

Your Personal Information

<div>Family Name (Last Name):</div> <div>First AND Middle Names:</div> <div>AKA / Maiden Name:</div> <div>Date Of Birth:</div> <div>SIN #:</div> <div>Marital Status:</div> <div>Date you married, separated, divorced, became common law or became widowed:</div> <div>Email Address:</div> <div>Telephone Numbers:</div> <div>Residential Address: (include postal code)</div> <div>At This Address Since?</div> <div>Previous Address:</div> <div>Only required if you have debts associated with a prior address i.e. utilities</div> <div>List All Dependants Currently Living With You:</div>	Applicant		Spouse			
	DAY:	MONTH:	YEAR:	DAY:	MONTH:	YEAR:
	-		-	-		-
Single <input type="checkbox"/>		Married <input type="checkbox"/>	Common Law <input type="checkbox"/>			
Separated <input type="checkbox"/>		Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>			
DAY:		MONTH:		YEAR:		
Home: Work: Cell:						
MONTH:		YEAR:				
Full Name		Relation		Date of Birth (dd/mm/yyyy)		

II – VOLUNTARY SELF-IDENTIFICATION (To be completed by the debtor)

<p>What is your gender?</p> <div><input type="checkbox"/> Male<input type="checkbox"/> Female<input type="checkbox"/> Other<input type="checkbox"/> I prefer not to answer.</div>	<p>Are you an Aboriginal person?</p> <p>(An Aboriginal person is a North American Indian or a member of a First Nation, a Métis or an Inuk (Inuit). North American Indians or members of a First Nation include status, treaty or registered Indians, as well as non-status and non-registered Indians.)</p> <div><input type="checkbox"/> Yes<input type="checkbox"/> No<input type="checkbox"/> I prefer not to answer.</div> <p>If you wish to provide further details, please specify the group to which you belong.</p> <div><input type="checkbox"/> North American Indian/First Nation<input type="checkbox"/> Métis<input type="checkbox"/> Inuit</div>
<p>Highest level of education completed by bankrupt/debtor:</p> <div><div><input type="checkbox"/> 0-8 years</div><div><input type="checkbox"/> Some high school</div><div><input type="checkbox"/> High school diploma</div><div><input type="checkbox"/> Some post-secondary</div><div><input type="checkbox"/> Post-secondary certificate or diploma</div><div><input type="checkbox"/> University degree</div><div><input type="checkbox"/> I prefer not to answer.</div></div>	
<p>Are you a person with a disability?</p> <p>(A person with disability has a long-term or recurring physical, mental, sensory, psychiatric or learning impairment and considers himself or herself to be disadvantaged by reason of that impairment, or believes that an employer or potential employer is likely to consider him or her to be disadvantaged in employment by reason of that impairment. Persons with disabilities are also those whose functional limitations owing to their impairment have been accommodated in their current job or workplace.)</p> <div><input type="checkbox"/> Yes<input type="checkbox"/> No<input type="checkbox"/> I prefer not to answer.</div> <p>If you wish to provide further details, please select the boxes that apply to you.</p> <div><input type="checkbox"/> Co-ordination or dexterity (difficulty using hands or arms, for example, grasping or handling a stapler or using a keyboard)<input type="checkbox"/> Mobility (difficulty moving around, for example, from one office to another or up and down stairs)<input type="checkbox"/> Blind or visual impairment (unable to see or difficulty seeing)<input type="checkbox"/> Deaf or hard of hearing (unable to hear or difficulty hearing)<input type="checkbox"/> Speech impairment (unable to speak or difficulty speaking and being understood)<input type="checkbox"/> Other disability (including learning disabilities, developmental disabilities and all other types of disabilities)(Please specify) _____</div>	
<p>Are you a member of a visible minority group?</p> <p>(A member of a visible minority in Canada may be defined as someone (other than an Aboriginal person) who is non-white in colour/race, regardless of the place of birth.)</p> <div><input type="checkbox"/> Yes<input type="checkbox"/> No<input type="checkbox"/> I prefer not to answer.</div> <p>If you wish to provide further details, please select the box(es) that best describes your origin.</p> <div><div><input type="checkbox"/> Black<input type="checkbox"/> Chinese<input type="checkbox"/> Filipino<input type="checkbox"/> Japanese<input type="checkbox"/> Korean</div><div><input type="checkbox"/> South Asian/East Indian (including Indian from India; Bangladeshi; Pakistani; East Indian from Guyana, Trinidad, East Africa; etc.)<input type="checkbox"/> Southeast Asian (including Burmese; Cambodian; Laotian; Thai; Vietnamese; etc.)<input type="checkbox"/> Non-White West Asian, North African or Arab (including Egyptian; Libyan; Lebanese; Iranian; etc.)<input type="checkbox"/> Non-White Latin American (including indigenous persons from Central and South America, etc.)<input type="checkbox"/> Person of Mixed Origin (with one parent in one of the visible minority groups listed above)<input type="checkbox"/> Other Visible Minority Group (Please specify) _____</div></div>	

VOLUNTARY SELF-IDENTIFICATION (To be completed by joint debtor)

