

# **SMYTHE RATCLIFFE INSOLVENCY INC.**

TRUSTEES IN BANKRUPTCY, RECEIVERS & LIQUIDATORS  
ADMINISTRATORS FOR CONSUMER PROPOSALS

8C - 2220 Bowen Road, Nanaimo, BC V9S 1H9

Telephone: (250) 751-2668 / Fax: (250) 751-2058  
www.smytheinsolvency.com

## **DETAILED INSOLVENCY APPLICATION**

Before your interview with the trustee's representative, please use the checklist below to ensure that your application is complete in order to avoid any delays in processing.

1. Complete ALL questions on the attached application form. If the question is not applicable to your situation, please use "N/A".
2. List all creditors with complete addresses, including postal codes. Estimate the amount owed to the nearest dollar. Record all account numbers.
3. Complete the attached inventory sheet in full.
4. Please bring the following to your interview:
  - two pieces of personal identification
  - all of your credit cards, including those which have a zero balance as well as any supplementary cards in your spouse's or anyone else's possession
  - all of your most recent credit card statements
  - copy of last personal income tax return filed
  - most recent pay stubs
  - all stocks, bonds, RRSP statements or other forms of marketable securities owned by you
  - all documents relating to any legal actions you are involved in, such as writs, judgments, garnishees, wage assignments, separation agreements, etc.
  - copy of Separation Agreement and/or Divorce Order
  - copy of your individual life insurance policy
  - documents relating to the purchase and sale of all real estate currently owned or owned during the past 5 years
  - current provincial tax assessment of any real estate currently owned
  - copy of vehicle registration(s)

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Trustee: Terry C. Rogers, C.A., C.I.R.P.

Administrators: Jennifer Belfry  
Elizabeth Williams

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Our Smythe Ratcliffe Insolvency Inc. office in Victoria is located at:

207 - 895 Fort Street  
Victoria, B.C. V8W 1H7  
Telephone: (250) 382-2668  
Facsimile: (250) 382-2660

DATE OF FIRST VISIT TO TRUSTEE	INTERVIEWED BY	REFERRED BY	YEARS IN AREA
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**CONFIDENTIAL PERSONAL INFORMATION -- SELF**

Full Name: \_\_\_\_\_

S.I.N.: \_\_\_\_\_ Birthdate (DD-MM-YY): \_\_\_\_\_

Marital Status: (Specify day, month and year of the event if it occurred in the last five years)

Married \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_

Common-law \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Home Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ At Address Since: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Telephone No: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cellular / Pager No: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Work Telephone No: \_\_\_\_\_

**Have you ever been bankrupt before? Yes  No**

If yes, name of Trustee: \_\_\_\_\_ Date Filed (DD-MM-YY): \_\_\_\_\_

Place Filed: \_\_\_\_\_ Date Discharged (DD-MM-YY): \_\_\_\_\_

For what year did you last file an income tax return? \_\_\_\_\_

Refund Received: \$ \_\_\_\_\_ Refund to come: \$ \_\_\_\_\_ Amount owing: \$ \_\_\_\_\_

**CONFIDENTIAL PERSONAL INFORMATION -- SPOUSE**

Full Name: \_\_\_\_\_

S.I.N.: \_\_\_\_\_ Birthdate (DD-MM-YY): \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Telephone No: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cellular / Pager No: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Work Telephone No: \_\_\_\_\_

**NOTE: Remainder of personal information on spouse to be completed only if spouse is also applying.**

**Have you ever been bankrupt before? Yes  No**

If yes, name of Trustee: \_\_\_\_\_ Date Filed (DD-MM-YY): \_\_\_\_\_

Place Filed: \_\_\_\_\_ Date Discharged (DD-MM-YY): \_\_\_\_\_

For what year did you last file an income tax return? \_\_\_\_\_

Refund Received: \$ \_\_\_\_\_ Refund to come: \$ \_\_\_\_\_ Amount owing: \$ \_\_\_\_\_

**DEPENDENTS**

Full Names	Relationship	Birthdate DD-MM-YY	Address (if different)	Annual Income

If over 18, please explain why they are still a dependant:

**LIST ALL OTHER MEMBERS OF YOUR FAMILY UNIT**

Full Names	Relationship	Birthdate DD-MM-YY	Address (if different)	Annual Income

**BUDGET INFORMATION**

**MONTHLY INCOME**

	<b>Bankrupt</b>	<b>Spouse and or other members of family unit</b>	<b>Total</b>
Net employment income.....	_____	_____	_____
Net pension/Annuities .....	_____	_____	_____
Net child support .....	_____	_____	_____
Net spousal support .....	_____	_____	_____
Net employment insurance benefits.....	_____	_____	_____
Net social assistance .....	_____	_____	_____
Self-employment income			
Gross \$ _____ Net.....	_____	_____	_____
Child Tax Benefit .....	_____	_____	_____
Other income (Provide details) .....	_____	_____	_____
<b>TOTAL MONTHLY INCOME .....</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

