



INFORMATION FORM

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 N/A
 Street Address: _____ Pronouns (optional): _____
 Town/City: _____ Telephone (home): _____
 Province: _____ Telephone (cell): _____
 Postal Code: _____ Language: English French Other _____
 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) or most recent (if currently not employed)

Period of employment: From: _____ to: _____

Employment status:

- Employed - full-time Employed - part-time Employed - Seasonal Self-employed
 Retired Student Not Employed

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 Each 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
Name			
Proprietorship, Partnership or Limited Company			
If Limited Company, are you an officer or director?			
Period of Operation Start date and end date (if no longer operating)			
What happened to business?			
Where are books and records of Company?			
Place of business (full business address)			
Nature of business			
Percentage ownership of the business			
Maximum number of employees in the past twelve (12) months			
Business number (eg. GST/Payroll)			
Date of last return filed			

Within the last **five (5) years**, have you sold, disposed of or transferred partially or in full any asset? (e.g. real estate, vehicle, RRSP, TFSA, stocks, etc.)?

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: _____ Net Spousal Support: _____
Net Pensions/Annuities: _____ Net Employment Insurance Benefits: _____

Next Pay Day: _____	Net Social Assistance: _____
Paycheque Amount: _____	Net Other Insurance Benefits: _____
Frequency of pay dates (check one):	Canada Child Benefit: _____
<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly (1 & 15)	Other Net Income: _____
<input type="checkbox"/> Semi-monthly (15 & 30) <input type="checkbox"/> Monthly	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/Cell phone: _____
Cable/Streaming services: _____
Electricity: _____
Water: _____
Furniture: _____
Internet: _____
Other: _____

Personal Expenses

Tobacco/Vaping/Cannabis: _____
Alcohol: _____
Meals/Restaurants: _____
Entertainment/Sports: _____
Gifts/Charitable Donations: _____
Allowances: _____
Other: _____

Non-recoverable Medical Expenses

Drug store items: _____
Dental: _____

Living Expenses

Food/Grocery: _____
Laundry/Dry Cleaning: _____
Grooming/Toiletries: _____
Clothing: _____
Other: _____

Transportation Expenses

Vehicle lease/Payments: _____
Repair/Maintenance/Gas: _____
Public Transportation: _____
Vehicle insurance/Registration: _____
Other: _____

Insurance Expenses

Home: _____
Furniture/Contents: _____
Life: _____
Other: _____

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		
Cryptocurrency, Digital tokens, etc.		
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/Recreational vehicle or equipment <i>(please specify)</i>		
Boat/Trailer		
Any Other Assets/Tools of the Trade		

Please describe briefly the circumstances which caused your financial difficulties.

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

I EXPRESSLY CONSENT TO MY PERSONAL INFORMATION BEING PROVIDED TO E. SANDS & ASSOCIATES INC. AS A LICENSED INSOLVENCY TRUSTEE FOR THE PURPOSES OF MAKING A CREDIT REPORT REQUEST TO TRANSUNION. E.SANDS & ASSOCIATES INC. WILL BE OBTAINING, VALIDATING, AND DISCOVERING MY DEBTS/LIABILITIES, AND OTHER INFORMATION SHOWN IN MY CREDIT REPORT.

YOUR CREDIT REPORT WILL BE OBTAINED THROUGH TRANSUNION AS A SOFT INQUIRY AND WILL NOT IMPACT YOUR CREDIT SCORE OR CREDIT RATING.

Your Signature

Date

INFORMATION FORM CHECKLIST

1. Information Form 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.