



Instructions for completing a Fillable PDF form

Please review the following instructions for completing a fillable PDF form here on Adamson & Associates, inc.:

Do not complete the form online within your web browser; your data will NOT be saved. Please save it to your computer first, and then fill it out.

Use only the latest version of Adobe Reader to complete fillable PDF forms. Macintosh and Windows versions of the free Adobe Reader are available from Adobe at <http://get.adobe.com/reader/>.

Before completing the document save the form (PDF format) to a location on your computer. (Example: Desktop or Documents). Instructions: Right click on the form and click "Save as". Save to your Desktop or Documents. Once you have saved the form to your computer, you are ready to complete the form.

Open the fillable form. After you have completed the form, save a final version of the file to your computer.

When ready to send it back to Adamson and Associates, Inc., don't forget to attach the fillable form.

Send the form to mail@adamsonassoc.com

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 <div style="display: flex; justify-content: space-around; font-size: small;">Female Male</div>		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? <div style="display: flex; justify-content: space-around; font-size: small;">Yes No</div>	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 Male Female
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	
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 <div style="text-align: right;">FT OR PT</div>			
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? <div> <div>a.) disposed of or transferred any assets or property?</div> <div>Yes</div> <div>No</div> <div>_____</div> </div> <div> <div>b.) made any “extra” payments to any of your creditors</div> <div>Yes</div> <div>No</div> <div>_____</div> </div> <div> <div>c.) had any assets seized (repossessed) by creditors?</div> <div>Yes</div> <div>No</div> <div>_____</div> </div>		
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 \$14180.00)			
Automobile(s), year and model description. (including VIN #’s) (Maximum Exemption is \$7117.00)			
(i)			
(ii)			
(iii)			
Other Vehicle(s)			
House(s) - address (max. exemption is \$10,000)			
Land - address			
Other items:			

Tools of the trade, (Max exemption is \$14,405.00)

Do you intend to keep your house? Yes No

Do you intend to keep your vehicle? Yes No

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.

[illegible]

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.

***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 (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)	

Total monthly income (A)	_____
Less:	
Total monthly Expenses (B)	_____
Net surplus/deficit	_____

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)