**MONTHLY NON-DISCRETIONARY EXPENSES**

Child support payments.....	_____	_____	_____
Spousal support payments .....	_____	_____	_____
Childcare .....	_____	_____	_____
Medical condition expenses .....	_____	_____	_____
Fines/Penalties imposed by the court .....	_____	_____	_____
Expenses as a condition of employment.....	_____	_____	_____
Debts where stay has been lifted .....	_____	_____	_____
Other expenses (Provide details) .....	_____	_____	_____
<b>TOTAL MONTHLY NON-DISCRETIONARY EXPENSES .....</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

**MONTHLY DISCRETIONARY EXPENSES: (Family Unit)**

**HOUSING EXPENSES**

Rent/Mortgage .....	_____
Property taxes/Condo fees .....	_____
Heating/Gas/Oil .....	_____
Telephone .....	_____
Cable.....	_____
Hydro.....	_____
Water .....	_____

**PERSONAL EXPENSES**

Smoking.....	_____
Alcohol.....	_____
Dining/Lunches/Restaurants.....	_____
Entertainment/Sports .....	_____
Gifts/Charitable donations .....	_____
Allowances ...	_____

**LIVING EXPENSES**

Food/Grocery .....	_____
Laundry/Dry cleaning .....	_____
Grooming/Toiletries.....	_____
Clothing .....	_____
Other (specify).....	_____

**TRANSPORTATION EXPENSES**

Car lease/Payments.....	_____
Repair/Maintenance/Gas.....	_____
Public Transportation .....	_____
Other (specify).....	_____

**NON-RECOVERABLE MEDICAL EXPENSES**

Prescriptions .....	_____
Dental .....	_____
Medical Services Plan.....	_____

**INSURANCE EXPENSES**

Vehicle .....	_____
House.....	_____
Furniture/Contents .....	_____
Life Insurance.....	_____

**TOTAL MONTHLY DISCRETIONARY EXPENSES..... \$ \_\_\_\_\_**

**For Trustee Use Only**

**Form 65 to be averaged**

**Please provide the name, address and phone number of a relative or next of kin (not living with you).**

Name	Address	Telephone Number
Address		

**BUSINESS INVOLVEMENT**

If you have been self-employed in the last five years, please complete the following:

**Business #1**

Name of business: \_\_\_\_\_

Address of business: \_\_\_\_\_

Type of business: Sole Proprietorship?  Partnership?  Corporation?

Percentage share of ownership: \_\_\_\_\_

If a corporation, did you guarantee debts personally? Yes  No

If a partnership, provide names and addresses of partners: \_\_\_\_\_

Last GST return filed: period \_\_\_\_\_ to \_\_\_\_\_

**Please note that you are required to file all outstanding GST returns.**

Is the business still operating? Yes  No  Date business ceased: \_\_\_\_\_

Location of books and records: \_\_\_\_\_

Fiscal year end for tax purposes: \_\_\_\_\_ Revenue Canada Business #: \_\_\_\_\_

Last date workers employed: \_\_\_\_\_ Last calendar year T4's issued: \_\_\_\_\_

Name & address of accountant: \_\_\_\_\_

Name & address of lawyer: \_\_\_\_\_

Business' bank and branch: \_\_\_\_\_

Is business registered with GST? Yes  No  If Yes, Registration Number: \_\_\_\_\_

List present assets: \_\_\_\_\_

**Business #2**

Name of business: \_\_\_\_\_

Address of business: \_\_\_\_\_

Type of business: Sole Proprietorship?  Partnership?  Corporation?

