

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)

<u>Nanaimo location:</u>	<u>North Vancouver location:</u>	<u>Victoria location:</u>
Beban Plaza 8C – 2220 Bowen Road Nanaimo, BC V9S 1H9 Ph: (250) 751-2668 / Fax: (250) 751-2058	305 – 221 Esplanade W. North Vancouver, BC V7M 3J3 Ph: (604) 420-0486 / Fax: (604) 925-1118	Admirals Walk 209 – 1497 Admirals Road Victoria, BC V9A 2P8 Ph: (250) 382-2668 / Fax: (250) 382-2660

For your convenience, we also maintain satellite offices in the following locations:

700 – 355 Burrard Street
Vancouver, BC
V6C 2G8

590 Eleventh Avenue
Campbell River, BC
V9W 4G4

250 – 470 Puntledge Road
Courtenay, BC
V9N 3R1

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: _____

Level of Education: 0-8 yrs some high school HS Graduate Some post-secondary Post-sec Certificate/Diploma Degree

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

	Bankrupt	Spouse and or other members of family unit	Total
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)	_____	_____	_____
TOTAL MONTHLY INCOME	\$ _____	\$ _____	\$ _____

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)	_____	_____	_____
TOTAL MONTHLY NON-DISCRETIONARY EXPENSES	\$ _____	\$ _____	\$ _____

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?

Dates of operation: From _____ To _____

Nature of Business: _____

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. _____

INVENTORY OF ASSETS					
(at current liquidation [i.e. "garage sale"] value)					
Household Furniture and Effects				Other Assets	
Living Room	Value	Kitchen	Value	Antiques (Description and Room Location)	Value
Sofa	_____	Table	_____	_____	_____
Chair(s)	_____	Chairs	_____	_____	_____
Lamps	_____	Sm. Appl.	_____	_____	_____
Table(s)	_____	Pots/pans	_____	_____	_____
Stereo	_____	Dishes	_____	_____	_____
T.V.	_____	Microwave	_____	_____	_____
V.C.R.	_____	Freezer	_____	_____	_____
Piano/Organ	_____	Fridge	_____	_____	_____
Clock	_____	Stove	_____	_____	_____
_____	_____	Dishwasher	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Study	Value	Dining Room	Value	Paintings / Prints	
Desk	_____	Table	_____	_____	_____
Chair(s)	_____	Chairs	_____	_____	_____
Lamp(s)	_____	Cabinet	_____	_____	_____
Bookcase	_____	China	_____	_____	_____
_____	_____	Silver	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Bedroom #1	Value	Bedroom #2	Value	Collections (Coins, Stamps, etc.)	Value
Bed	_____	Bed	_____	_____	_____
Dresser(s)	_____	Dresser(s)	_____	_____	_____
Night Table(s)	_____	Night Table(s)	_____	_____	_____
T.V.	_____	T.V.	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Bedroom #3	Value	Bedroom #4	Value	Jewellery	Value
Bed	_____	Bed	_____	_____	_____
Dresser(s)	_____	Dresser(s)	_____	_____	_____
Night Table(s)	_____	Night Table(s)	_____	_____	_____
T.V.	_____	T.V.	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Outside, etc.	Value	Miscellaneous	Value	Tools of the Trade	Value
BBQ	_____	Computer &	_____	_____	_____
Furniture	_____	related equipment	_____	_____	_____
Mower	_____	_____	_____	_____	_____
Bicycles	_____	_____	_____	Household Tools	_____
Ski Equipment	_____	_____	_____	_____	_____
Camping Gear	_____	_____	_____	_____	_____
Camper	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	Other	Value
_____	_____	_____	_____	Washer / Dryer	_____
_____	_____	_____	_____	Drapes / Blinds	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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
Canada Revenue Agency								
TOTALS					\$			

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 <small>DD-MM-YY</small>	Ended <small>DD-MM-YY</small>
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:

<p>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.</p>	
<p>_____ Signature</p>	<p>_____ Date</p>
<p>_____ Signature</p>	<p>_____ Date</p>

TOTALS					\$			