

PLEASE CHECK ONE

Bankruptcy:

Consumer Proposal:

Terms of the Proposal:

PERSONAL INFORMATION

Last Name		First Name		Middle Name (as shown on Birth Cert.)
Social Insurance Number	Date of Birth (YYYY/MM/DD)	Sex Yes No	Email	
Telephone Number (Home)		First Telephone Number (Work)		Mobile Number
Street Address (Apt/Unit No.)		City/Province		Postal Code

Date when moved to this address: _____

If less than 1 year, please list any address(es) in the last 2 years.

Street Address (Apt/Unit No.)	City/Province	Postal Code
Street Address (Apt/Unit No.)	City/Province	Postal Code
Have you filed a bankruptcy or proposal before? Yes No	If "yes" what was the date of discharged (YYYY/MM/DD)	Who was the Trustee?

LEVEL OF EDUCATION

0-8 years	Some High School	University Degree
High School Graduate	Post-secondary Certificate or Diploma	Some Post-secondary

FAMILY INFORMATION

What is your marital status?			**What date did your marital status change? IMPORTANT
Married	Divorced	Common-Law	
Separated	Widow(er)	Single	
Spouse's Last Name		Spouse's First Name	Spouse's Middle Name
Spouse's Social Insurance Number		Spouses Date of Birth (YYYY/MM/DD)	Sex Yes No
Has your spouse declared		If "YES" what was the date of their discharge? (YYYY/MM/DD)	
Yes	No		
Is your spouse also filing at this time?		Will this be a joint file (proposal only)?	
Yes	No	Yes	No
Spouse's Last Name		Spouse's position and employer's	Spouse's employers full address
Starting Date? (YYYY/MM/DD)		Contact name or supervisor	Spouse's employer's phone

LEVEL OF EDUCATION

0-8 years	Some High School	University Degree
High School Graduate	Post-secondary Certificate or Diploma	Some Post-secondary

DEPENDENTS Persons depending on your support financially

Name	Relationship to you	Date of Birth (YYYY/MM/DD)	Expected Income

Do these dependants live with you in your home? Yes No

EMPLOYMENT INFORMATION

Are you currently employed? Yes No	Employer's Name	Employer's Full Address
Starting Date (YYYY/MM/DD)	Contact Name or Supervisor	Employer's Phone Number
**What is your occupation? IMPORTANT		
FT OR PT		
Has your spouse declared Yes No	If "YES" what was the date of their discharge? (YYYY/MM/DD)	
Is your spouse also filing at this time? Yes No	Will this be a joint file (proposal only)? Yes No	
What year did you file your last tax return? _____	Spouse? _____	
Did you receive a refund? Yes No	Refund Amount _____	
Spouse Yes No	Spouse _____	
Did you receive EI or social assistance since January this year. (ie. Disability, welfare, etc.) Yes No	Since When: _____ If you were receiving assistance, please indicate type:	
Spouse Yes No		
Where do you bank? Address: Account Balance: Note: Please transfer your current bank account to a new bank/account before claiming bankruptcy as it is very difficult to obtain a new account after this decision is made!		

Have you been self-employed or operated a business in the last years? Yes No		
Proprietorship	Partnership	Corporation
Partner Name(s)	Director Name(s)	
Name of Business		
Business Address	City/Province	Postal Code
Nature of Business	Date Started (YYYY/MM/DD)	Date Close (YYYY/MM/DD)
What percentage of your liabilities were incurred by this business:	Did you have employees in the last year Yes No	
If yes, please indicate their name, last know address and how much is owed to them on a separate page.		
Please advise of the location of the payroll records:		

GENERAL QUESTIONS

If you answer a question “yes”, please provide details in space. provided

1.) Has anyone co-signed or guaranteed a loan or contract for you?	Yes	No
2.) Are you now or have you ever been “bonded”?	Yes	No
3.) Have you ever received or do you expect to receive an inheritance?	Yes	No
3.) Have you ever received or do you expect to receive an inheritance? a.) disposed of or transferred any assets or property? _____ b.) made any “extra” payments to any of your creditors _____ c.) had any assets seized (repossessed) by creditors? _____	Yes Yes Yes	No No No
6.) Do you have a safety deposit box?	Yes	No

ASSETS (Things you “own” or lease)

Please describe your assets and property as accurately as possible. If you have pledged the asset as security for a loan, or any creditor holds a mortgage or lien against the property, (ie. the bank may have a lien against your car or house), please provide the name of the person or business that loaned the money under the “Secured Creditor” column. Also, please provide copies of stocks, bonds, RRSP’s, life insurance policies, etc.