Percentage share of ownership: \_\_\_\_\_

If a corporation, did you guarantee debts personally? Yes  No

If a partnership, provide names and addresses of partners: \_\_\_\_\_

Last GST return filed: period \_\_\_\_\_ to \_\_\_\_\_

**Please note that you are required to file all outstanding GST returns.**

Is the business still operating? Yes  No  Date business ceased: \_\_\_\_\_

Location of books and records: \_\_\_\_\_

Fiscal year end for tax purposes: \_\_\_\_\_ Revenue Canada Business #: \_\_\_\_\_

Last date workers employed: \_\_\_\_\_ Last calendar year T4's issued: \_\_\_\_\_

Name & address of accountant: \_\_\_\_\_

Name & address of lawyer: \_\_\_\_\_

Business' bank and branch: \_\_\_\_\_

Is business registered with GST? Yes  No  If Yes, Registration Number: \_\_\_\_\_

List present assets: \_\_\_\_\_

**NOTE: If you had more than two businesses in the last five years, please attach a sheet of paper providing the same information for the other businesses.**

**ASSETS**

Please be sure to adequately describe your assets, listing serial numbers taken directly from vehicles, and indicating in right hand columns whether the asset is owned by applicant, spouse or jointly by inserting "A", "S" or "J" or if it has been pledged as collateral to a creditor .

Asset	Description / Location	Current Market Value	Owned by "A""S""J"	Pledged/ Secured
Furniture / Appliances	(see page 6)			
Personal Effects / Jewellery				
Life Insurance				
R.R.S.P.'s				
R.E.S.P.'s				
Bonds				
Real Estate				
Vehicles	Year      Make                      Model                                      Vehicle ID No.			
	Year      Make                      Model                                      Vehicle ID No.			
	Year      Make                      Model                                      Vehicle ID No.			
Recreational Vehicle / Boat / Trailer / ATV	Vehicle ID No.			
Tools	Trade (see page 6)			
	Household (see page 6)			
Other Assets	(see page 6)			
	(see page 6)			
	(see page 6)			
Accounts Receivable (does anyone owe you money)				

**BANKING INFORMATION**

Name of Account Holder	Name of Bank	Address	Account Number	Balance

Do you have any post-dated cheques or automatic withdrawals?      Yes       No   
 If yes, please provide details: \_\_\_\_\_

Do you have any automatic deposits made to your bank account?      Yes       No   
 If yes, please provide details: \_\_\_\_\_

Do you currently bank with an institution where you also have an overdraft, credit card or loan?      Yes       No   
 If yes, please provide details: \_\_\_\_\_

Did you use an R.R.S.P. for a down payment on a home that was not repaid?      Yes       No   
 If yes, please provide details: \_\_\_\_\_

Are there any Court actions, Foreclosure actions, Writs, Judgments, Garnishee Orders, etc. currently outstanding against you?      Yes       No   
 If yes, please list here and bring copies to your interview. \_\_\_\_\_





SUPPLEMENTARY INFORMATION

When did you first become aware of your insolvency? \_\_\_\_\_

WITHIN THE LAST 12 MONTHS, HAVE YOU...

Disposed of or transferred any of your assets? Include any RRSPs, GICs or term deposits that you cashed. Yes  No

If yes: APPLICANT

What? \_\_\_\_\_ To whom? \_\_\_\_\_

When(DD-MM-YY)? \_\_\_\_\_ Amount rec'd: \$ \_\_\_\_\_ Value at disposal date: \$ \_\_\_\_\_

What did you do with the proceeds? \_\_\_\_\_

What? \_\_\_\_\_ To whom? \_\_\_\_\_

When(DD-MM-YY)? \_\_\_\_\_ Amount rec'd: \$ \_\_\_\_\_ Value at disposal date: \$ \_\_\_\_\_

What did you do with the proceeds? \_\_\_\_\_

If yes: SPOUSE

What? \_\_\_\_\_ To whom? \_\_\_\_\_

When(DD-MM-YY)? \_\_\_\_\_ Amount rec'd: \$ \_\_\_\_\_ Value at disposal date: \$ \_\_\_\_\_

What did you do with the proceeds? \_\_\_\_\_

What? \_\_\_\_\_ To whom? \_\_\_\_\_

When(DD-MM-YY)? \_\_\_\_\_ Amount rec'd: \$ \_\_\_\_\_ Value at disposal date: \$ \_\_\_\_\_

What did you do with the proceeds? \_\_\_\_\_

Made payments in excess of regular payments to a creditor? Yes  No

If yes: To whom? \_\_\_\_\_ When(DD-MM-YY)? \_\_\_\_\_ Amount paid: \$ \_\_\_\_\_

To whom? \_\_\_\_\_ When(DD-MM-YY)? \_\_\_\_\_ Amount paid: \$ \_\_\_\_\_

Had any assets seized by a creditor? Yes  No

If yes: What? \_\_\_\_\_ When(DD-MM-YY)? \_\_\_\_\_ By whom? \_\_\_\_\_

What? \_\_\_\_\_ When(DD-MM-YY)? \_\_\_\_\_ By whom? \_\_\_\_\_

Given any security to any creditors? Yes  No

If yes: What? \_\_\_\_\_ When(DD-MM-YY)? \_\_\_\_\_ To whom? \_\_\_\_\_

Why? \_\_\_\_\_

What? \_\_\_\_\_ When(DD-MM-YY)? \_\_\_\_\_ To whom? \_\_\_\_\_

Why? \_\_\_\_\_

WITHIN THE LAST FIVE YEARS, HAVE YOU...