<p>What is your gender?</p> <div><input type="checkbox"/> Male<input type="checkbox"/> Female<input type="checkbox"/> Other<input type="checkbox"/> I prefer not to answer.</div>	<p>Are you an Aboriginal person?</p> <p>(An Aboriginal person is a North American Indian or a member of a First Nation, a Métis or an Inuk (Inuit). North American Indians or members of a First Nation include status, treaty or registered Indians, as well as non-status and non-registered Indians.)</p> <div><input type="checkbox"/> Yes<input type="checkbox"/> No<input type="checkbox"/> I prefer not to answer.</div> <p>If you wish to provide further details, please specify the group to which you belong.</p> <div><input type="checkbox"/> North American Indian/First Nation<input type="checkbox"/> Métis<input type="checkbox"/> Inuit</div>
<p>Highest level of education completed by bankrupt/debtor:</p> <div><div><input type="checkbox"/> 0-8 years</div><div><input type="checkbox"/> Some high school</div><div><input type="checkbox"/> High school diploma</div><div><input type="checkbox"/> Some post-secondary</div><div><input type="checkbox"/> Post-secondary certificate or diploma</div><div><input type="checkbox"/> University degree</div><div><input type="checkbox"/> I prefer not to answer.</div></div>	
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Your response to the self-identification questions (Section II) is collected under the authority of the *Bankruptcy and Insolvency Act* and will be stored in Personal Information Bank no. IC PPU 058 – *Estate Files Under the Bankruptcy and Insolvency Act*. This information will be used by the Office of the Superintendent of Bankruptcy (OSB) for statistical analysis, public policy research, and program development. Your response is voluntary and will remain confidential. Refusing to answer Section II will not negatively impact the processing of your file under the *Bankruptcy and Insolvency Act*. You may access, request correction or notation to your personal information by contacting the OSB. You further have the right to complain to the Privacy Commissioner of Canada respecting the handling of your personal information by the OSB.

Employment Information

Applicant

Employer #1 (if self-employed see Page 9): 	Occupation:
Is your job likely to be affected by insolvency proceedings? (Special Licences, Regulatory Restrictions, Cash Handling): <div style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></div>	Employed From <small>(dd/mm/yyyy):</small>
Pay Frequency: Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Other _____	Next Pay Date <small>(dd/mm/yyyy):</small>

Employer #2 (if self-employed see Page 9): 	Occupation:
Is your job likely to be affected by insolvency proceedings? (Special Licences, Regulatory Restrictions, Cash Handling): <div style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></div>	Employed From <small>(dd/mm/yyyy):</small>
Pay Frequency: Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Other _____	Next Pay Date <small>(dd/mm/yyyy):</small>

Spouse (if also filing)

Employer (if self-employed see Page 9): 	Occupation:
Is your job likely to be affected by insolvency proceedings? (Special Licences, Regulatory Restrictions, Cash Handling): <div style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></div>	Employed From <small>(dd/mm/yyyy):</small>
Pay Frequency: Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Other _____	Next Pay Date <small>(dd/mm/yyyy):</small>

Garnishment Information

Please complete a separate page for each wage garnishment

Are your wages currently being garnisheed?

Yes ☐

No ☐

If "Yes", please specify by which creditor:

Copy of Garnishment Order provided?

Yes ☐

No ☐

N/A ☐

Name and full address of Payroll Contact:

**Phone Number
(including ext):**

Fax Number:

Email Address:

Note: If you are being garnisheed, we require full payroll information and a copy of the garnishment order as indicated above in order to stop the garnishment.

Court Proceedings

Have you received a Statement of Claim?

Yes ☐

No ☐

If "Yes", please specify from which creditor and amount:

Copy of Statement of Claim provided?

Yes ☐

No ☐

N/A ☐

Do you have a Judgement against you?

Yes ☐

No ☐

If "Yes", please specify which creditor and amount:

Copy of Judgement provided?

Yes ☐

No ☐

N/A ☐

Do you have a Requirement to Pay from CRA?

Yes ☐

No ☐

Copy of Requirement to Pay provided?

Yes ☐

No ☐

N/A ☐

Note: If you are answered "yes" to any of the above, we require a copy.

Family Monthly Income & Expenses Statement

INCOME

	Applicant	Spouse/Other	Total
Employment	\$ _____	\$ _____	\$ _____
Pension	\$ _____	\$ _____	\$ _____
Support Received	\$ _____	\$ _____	\$ _____
Child/Universal Tax Benefits	\$ _____	\$ _____	\$ _____
Employment Insurance	\$ _____	\$ _____	\$ _____
Welfare/Assistance	\$ _____	\$ _____	\$ _____
Self Employment Net Income	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

EXPENSES

Support, Child Care, Medical and Other Expenses

Child Support	\$ _____	\$ _____	\$ _____
Spousal Support	\$ _____	\$ _____	\$ _____
Child Care	\$ _____	\$ _____	\$ _____
Medical	\$ _____	\$ _____	\$ _____
Court Imposed Fines	\$ _____	\$ _____	\$ _____
Employment Expenses	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

