

DETAILED APPLICATION FOR INSOLVENCY SERVICES

In order for us to discuss your financial situation and to review the options available to you, we require that this application be completed in detail. This application will also be used to prepare any required legal documents.

How did you locate our firm?

- Referral; referred by: _____
- Telephone Book Advertisement;
 Canpages Yellowpages Richmond Vancouver Other: _____
 Why did you pick our ad? _____
- Television Advertisement
- Translink Advertisement;
 Canada Line Bus Other _____
- Internet;
 Google Campbell, Saunders Ltd. Website BankruptcyCanada Website Canada411
 What search words did you use? _____
- Other (please give details): _____

PERSONAL DATA

Legal Name (in full) _____
Last Name *First Name* *Middle Name*

Are you known by another name? _____

Residential address (including postal code) _____
 _____ Since _____

Mailing address (including postal code) _____

Telephone: Home: _____ Cell: _____ Work: _____

E-mail address: _____ Fax: _____

SIN: _____ Date of Birth: _____ Are you a Canadian Citizen? Yes No

Education: What is the highest level of education obtained?

(Please note: this information is collected on behalf of the Office of the Superintendent of Bankruptcy and will not be included with information provided to your creditors)

- 0-8 years some high school high school graduate
 some post-secondary post-secondary certificate or diploma university degree

FAMILY UNIT DATA

Marital Status: Single Married Common-Law Divorced Separated Widowed

Has your marital status changed within the past five years? No Yes , when? (MM/YY) _____

Spouse's legal name (in full): _____
Last Name *First Name* *Middle Name*

Spouse's address, if different: _____

Spouse's telephone: Home: _____ Cell: _____ Work: _____

SIN: _____ Date of Birth: _____ Occupation: _____

Are you now or have you been involved in any matrimonial dispute which may restrict your ability to deal with your assets?

Yes No

If YES, please give details;

Are there any outstanding property settlement issues? Yes No

If YES, please give details;

Are you paying or receiving maintenance or support payments for spouse or child? Yes No

If YES, to/from?

Amount payable \$ _____ per _____ (monthly, bi-weekly, etc.).

Is the required amount paid? Yes No

If NO, please give details;

Are the payments in arrears? Yes No

If YES, please give details;

Total arrears \$ _____ for the period(s) _____ (MM/YY) to _____ (MM/YY)

Dependents who reside with you and who rely on you for financial support:

Name	Relationship	Date of Birth	SIN

EMPLOYMENT DATA

Present occupation: _____

Name and address of present employer: _____

Employer's telephone: _____ fax: _____

Employed since when: _____ Unemployed since when: _____

List all employers for the past two years showing dates started and terminated. If there was a period during which you were collecting Employment Insurance benefits or Income Assistance, show each period separately.

Employer and position held	Employer's address	Date Started	Date ended

(continue on another sheet if necessary)

BUSINESS INFORMATION

Have you been self-employed, or had an interest in a business, in the last 5 years? Yes No

If YES, please give the following details (a separate report is required for each business)

Type of Business: Corporation Proprietorship Partnership

Are any of your current debts related to your present or past business involvement? Yes No

If YES, what percentage (%) _____ or total debt \$ _____

Name of Business: _____

Location of Business: _____

Nature of Business: _____

When did the business begin operations (DD/MM/YY)? _____

Has the business ceased operations? Yes No If YES, when (DD/MM/YY) _____

Are you or the company a GST registrant? Yes No

If YES: What is the GST registration number? _____

Are the GST filings up to date? Yes No What was the last period filed? _____

Have you closed this GST account? Yes No If YES, when (DD/MM/YY) _____

Do/did you have any employees? Yes No If YES, number of employees _____

Do you owe for source deductions not remitted? Yes No If YES, how much? \$ _____

Are any employees owed wages? Yes No If YES, how much? \$ _____

When was the last day of employment (DD/MM/YY) _____

Have T4s been issued? Yes No

Date of last WCB report _____

Location of books and records: _____

Accountant, name, address and telephone number: _____

Lawyer; name, address and telephone number: _____

Bank; name, address and account number: _____

Partnerships only

Names and address of partners: _____

Percentage of ownership _____%

Is/was there a partnership agreement? Yes No If YES, please provide copy.

