

APPLICATION

Date: _____ Bankruptcy/Proposal _____ Joint/Separate/Single _____

Referral Source: _____

GENERAL INFORMATION

Legal Name: _____

Address: _____

Number of People in Household: _____

Mailing Address (if different from above): _____

Date of Birth: _____ Gender: _____ SIN: _____

Phone #: _____ Cell #: _____ Work #: _____

@ Above Address Since: _____

Previous Address: _____

Occupation (Start Date), Employer & Address (F/T or P/T): _____

Marital Status (Provide Date If: Separated/Divorced/Widowed): _____

Level of Education: _____

E-Mail Address: _____

Spousal Information (if applicable):

Legal Name: _____

Address (if different from above): _____

Date of Birth: _____ Gender: _____ SIN: _____

Phone #: _____ Cell #: _____ Work #: _____

Occupation, Employer & Address (F/T or P/T): _____

Marital Status (Provide Date If: Separated/Divorced/Widowed): _____

Level of Education: _____

E-Mail Address: _____

Dependants (Name/Age/Date of Birth/Income): _____

Alternate Contact (Name/Phone #/Relation): _____

BANKING INFORMATION

Bank Institution – Name and Address	Account Overdrawn: Yes/No	Joint Account: Yes/No	Account Numbers: Chequing/Savings/Business	Open/Close Account

Causes of Insolvency: _____

TAX & EMPLOYER INFORMATION

Tax Info: Claim Dependents: _____ GST Credit: _____
 Claim Rent/Property Taxes: _____ Spousal Support/Alimony: _____
 Child Support: _____ Court Ordered: _____
 To (Name/Address): _____
 Date of Last Tax Return: _____ Tax Year
 Do you claim the Disability Tax Credit: _____

Landlord/Rent Paid: _____

Previous Employers – Current & Prior Year → Name & Duration of Employment:

Spouse's Previous Employers – Current & Prior Year → Name & Duration of Employment:

PRIOR INSOLVENCY

Previous Bankrupt: _____

If Yes: When/Trustee Name & Firm/Type of Discharge: _____

Previous Consumer Proposal: _____

If Yes: When/Trustee Name & Firm/Certificate of Full Performance: _____

Previous Credit Counselling Client: _____

Fees Paid Under Debt Management Program/Which Organization: _____

Bonded: _____

Subject to Inheritance: _____

Lawsuits/Garnishments: _____

BUSINESS

Self-Employed in the last 5 years: _____

Type of Ownership – Sole Proprietorship/Partnership/Corporation: _____

Nature of Business: _____

Assets/Debts: _____

Position in this Company: _____ % Shares (if applicable): _____

Date Business Started/Continued Operations or Date Ceased Operations: _____

Max Employee # in Last 12 Months: _____ Sole Operator: _____

Address: _____

Receivership/When: _____

Guaranteed Loans: _____

Director Liability: _____

Percentage of Business Debt: _____

ASSET QUESTIONS

In the last 12 Months: have you or your significant other (if this is a Joint filing):

Sold/Transferred/Disposed Assets: _____

Disposed of/Traded-In Vehicles: _____

Made Excessive Payments: _____

Had Assets Seized: _____

Gifts/Donations to friends or relatives over \$500 – in the last 5 years: _____

In the last 24 Months have you cashed any bonds, GIC's, Mutual Funds, LIRA's or RRSP's
(details: when/monetary amount/reason for cash out):

In the last 5 years have you sold/transferred Real Estate (details: when/joint asset/equity
amount/what happened to any funds received):

List credit cards in your possession whether expired or not:

Safety Deposit Box (Contents/Location):

Are you continuing to pay any Creditors:

ASSETS

Cash on Hand: _____ In Bank: _____ Details: _____

Furniture Value: \$ _____ Exempt: Yes / No - Lien: _____

Accounts Receivable: \$ _____ Ageing: _____

Details: _____ Liens: _____

Rent Receivable: \$ _____ Details: _____

Life Insurance: _____ Beneficiary/Administrator: _____

Accidental Death & Dismemberment Policy: _____ Beneficiary/Administrator: _____

Saving Bonds: \$ _____ Details/Administrator: _____

Mutual Funds: \$ _____ Details/Administrator: _____

RRSP's: \$ _____ Details/Administrator: _____

RESP's: \$ _____ Details/Administrator: _____

TFSA: \$ _____ Details/Administrator: _____

Stocks: \$ _____ Details/Administrator: _____

Locked-In (Ex) Employer Pension: \$ _____ Details/Administrator: _____

Real Estate: \$ _____ Details: _____ Joint: _____

1st Mortgagee: _____

2nd Mortgagee: _____

Paying Utilities: _____ Insurance: _____

Insurer: _____ Until: _____

Vehicles – Year/Make/Model/VIN# → Value – List to Include - automobiles, boats, motors, trailers, motorcycles, snowmobiles, trucks, vans, ATV's etc.

Financing/Leasing/Exempt:

Insured: _____ Insurance Company: _____ Expiry: _____

Debtors' signature(s) to confirm insurance is in force for vehicles and/or real estate:

Debtor

Joint Debtor

Other Assets (i.e. legal actions, inventory, art, antiques, furs, Tools of Trade):

MONTHLY INCOME AND EXPENSES

INCOME

Net Employment _____
 Spouse Net Employment _____
 Pension – CPP _____
 Pension – OAS _____
 Pension – Gains _____
 Pension – Disability _____
 Pension – Survivor _____
 Child/Spousal Support _____
 EI _____
 Social Assistance _____
 ODSP _____
 WSIB _____
 Trillium _____
 Child Tax Benefit _____
 Universal Child Care _____
 Net Self-Employment _____
 Gross Self-Employment _____
 Alimony Received _____
 Rental Income _____
 Disability (Insurance) _____

NON-DISCRETIONARY EXPENSES
(Amounts Out-Of-Pocket)

* Child/Spousal Support _____
 * Child Care _____
 * Medical _____
 * Prescriptions _____
 * Dental _____
 * Eyewear/Eye Exam _____
 * Chiropractor/Therapy _____
 * Employment Expenses _____
 * S. 178 Debt _____
 * Fines to Court _____

EXPENSES

Rent/Mortgage _____
 Property Tax/Condo _____
 House Insurance _____
 Content Insurance _____
 Heat _____
 Telephone – Home & Cell _____
 Cable _____
 Internet _____
 Electricity _____
 Water _____
 Smoking _____
 Alcohol _____
 Entertainment _____
 Dining out _____
 Food/Grocery _____
 Laundry/Dry Clean _____
 Grooming/Toiletries _____
 Clothing _____
 Car Lease/Loan _____
 Repair/Maintenance/Gas _____
 Public transportation _____
 Vehicle Insurance _____
 Life Insurance _____
 To Estate _____
 Other _____

Total Income \$ _____ **Total Expenses** \$ _____

The monthly payment to the Trustee is \$ _____ starting the ____ day of _____, 20____.

I, the debtor(s) certify that the information contained in these forms is true and accurate to the best of my knowledge and belief.

 Debtor

 Joint Debtor

Details of Pledged Assets:
