



**APPLICATION**

**PERSONAL DATA**

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

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

Any other known name(s)?: \_\_\_\_\_ Please select one:  Mr.  Ms.  Mrs.  Miss

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

Town/City: \_\_\_\_\_ Telephone (cell): \_\_\_\_\_

Province: \_\_\_\_\_ Language:  English  French  Other \_\_\_\_\_

Postal Code: \_\_\_\_\_

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

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

I have resided in B.C. since: Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_

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 dependants who rely on you for financial support: \_\_\_\_\_

Name	Relationship	Birthdate	Address

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

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
<b>Name</b>			
Proprietorship, Partnership or Limited Company			
If Limited Company, are you an officer or director?			
Period of Operation (start date)			
What happened to business?			
Where are books and records of Company?			
Place of business (full business address)			
Nature of business			
Business number (eg. GST/Payroll)			
Date of last return filed			

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

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

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

## MONTHLY INCOME

Net Employment Income: \_\_\_\_\_ Net Child Support: \_\_\_\_\_  
Net Earnings of Spouse: \_\_\_\_\_ Other Net Income: \_\_\_\_\_  
Net Pensions/Annuities: \_\_\_\_\_ Child Tax Benefit: \_\_\_\_\_

Next Pay Day: \_\_\_\_\_  
Paycheque Amount: \_\_\_\_\_  
Frequency of pay dates (check one):  
 Weekly     Bi-weekly     Semi-monthly (1 & 15)  
 Semi-monthly (15 & 30)     Monthly

Net Spousal Support: \_\_\_\_\_  
Net Employment Insurance Benefits: \_\_\_\_\_  
Net Social Assistance: \_\_\_\_\_  
Self-Employed: Gross: \_\_\_\_\_ Net: \_\_\_\_\_

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

## MONTHLY NON-DISCRETIONARY EXPENSES

Child Support Payments: \_\_\_\_\_ Fines/Penalties Imposed by Court: \_\_\_\_\_  
Spousal Support Payments: \_\_\_\_\_ Condition of Employment Expenses: \_\_\_\_\_  
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

Rent/Mortgage: \_\_\_\_\_  
Property Taxes/Condo Fees: \_\_\_\_\_  
Heating/Gas/Oil: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Cable: \_\_\_\_\_  
Hydro: \_\_\_\_\_  
Water: \_\_\_\_\_  
Furniture: \_\_\_\_\_

### Personal Expenses

Smoking: \_\_\_\_\_  
Alcohol: \_\_\_\_\_  
Dining/Lunches/Restaurants: \_\_\_\_\_  
Entertainment/Sports: \_\_\_\_\_  
Gifts/Charitable Donations: \_\_\_\_\_  
Bank Fees: \_\_\_\_\_  
Other Personal Expenses: \_\_\_\_\_

### Non-recoverable Medical Expenses

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: \_\_\_\_\_

### Payments

To Trustee: \_\_\_\_\_  
Asset Repurchase (if applicable): \_\_\_\_\_  
To Secured Creditor  
(other than mortgage and vehicle): \_\_\_\_\_  
Other: \_\_\_\_\_

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

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

ASSETS DESCRIPTION	LOCATION	BEST ESTIMATE OF PRESENT VALUE
Cash on Hand/In Bank		
Household Furniture		
Registered Plans (RRSP, RESP, TFSA, LIRA, RRIF, RDSP)		
Loans Due to You/Accounts Receivable		
Cash Surrender Value of Insurance Policies		
Savings Plans/Bonds		
Clothing and Medical Aids		
Stocks/Shares		
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 <i>(please specify)</i>		
Boat/Trailer		
Any Other Assets/Tools of the Trade		

**DEBTS**

List all debts, including secured debts and utilities.

<b>CREDITOR'S NAME</b>	<b>TYPE</b>	<b>ADDRESS</b> include Apt.#, street # and postal code	<b>ACCOUNT #</b>	<b>BEST ESTIMATE OF AMOUNT OWING</b>

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

Please describe briefly the circumstances which caused your financial difficulties.

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

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Your Signature

Date

## APPLICATION CHECKLIST

1. Application  Complete all questions
2. Vehicles  Copy of vehicle 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, or destroyed at home, including those with a nil balance
6. Life Insurance  Copy of all policies
7. Stocks/Bonds/RRSP/Securities/RESP/TFSA/RDSP/RRIF  All pertinent documentation/statements including contributions and withdrawals in the past twelve (12) months
8. Pay Stubs  Most current one available and for spouse, if applicable  
 Current statement for Canada Child Benefit, Pension, OAS, CPP, WCB and any other source of income  
 Current month bank statement
9. Tax Information  Copy of last tax 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
10. 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)
11. Bank Account  Open a new **debt-free bank account** and provide our office with a copy of your preauthorized payment information or a void cheque
12. Service Email  Set up service email address to ensure delivery of legal documents. Gmail is recommended.