Corporations only

What percentage was your ownership _____%

Are/were you a director? Yes No

Are the corporate income tax returns up to date? Yes No

When is the end of the fiscal period for tax purposes (DD/MM/YY)? _____

Have you guaranteed a loan for the corporation? Yes No

Please attach a copy of the most recent financial statement and tax return pertaining to any business

NOTE: You are hereby notified that under the Canada Corporation Act and the Company Act of British Columbia, you cannot be a director or officer of a corporation while an undischarged bankrupt. Therefore, you must resign your position by notifying the Registrar of Companies

CURRENT BUSINESS / SELF-EMPLOYMENT INCOME (Monthly)
(Complete this page only if you are currently self-employed)

Gross Business / Self-employment Income		\$ _____
Direct Business / Self-employment Expenses		
Advertising	\$ _____	
Business tax, fees, licenses, dues, memberships	_____	
Business insurance	_____	
Office expenses	_____	
Supplies and materials	_____	
Legal, accounting or other professional fees	_____	
Office rent (non-residential)	_____	
Salaries, wages and benefits (include employer amounts)	_____	
Travel	_____	
Telephone and utilities	_____	
Vehicle expense		
Lease/payment	\$ _____	
Gas/repairs/maintenance	_____	
Insurance	_____	
Total	\$ _____	
Less: Personal use (____%)	_____	
Business use portion of vehicle	_____	
Other		
Parking	_____	
_____	_____	
_____	_____	
_____	_____	
Total Direct Business Expenses		\$ _____
Business Income before tax		_____
Less: Income tax/CPP (____%)		_____
Net Business / Self-employment Income <i>(enter this amount on the monthly income and expense statement)</i>		\$ _____

MONTHLY FAMILY INCOME AND EXPENSES

<i>Monthly income</i>	Debtor	Other members of the family unit	Total
Net employment income	_____	_____	
Net Pension/annuities	_____	_____	
Net Child support	_____	_____	
Net Spousal support	_____	_____	
Net employment insurance benefits	_____	_____	
Net Social Assistance	_____	_____	
Self-employment (from statement)	_____	_____	
Child tax benefits/ Universal child care	_____	_____	
WCB	_____	_____	
Gratuities	_____	_____	
Other: provide details	_____	_____	
<hr/>			
Total monthly income	_____	_____ + _____	= _____
<i>Monthly non-discretionary expenses</i>			
Child support payments	_____	_____	
Spousal support payments	_____	_____	
Child care	_____	_____	
Health condition expenses	_____	_____	
Fines/penalties imposed by the Court	_____	_____	
Expenses as a condition of employment (T2200 required)	_____	_____	
Other; provide details	_____	_____	
<hr/>			
Total non-discretionary expenses income	_____	_____ + _____	= _____
<i>Monthly discretionary expenses (family unit combined)</i>			
Housing expenses		Living expenses	
Rent	_____	Food/grocery	_____
Mortgage	_____	Laundry/dry cleaning	_____
Property taxes/condo fees	_____	Grooming/toiletries	_____
Heating/gas/oil	_____	Clothing	_____
Telephone/cell	_____	Pet expenses	_____
Cable	_____	Other: _____	_____
Hydro	_____	Transportation expenses	
Water	_____	Car lease/payments	_____
Furniture	_____	Repair/maintenance/gas	_____
Internet	_____	Public transportation	_____
Other: _____	_____	Personal use of business vehicle	_____
Personal expenses		Other: _____	_____
Smoking	_____	Insurance expenses	
Alcohol	_____	Vehicle	_____
Dining/lunches/restaurants	_____	House	_____
Entertainment/sports	_____	Furniture/contents	_____
Gifts/charitable donations/tithing	_____	Life Insurance	_____
Allowance	_____	Other: _____	_____
Other: _____	_____	Payments	
Non-recoverable medical expenses		Payment to Trustee	_____
Prescriptions	_____	Spouse's debt payments	_____
Dental	_____	Secured, other than mortgage and vehicle	_____
		Other: _____	_____
Eyeglasses	_____		
Other: _____	_____		

ASSETS

You are required to fully disclose and describe ALL assets in your possession or under your control.

