statements/letters received from creditors/collection agencies
4.	**Agreements**	☐ Debentures, mortgages, separation, alimony, child support, leases, sales contracts, judgements, fines, wage assignments, court order
5.	**Credit Cards**	☐ All must be turned over to the Trustee, including those with a nil balance
6.	**Life Insurance**	☐ Copy of all policies - (cash surrender value not exempt)
7.	**Stocks/Bonds /Securities/RRSP's /RESP's**	☐ All pertinent documentation/current statements including contributions and withdrawls in the past twelve months
8.	**Income Information**	☐ Last two pay statements from employers in current year, including spouse's ☐ Last pay statement(s) from jobs which employment ceased in current year ☐ Current statement for CTB, UCCB, pension, WorkSafeBC or other source of income ☐ Current month bank statement
9.	**Tax Information**	☐ Copy of last T1 General return filed and Notice of Assessment ☐ 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 ☐ If self-employed, a statement of gross income, details of business expenses from January first of current year to date of bankruptcy ☐ If self-employed, copy of last GST remittance filed and Notice of Assessment
10.	**Previous Bankruptcy /Proposal**	☐ Copy of absolute order of discharge or certificate of full performance, if available ☐ Name and address of previous trustee ☐ Date of bankruptcy/proposal ☐ Reasons for the bankruptcy/proposal
11.	**Identification**	☐ Two pieces of identification, one of which should have your photograph on it Examples: driver's license, birth certificate, social insurance card, Canadian citizenship papers, passport

12. Initial Payment to Bankruptcy Estate (to cover filing fees, mailings, etc.)

$_____ (by cash, cheque or money order only) ☐

13.	**Pre Authorized Payment**	☐ Pre authorized payment form from bank or void cheque from bank account

14. Open a new debt free bank account. ☐