

ADAMSON & ASSOCIATES INC

Licensed Insolvency Trustee

Please check one: Bankruptcy _____ Consumer Proposal _____

Terms of the proposal _____

PERSONAL INFORMATION

Last Name	First Name (as shown on birth cert.)	Middle names (as shown on birth cert.)
Social Insurance Number	Date of birth (yy,mm,dd)	Sex () Male () Female
Telephone Number (home)	Telephone Number (work)	Cell Number _____ Email _____
Street Address Apt/Unit No. _____	City, Province	Postal Code
Date when moved to this address? _____		
If less than 1 year, please list any previous address(es) within the last 2 Years		
Street Address	City, Province	Postal Code
Street Address	City Province	Postal Code
Have you filed a bankruptcy or proposal before? () Yes () No	If “yes”, what was the date of discharge? (yy/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

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FAMILY INFORMATION

What is your marital status?	<input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widow(er) <input type="checkbox"/> common-law <input type="checkbox"/> single	**What date did your marital status change? IMPORTANT
Spouses last name	Spouses first name	Spouses middle names
Spouses Social Insurance Number	Spouses date of birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Has your spouse declared Bankruptcy before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", what was the date of their discharge? (yy,mm,dd)	
Is your spouse also filing at this time? Yes/No Will this be a joint file (proposal only)? Yes/No		
Is your spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouses position and employer's name	Spouses employers full address
Starting Date? (yy/mm/dd)	Contact name or supervisor	Spouses employer's phone number

LEVEL OF EDUCATION

<input type="checkbox"/> 0-8 years	<input type="checkbox"/> Some high school	<input type="checkbox"/> University Degree
<input type="checkbox"/> High school graduate	<input type="checkbox"/> Post-secondary Certificate or diploma	<input type="checkbox"/> Some post-secondary

DEPENDANTS - Persons depending on your support financially.

Name continued next page	Relationship to you	Date of Birth (yy/mm/dd)	Expected Income
(1)			
(2)			
(3)			
(4)			
Do these dependants live with you in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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EMPLOYMENT INFORMATION

Are you currently employed? () Yes () No	Employer's Name	Employer's Full Address
Starting Date? (yy/mm/dd)	Contact name or supervisor	Employer's phone number

****What is your occupation?**

FT or PT ??

What year did you file you last tax return? _____

Spouse? _____

Did you receive a refund? () Yes () No
Spouse () Yes () No

Refund Amount: _____
Spouse: _____

Did you receive EI or social assistance since January this year. (ie. Disability, welfare, etc.)

Since When: _____
If you were receiving assistance, please indicate type:

() Yes () No
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 5 years? () Yes () No
Proprietorship _____ Partnership _____ Corporation _____

Partner name(s) _____ Director names(s) _____

Name of the Business: _____

Business Address: _____ City, Province: _____
Postal Code: _____

Nature of Business: _____

Date started _____ Date closed _____

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: _____

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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
<i>(4) Within the last 12 months, have you (if you answer yes to a – c, please provide details and state whether you knew if you were insolvent at the time of disposition):</i>	
(a) disposed of or transferred any assets or property?	() Yes () No
(b) made any “extra” payments to any of your creditors?	() Yes () No
(c) had any assets seized (repossessed) by creditors?	() Yes () No
<i>(6) Within the last 5 years, have you (if you answered yes to a or b, please provide details and state whether you knew if you were insolvent at the time of disposition):</i>	
(a) sold, disposed of, or transferred any real estate?	() Yes () No
(b) made any gifts to relatives in excess of \$500.00	() Yes () No
(7) Do you have a safety deposit box?	() Yes () No

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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
(1) Cash on hand/Bank			
(2) Stocks and bonds			
(3) Employer Pension Plan (attach statement)			
(4) RRSP’s (attach statement)			
(5) Life Insurance (attach policy)			
(6) Personal effects			
(7) Furniture (max. exemption is \$13,500.00)			
(8) “Tools of the trade” (attach list)			
(9) Automobile(s) year and model description. (including VIN #'s) (Maximum Exemption is \$7,117.00) (i) (ii) (iii)			
(10) Other Vehicle(s)			
(11) House(s) - address (max. exemption is \$10,000)			
(12) Land - address			
(13) Other items:			

Do you intend to keep your house? Yes () No ()

Do you intend to keep your vehicle? Yes () No ()

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LIABILITIES (Amounts you “owe”)

Please provide details on your debts (the money you owe) as accurately as possible. If you have pledged any of your assets to any of these creditors, please indicate which asset from the previous page you have pledged to the creditors in the “Security” column.

Creditor's name and <u>full address</u>	Account Number	Amount Owing	Security House, car,
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

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LIABILITIES – continued

Creditor's name and <u>full address</u>	Account Number	Amount Owing	Security House, car,
(10)			
(11)			

***I consent to my personal information being provided to the Trustee for the purposes of the Trustee making a credit report request to Transunion and the Trustee validating and/or discovering my debts/liabilities. This personal information may include: my name, date of birth, marital status, phone numbers, address, and information on my: current lines of credit or accounts, banking, bankruptcy events, legal proceedings and collection events, if applicable.**

Applicant(s) Signature(s)

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: _____

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.

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MONTHLY INCOME AND EXPENSES

INCOME	Amount	EXPENSES	Amount
Net take home pay		Child Support Payments	
Spouses net take home pay		Spousal Support Payments	
Net pensions/annuities		Child Care	
Spouses net pensions/annuities		Medical Condition Expenses	
Net Child Support		Fines/Penalties imposed by the Court	
Net Child Tax Benefit		Employment Imposed Expenses	
Net Spousal Support		Rent/Mortgage	
Net EI Benefits		Property Taxes/Condo Fees	
Spouses Net EI Benefits		Heating/Gas/Oil	
Net Social Assistance		Telephone / Internet	
Spouses Net Social Assistance		Cable / Internet	
Net Self-Employment Income		Hydro	
Spouses Self-Employment Inc.		Water	
Other Income		Smoking	
Total monthly income (A)		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)	
Total monthly income (A) _____			
Less: Total monthly Expenses (B) _____			
Net surplus/deficit _____			

Please tell us how you heard about us (please circle 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: _____

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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 And Address	Start Date	End Date

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