CASH AND BANKING INFORMATION

CASH ON HAND

\$ _____

BANK ACCOUNTS

Not applicable

(If the account has a negative balance please show it in the liabilities page)

Name of Bank	Address	Account Number	Balance on hand

HOUSEHOLD FURNITURE

(Indicate the estimated value if sold at auction or garage sale, not what you actually paid for the item)

Stove	\$	Beds	\$	Piano	\$
Refrigerator		Water bed(s)		Organ	
Dishwasher		Desk		VCR	
Microwave		Night table(s)		DVD	
Convec Oven		Dresser(s)		Stereo	
Air conditioner		Highboy(s)		Television(s)	
Table/chairs		Freezer		Antiques	
Chesterfield		Washer		Silverware	
Armchair(s)		Dryer		China	
Livingrm.set		Diningrm.set		Pool table	
Cedar chest		Book case(s)		Games (\$25+)	
Area rugs		Hutch		Vacuum	
End table(s)		Patio furn.		Other;	
Coffee table(s)		Power mower			
Lamps		Power tools			
Home computer		Barbecue			
				Total Value	\$

PERSONAL EFFECTS

(Indicate the estimated value if sold at auction or garage sale)

Not applicable

Description	Estimated Value \$
Clothing	
Jewellery, stamp collections, books, coins, etc	
Cameras and related equipment	

Musical instruments		
Sporting and camping equipment		
Tools that you use to earn your living		
Paintings, sculptures and other valuable artwork		

Please note: You may be required to have your personal items appraised. A pawn shop appraisal is acceptable for jewellery and other small items.

INSURANCE POLICIES

Not applicable

Company	Address	Policy No.	Name and Relationship of Beneficiary	Cash Surrender value

SECURITIES

Not applicable

Description (include company name and account numbers)	Address	Estimated Realizable Value
Stocks		
Bonds		
RRSP/RIF		
Pension		
Superannuation		
RESP		
Other		

REAL ESTATE

Not applicable

Location and Description	Address	Estimated Realizable	% of Ownership
House			
Cottage			

Land				
Other				

Are you current with your property tax payments? Yes No If NO, amount owing \$ _____

Are your strata fees current? Yes No If NO, amount owing \$ _____

MOTORIZED AND RECREATIONAL VEHICLES

Not applicable

Description	Year, make and model	Serial Number	Estimated value
Cars and Trucks	1		
	2		
	3		
Motorcycle			
Boat, motors			
Snowmobile			
Trailer, camper, motor home			
Other			

OTHER ASSETS

Does anyone owe you money? Yes No

If YES, provide details _____

Personal Loan? Yes No _____

Accounts Receivable? Yes No _____

Agreement for sale? Yes No _____

Are you the beneficiary of a will currently in Probate? Yes No

If YES, provide details _____

Are you involved in a civil litigation from which you may receive monies or property (i.e. wrongful dismissal, ICBC claims, WCB back-pay claims etc.)? Yes No

If YES, provide details _____

Do any of your creditors have a security interest in any of your assets? Yes No

If YES, provide details _____

Are you in possession of or storing any assets which belongs to someone else (i.e. household goods, motor vehicle or other item)? Yes No

If YES, provide details _____

Do any of your liabilities arise from?