Sold, disposed of or transferred any real estate? Please bring Statement of Adjustments. Yes  No

If yes: Address: \_\_\_\_\_

To whom? \_\_\_\_\_ When(DD-MM-YY)? \_\_\_\_\_ Amount rec'd: \$ \_\_\_\_\_

What did you do with the proceeds? \_\_\_\_\_

Address: \_\_\_\_\_

To whom? \_\_\_\_\_ When(DD-MM-YY)? \_\_\_\_\_ Amount rec'd: \$ \_\_\_\_\_

What did you do with the proceeds? \_\_\_\_\_

Made gifts to relatives or others in excess of \$500? Yes  No

If yes: What? \_\_\_\_\_ When(DD-MM-YY)? \_\_\_\_\_ To whom? \_\_\_\_\_

Value of Gift: \$ \_\_\_\_\_ Why? \_\_\_\_\_

What? \_\_\_\_\_ When(DD-MM-YY)? \_\_\_\_\_ To whom? \_\_\_\_\_

Value of Gift: \$ \_\_\_\_\_ Why? \_\_\_\_\_

Do you have debts that arise from the following?

Court fines or penalties Yes  No  Fraud Yes  No

Child support, spousal support or maintenance (F.M.E.P.) Yes  No  Misappropriation of funds? Yes  No

Student Loans Yes  No  Embezzlement? Yes  No

If yes, date you ceased to be a full or part-time student? \_\_\_\_\_

Civil award in respect of assault, sexual assault or bodily harm intentionally inflicted? Yes  No

Obtaining property by false pretences or fraudulent misrepresentation? Yes  No

**EMPLOYMENT HISTORY**

List **ALL** employers as well as periods in which you received E.I. benefits and which office granted the benefits since the year of your last tax return filed.

APPLICANT			
Employer's Name	Address	Started DD-MM-YY	Ended DD-MM-YY
SPOUSE			

Are you required to make alimony or maintenance payments? Yes  No

If yes, provide details: \_\_\_\_\_

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

If yes, please explain: \_\_\_\_\_

Has anyone co-signed or guaranteed some of your debts? Yes  No

If yes, please explain: \_\_\_\_\_

Have you signed a wage assignment, that is, given a creditor a right to a portion of your continuing salary? Yes  No

If yes, provide details: \_\_\_\_\_

Do you currently owe a "between payday" loan? Yes  No

If yes, provide details: \_\_\_\_\_

Have you or do you expect to receive any sums of money which are not related to your normal income or any other property?  
(i.e. inheritance, severance, lump sum settlements, etc.) Yes  No

If yes, provide details: \_\_\_\_\_

Are you involved in any lawsuits currently where you may be the recipient of any monies? Yes  No

If yes, provide details: \_\_\_\_\_

Do you believe you have an ability to make a lump sum settlement to your creditors? Yes  No

Do you believe you have an ability to make a settlement to your creditors from your income over a period of time? Yes  No

Describe briefly the circumstances that caused your financial problems:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I hereby certify that the information contained in this application is true and complete in every respect and fully discloses the state of my affairs to the best of my knowledge. I HAVE READ THE INSOLVENCY INFORMATION AND ATTACHED SECTION OF THE BANKRUPTCY AND INSOLVENCY Act. In addition, I recognize that a portion of my income exceeding the Superintendent's Standards must be paid to the Trustee for the general benefit of my creditors, if I choose bankruptcy.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**LIST OF ALL CREDITORS, INCLUDING CREDIT CARDS AND BANK ACCOUNT OVERDRAFTS**

Please provide COMPLETE information and indicate in appropriate column whether debt belongs to Applicant, Spouse or is Joint, by inserting "A", "S" or "J".

[NOTE: Should space below be insufficient to list all creditors, please attach a sheet of paper providing the same information for other creditors.]

**INCLUDE NAME & ADDRESS OF RECIPIENT FOR ANY OUTSTANDING SPOUSAL OR CHILD SUPPORT**

Complete Name of Creditor	Complete Address of Creditor	Postal Code	Business Related?	Account Number	Total Debt	"A" "S" "J"	Sup. Card	TRUSTEE USE ONLY Credit Card Status/Notes
<b>TOTALS</b>					\$			