Asset	Owned by	Estimated Value	Secured Creditor
Cash on hand/Bank			
Stocks and bonds			
Employer Pension Plan (attach statement)			
RRSP’s (attach statement)			
Life Insurance (attach policy)			
Personal Effects			
Furniture (max. exemption is \$13,500.00)			
Automobile(s) year and model description. <small>(including VIN #’s) (Maximum Exemption is \$6,600.00)</small>			
(i)			
(ii)			
(iii)			
Other Vehicle(s)			
House(s) - address (max. exemption is \$10,000)			
Land - address			
Other items:			

Do you intend to keep your house? Yes No

Do you intend to keep your vehicle? Yes No

LIABILITIES – continued

Creditor's Name and Full Address	Account Number	Amount Owing	Security (House, Car)

Please attach a separate sheet if you require more spaces.

IMPORTANT

Do you have student loan debt? Yes No

If so, is it more than 7 years old? Yes No

Please call National Student Loans at 1-855-783-1760 or OSAP at 1-807-343-7260 to get your end of study date.

Date (YYYY/MM/DD) _____

Have you taken any kind of course since that initial loan? Yes No

****PLEASE NOTE****
 Taking a course after the initial loan, even if you paid for it and did not need a loan, the 7 years starts all over again.

MONTHLY INCOME AND EXPENSES

Income	Amount
Net take home pay	
Spouses net take home pay	
Net pensions/annuities	
Spouses net pensions/annuities	
Net Child Support	
Net Child Tax Benefit	
Net Spousal Support	
Net EI Benefits	
Spouses Net EI Benefits	
Spouses Net Social Assistance	
Spouses Net Social Assistance	
Net Self-Employment Income	
Spouses Self-Employment Inc.	
Other Income	
Total monthly income (A)	
<p>Total monthly income (A) _____</p> <p>Less:</p> <p>Total monthly Expenses (B) _____</p> <p>Net surplus/deficit _____</p>	

Expenses	Amount
Child Support Payments	
Spousal Support Payments	
Child Care	
Medical Condition Expenses	
Fines/Penalties imposed by the Court	
Employment Imposed Expenses	
Rent/Mortgage	
Property Taxes/Condo Fees	
Heating/Gas/Oil	
Telephone / Internet	
Cable / Internet	
Hydro	
Water	
Smoking	
Alcohol	
Dining in Restaurants	
Entertainment/Sports	
Gifts/Charitable Donations	
Prescriptions	
Food/Grocery	
Laundry/Dry Cleaning	
Grooming/Toiletries	
Clothing	
Car Lease/Payments	
Repairs/Maintenance/Gas	
Public transportation	
Vehicle Insurance	
House/Contents Insurance	
Life Insurance	
Payments for Secured Creditors	
To the Estate	
Total monthly expenses (B)	

Please tell us how you heard about us (please check one):

Bell yellow pages Phone Guide Talking yellow pages

Internet / Friends or Family

Lawyer or Accountant

Credit Counsellor / Other specify _____

If you were referred to us, please tell us who referred you, thank you _____

PRE – BANKRUPTCY EMPLOYMENT INFORMATION

We need to know where you have worked in the current calendar year. Please indicate where you have worked or if you have received EI, social assistance, etc.

Place of Employment	Start Date (YYYY/MM/DD)	End Date (YYYY/MM/DD)

GIVE REASONS FOR YOUR FINANCIAL DIFFICULTY: _____

AT THE APPOINTMENT TO SIGN YOUR BANKRUPTCY OR PROPOSAL, YOU MUST PROVIDE US WITH THE FOLLOWING ADDITIONAL INFORMATION:

1. Birth certificate, Social Insurance Card or Other valid government identification
2. Copy of a Year-to-date pay stub to file your pre-bankruptcy tax return

Applicant(s) Signature(s) **Date (YYYY/MM/DD)**