- i. Fine or penalty imposed by the Court Yes No
- ii. Recognizance or bail bond Yes No
- iii. Alimony/Maintenance/Support of separated family Yes No
- iv. Fraud/Embezzlement/Misappropriation while acting in a fiduciary capacity Yes No
- v. Obtaining property by false pretences or fraudulent misrepresentation Yes No
- vi. Damages for bodily harm, sexual assault or wrongful death awarded by the Court Yes No

STUDENT LOANS

Do you have a student loan? Yes No

Canada Student Loans outstanding \$ _____ Provincial Student Loan outstanding \$ _____

Please list location and dates of all studies for which you carried student loans:

School	From (DD/MM/YY)	To (DD/MM/YY)

When did you cease to be a full or part time student (DD/MM/YY) _____

Did you complete your studies? Yes No

If YES, what degree(s)/diploma(s) did you earn? _____

Are you working in your field of studies? Yes No

DEBTS OF SPOUSE

List debts of spouse not already indicated on liability page

Name of Creditor	Account number	Amount owing

DEBTS GUARANTEED

Have you co-signed or guaranteed a debt for anyone? Yes No

Has anyone co-signed or guaranteed a debt for you? Yes No

If YES, please provide details

Name of creditor	Amount	Co-signed or guaranteed by (self or name of other)

TRANSFER OF ASSETS

Within the past 12 months, either within Canada or elsewhere, have you sold, disposed of or transferred any of your assets? Yes No

If YES, please give details including a description of the asset, when it occurred, the amount received and what was subsequently done with the funds received.

Have you made any withdrawal from an RRSP within the past 12 months? Yes No

If YES, please give details including the name of the RRSP, when the withdrawal occurred, the amount received and what was subsequently done with the funds received.

Have you made payments in excess of the regular/normal payments to anyone within the past 12 months? Yes No

If YES, please give details including the name of the recipient, the amount paid and when this occurred.

Have you made any arrangements to continue to pay any of your creditors? Yes No

If YES, please give details including which creditor, terms of the arrangement and reason.

Have any of your assets been seized or wages garnished by any creditor? Yes No

If YES, please give details including the creditor's name, description of asset seized for amount garnishment and when this occurred.

Within the past 5 years have you sold, disposes or transferred any real estate? Yes No

If YES, please give details including complete address of property, sale price, proceeds received and what was subsequently done with the funds received.

Have you given any gift with a value in excess of \$500 within the past 5 years? Yes No

If YES, please give details including the name of the recipient, description of the gift item and when this occurred.

Have you sent or transferred funds outside of Canada within the past 5 years? Yes No

If YES, please give details include the name of the recipient, where the funds were sent, amount transferred and when this occurred.

Do you expect to receive any sum of money within the next 12 months which is not related to your normal income? Yes

No

If YES, please give details.

Do you expect to receive any property within the next 12 months? Yes No

If YES, please give details.

OTHER

Have you changed your designated beneficiary in your life insurance or RRSP within the last 12 months? Yes No

If YES, please give details.

Do you have an agreement with your employer whereby they are deducting amounts (i.e. Canada Savings Bonds, summer savings programs, etc.) not related to the statutory deductions? Yes No

If YES, please give details.

Have you signed an agreement (wage assignment) whereby a creditor can take monies from your pay cheque? Yes

No

If YES, please give details.

Are there any writs or judgments outstanding or criminal charges against you at this time? Yes No

If YES, please give details.

Have you given out any post-dated cheques or have any pre-authorized payments being withdrawn from your bank account?

Yes No

If YES, please give details.

Do you bank with a financial institution to which you owe money? Yes No

If YES, please give details.

Have you contributed to an RRSP within the past 12 months? Yes No

If YES, please give details.

Have you seen another Trustee or other financial advisor within the past 6 months? Yes No

If YES, please give details including name, when this occurred and if any fee was paid.

Have you previously been bankrupt or made a proposal under the Bankruptcy and Insolvency Act? Yes No

If YES, please complete the following,

Type of proceeding; Bankruptcy Consumer Proposal Division I Proposal

Name of Trustee: _____

Date of bankruptcy/proposal (DD/MM/YY): _____

City where filing occurred: _____

Date of discharge/full performance (DD/MM/YY): _____

Please provide a brief discription of the cause of the previous filing: _____

INCOME TAX

What is the last year for which you filed an income tax return? _____

Do you owe income taxes? Yes No If YES, how much: \$_____

Did you receive a refund last year? Yes No If YES, how much: \$_____

Is there a refund still owing to you? Yes No If YES, how much: \$_____

BACKGROUND

Describe what, in your opinion, caused your financial problem(s).

