

BANKRUPTCY APPLICATION & INFORMATION SHEET

Full Name (include middle name) _____

Address: _____
(Street and mailing address)

Length of time at this address: _____

Email Address: _____

Telephone: Home: _____ Cell: _____ Work: _____

Marital Status: _____

Name of Spouse: _____

	<u>Applicant:</u>	<u>Spouse:</u>
Date of Birth:	_____	_____

S.I.N.:	_____	_____
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Occupation:	_____	_____
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Employer:	_____	_____
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Employer's Address:	_____	_____
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Length of Time with this Employer	_____	_____
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Highest Level of Education:	_____	_____
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Have you ever been bankrupt before?:	_____	_____
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Date of Bankruptcy:	_____	_____
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Province where filed:	_____	_____
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Name of Trustee:	_____	_____
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Date of Discharge:	_____	_____
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List all **Dependents** that live with you and that you financially support:

<u>Full Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Income</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Have you ever owned a business? _____

If yes, name of business: _____

Address of business: _____

Type of business: _____

Type of Ownership: Corporation _____ Partnership _____

Sole Proprietorship _____ Name of Partners _____

Have you guaranteed loans for the business? _____

Monthly Net Family Income

	Bankrupt	Spouse
Employment Income:	_____	_____
Pension Income:	_____	_____
E. I. Benefits:	_____	_____
Social Assistance:	_____	_____
Child Tax Benefit:	_____	_____
Universal Child Care Benefit:	_____	_____
Self-Employment Income:	_____	_____
Other Income:	_____	_____
Spousal or Child Support	_____	_____
Total Income:	_____	_____

Monthly Non-Discretionary Expenses

Medical Condition Expenses: _____

Child Support Payments: _____

Spousal Support Payments: _____

Child Care: _____

Fines or other Court Penalties: _____

Employment Expenses: _____

OTHER MONTHLY LIVING EXPENSES

Living Expenses

Food/Groceries _____	Rent/Mortgage: _____
Laundry/Dry Cleaning: _____	Heating Costs: _____
Clothing: _____	Electricity: _____
Other _____	Cable: _____
<u>Transportation Costs:</u>	Internet _____
Car Lease/Loan Payment _____	Telephone _____
Gas/Repairs/Maintenance: _____	Property Tax: _____
Public Transportation: _____	

Insurance :

Vehicle: _____
 Home/Property: _____
 Life: _____

Medical:

Prescriptions: _____
 Dental: _____
 Medical Insurance: _____
 Other: _____

Secured Creditors: (For example Mortgage, Car Lease/Payment, other chattel mortgages)

<u>Name/Address Creditor</u>	<u>Type of Security</u>	<u>Amount Owing</u>	<u>Payments up To Date(Y/N)</u>
1. _____	_____	_____	_____
2. . _____	_____	_____	_____
3. . _____	_____	_____	_____
4. . _____	_____	_____	_____

Unsecured Creditors: (Other bank loans, Lines of Credit, Credit Cards)

<u>Name/Address Creditor</u>	<u>Account Number</u>	<u>Amount Owed</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Other Debts:

Have you guaranteed or cosigned the debts of any Corporations or other individuals? Yes _____ No _____

If Yes, answer the following:

<u>Name/Address Lender</u>	<u>Name/Address of Borrower</u>	<u>Amount</u>	<u>Business or person</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Transfer of Property/Gifts:

Please answer the following questions. If you answer **YES** to any of them please provide the details on a separate sheet of paper.

- 1. Within the last **12 months** have you....
 - Sold or transferred any assets (Car, ATV, etc) YES_____ NO_____
 - Made excess payments to any creditor? YES_____ NO_____
 - Had any asset seized by a creditor? YES_____ NO_____

- 2. Within the last **5 years**, have you....
 - Sold or transferred any real estate (land,house) YES_____ NO_____
 - Made gifts to relatives over \$500.00 YES_____ NO_____
 - Have you made any arrangements to continue to pay any creditor? YES_____ NO_____

Assets:

Do you have any of the following? If yes, give the amount.

- Cash on hand or in Bank account _____ Amount_____
- Loans you have given to others _____ Amount_____
- Insurance Policy with Cash Surrender Value _____ Amount_____
- Savings Plan (for example RESP) _____ Amount_____
- Stocks, Bonds, Shares _____ Amount_____

Other Assets:

<u>Asset</u>	<u>Description</u>	<u>Location</u>	<u>Original Cost</u>	<u>Est. Value</u>
Automobile(s)	_____	_____	_____	_____
House	_____	_____	_____	_____
Cabin/Cottage	_____	_____	_____	_____
Land	_____	_____	_____	_____
Boat	_____	_____	_____	_____
Motor	_____	_____	_____	_____
Motorcycle	_____	_____	_____	_____
Travel Trailer	_____	_____	_____	_____
ATV	_____	_____	_____	_____
Snowmobile	_____	_____	_____	_____
Jewellery	_____	_____	_____	_____
Furniture	_____	_____	_____	_____
Tools of the Trade	_____	_____	_____	_____
Paintings, Collections	_____	_____	_____	_____
Musical Instruments	_____	_____	_____	_____
Other	_____	_____	_____	_____

Furniture, Appliances, Household Effects:

Check items in your possession and indicate the number of each item. At the end give the estimated TOTAL value of all items if they were to be sold at an auction or sale by bailiff:

Stove: _____ Refrigerator _____ Dining Room Set _____ Desk _____
 Freezer: _____ Dishwasher _____ Living Room Set _____ Beds _____
 Washer _____ Microwave _____ Chesterfield _____ China _____
 Dryer _____ Dressers _____ Television _____ Piano _____
 Bookcase _____ Computer _____ Table/Chairs _____ Stereo _____
 Lazy-Boy _____ Lamps _____ Coffee Table Set _____ Camera _____
 Paintings _____ Pool Table _____ Silverware _____ Tools _____
 Video Games/Systems _____ Patio Furniture _____
 Swimming Pool/Hot Tub _____ Video Camera _____
 Sporting/Recreational Equipment _____
 Where are these items located? _____
 Total Estimated Value on Resale _____

List all Employers in the Past year:

<u>Name/Address of Employer</u>	<u>Start Date</u>	<u>Finish Date</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Briefly describe the causes of your bankruptcy.

Tax Returns:

Last Year that Tax Return was Filed _____

Refund? If so, amount _____ Owed? If so, amount _____

What was the address given on your last tax return?

Same? Yes _____ Other? If so , what was it? _____

Declaration

I certify that the information contained in this form is true, correct and complete, and that I have fully disclosed the state of my assets and liabilities as of this date.

Signature

Date