This statement will be included with the information provided to your creditors.

Approximately when did you realize that you were having a serious financial problem and what made you aware of this fact?

DECLARATION

I, _____, hereby certify that to the best of my knowledge and belief the information contained in this application is true, correct, and complete in every respect and fully discloses my assets and liabilities. I understand that I will be expected to co-operate with the Trustee in dealing with my affairs, and that I will also be expected to pay a reasonable fee to the Trustee, based upon my ability to pay.

Signature

Date signed

DOCUMENTS AND INFORMATION TO BE BROUGHT IN WITH YOUR APPLICATION FORM

	Enclosed with application	Not applicable
Two pieces of identification (birth certificate, passport and/or driver's license).	<input type="checkbox"/>	<input type="checkbox"/>
Provide a copy of separation agreement or Court order for maintenance or support payments.	<input type="checkbox"/>	<input type="checkbox"/>
Provide copies of all pay stubs, or last one issued if it shows "year to date" amounts. It will be necessary to provide this information for each employer you have had this year. Please also provide the same information for your spouse	<input type="checkbox"/>	<input type="checkbox"/>
Provide a copy of recent financial statements for business/self-employment involvement, i.e. current GST returns, corporate tax returns etc.	<input type="checkbox"/>	<input type="checkbox"/>
Provide a copy of current bank statement(s). <i>If you owe your current financial institution any money it is suggested that you open a new bank account immediately.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Appraisal or pawn shop valuation of personal effects <i>if requested by Trustee.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Provide a copy of all life insurance policies.	<input type="checkbox"/>	<input type="checkbox"/>
Provide certificates and/or shares for all stocks, bonds and other securities as well as name and address of broker, account number and copy of last statement.	<input type="checkbox"/>	<input type="checkbox"/>
Provide copy of last statement for RRSP, pension or RESP as well as name and address of administrator and account number(s).	<input type="checkbox"/>	<input type="checkbox"/>
Provide realtor valuation of all real estate (usually obtainable at no cost from real estate agents offering free market valuations) and copies of all mortgage documents, special assessments and tax assessments.	<input type="checkbox"/>	<input type="checkbox"/>
Provide a copy of all vehicle registrations and insurance papers. Provide copies of vehicle lease agreements or financing agreements.	<input type="checkbox"/>	<input type="checkbox"/>
Provide documents relating to any amounts owed to you.	<input type="checkbox"/>	<input type="checkbox"/>
Bring in all credit cards, including those with "nil" balances.	<input type="checkbox"/>	<input type="checkbox"/>
Provide last statements/letters received from creditors/collection agents. Provide a copy of any Judgments and other Court orders (including garnishment or third party demand from CRA).	<input type="checkbox"/>	<input type="checkbox"/>
If wages are being garnished, please provide name and address of employer, full name of payroll personal and fax number for the payroll department.	<input type="checkbox"/>	<input type="checkbox"/>
Information regarding any loans/debts you have co-signed or guaranteed.	<input type="checkbox"/>	<input type="checkbox"/>
Provide copies of documentation regarding any real estate sold or transferred within the past 5 years, including statement of adjustment /disposition of proceeds.	<input type="checkbox"/>	<input type="checkbox"/>
If you have been bankrupt before or have filed a Proposal to your creditors, provide all pertinent documents including the Absolute Order of Discharge, name and address of previous Trustee, date of bankruptcy/Proposal, reasons for that bankruptcy/proposal.	<input type="checkbox"/>	<input type="checkbox"/>
Provide a copy of last 2 years of filed tax returns and notices of assessment received from Canada Revenue Agency. If your returns are not up to date you will be required to complete the outstanding returns.	<input type="checkbox"/>	<input type="checkbox"/>
Initial non-refundable deposit \$_____ (cash or money order only)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

This list may seem overwhelming. In a perfect world people would have this information available. If you cannot provide all information on this list do not be concerned we can discuss it and determine what is necessary on a case by case basis.