Living Expenses

Rent/Mortgage	\$ _____
Property Taxes	\$ _____
Heat/Gas	\$ _____
Telephone/Cell	\$ _____
Cable/Internet	\$ _____
Hydro	\$ _____
Water	\$ _____
Furniture	\$ _____
Total	\$ _____

Smoking	\$ _____
Alcohol	\$ _____
Restaurants	\$ _____
Entertainment	\$ _____
Gifts/Donations	\$ _____
Allowances	\$ _____
Total	\$ _____

Prescriptions	\$ _____
Dental	\$ _____
Total	\$ _____

Food / Groceries	\$ _____
Laundry/Dry Cleaning	\$ _____
Grooming / Toiletries	\$ _____
Clothing	\$ _____
Total	\$ _____

Car Lease / Loan	\$ _____
Repairs / Gas / Maintenance	\$ _____
Public Transportation	\$ _____
Total	\$ _____

Vehicle Insurance	\$ _____
House Insurance	\$ _____
Furniture / Contents	\$ _____
Life Insurance	\$ _____
Total	\$ _____

Payment to Trustee	\$ _____
Other (specify) _____	\$ _____
Other (specify) _____	\$ _____
Other (specify) _____	\$ _____
Total	\$ _____

Total All Expenses \$ _____

Property Information

1 Do you own any property/real estate?

Yes ☐ No ☐

Type of property

House ☐

Condo ☐

Cottage ☐

Land ☐

Time Share ☐

Property Address

Person(s) holding title on deed

Date Property Purchased

Purchase Price \$

Current Estimated Value \$

Current Market Value by
Real Estate Agent Yes ☐
attached? No ☐

Mortgages & Credit Lines Secured to the Property

	Name of Company	Who's Debt Is It?	Up to date Statement attached to Application Form?	Account # <small>(if no account number, put address of mortgage company)</small>	Amount Owed
1st		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$
2nd		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$
3rd		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$

Are the following payments current?

Mortgages: Yes ☐ No ☐

If No, how much are the arrears? _____

Property Tax: Yes ☐ No ☐

If No, how much are the arrears? _____

Utilities: Yes ☐ No ☐

If No, how much are the arrears? _____

Insurance: Yes ☐ No ☐

If No, how much are the arrears? _____

Please advise your intention: Intend to maintain payments on mortgages to keep the property ☐
I/we intend to surrender the property back to the mortgage holder ☐

Vehicles and Household Asset Information

2. Do you own or lease any vehicles? (Include recreational vehicles) Yes ☐ No ☐

Who's Name is Vehicle in?	Vehicle Details	Secured Creditor	Balance Owing	Account Number <small>(or Address if No account number available)</small>	Office Use Only
Applicant <input type="checkbox"/> Joint <input type="checkbox"/> Spouse <input type="checkbox"/>	Make: <input style="width: 100%;" type="text"/>		\$		Not Exempt <input type="checkbox"/> Exempt <input type="checkbox"/>
	Model: <input style="width: 100%;" type="text"/>				
	Year: <input style="width: 100%;" type="text"/>				
	Value: \$ <input style="width: 100%;" type="text"/>				
				<input type="checkbox"/> Continue Payments <input type="checkbox"/> Surrendering Back to Creditor	
Applicant <input type="checkbox"/> Joint <input type="checkbox"/> Spouse <input type="checkbox"/>	Make: <input style="width: 100%;" type="text"/>		\$		Not Exempt <input type="checkbox"/> Exempt <input type="checkbox"/>
	Model: <input style="width: 100%;" type="text"/>				
	Year: <input style="width: 100%;" type="text"/>				
	Value: \$ <input style="width: 100%;" type="text"/>				
				<input type="checkbox"/> Continue Payments <input type="checkbox"/> Surrendering Back to Creditor	
Applicant <input type="checkbox"/> Joint <input type="checkbox"/> Spouse <input type="checkbox"/>	Make: <input style="width: 100%;" type="text"/>		\$		Not Exempt <input type="checkbox"/> Exempt <input type="checkbox"/>
	Model: <input style="width: 100%;" type="text"/>				
	Year: <input style="width: 100%;" type="text"/>				
	Value: \$ <input style="width: 100%;" type="text"/>				
				<input type="checkbox"/> Continue Payments <input type="checkbox"/> Surrendering Back to Creditor	
Applicant <input type="checkbox"/> Joint <input type="checkbox"/> Spouse <input type="checkbox"/>	Make: <input style="width: 100%;" type="text"/>		\$		Not Exempt <input type="checkbox"/> Exempt <input type="checkbox"/>
	Model: <input style="width: 100%;" type="text"/>				
	Year: <input style="width: 100%;" type="text"/>				
	Value: \$ <input style="width: 100%;" type="text"/>				
				<input type="checkbox"/> Continue Payments <input type="checkbox"/> Surrendering Back to Creditor	
Applicant <input type="checkbox"/> Joint <input type="checkbox"/> Spouse <input type="checkbox"/>	Make: <input style="width: 100%;" type="text"/>		\$		Not Exempt <input type="checkbox"/> Exempt <input type="checkbox"/>
	Model: <input style="width: 100%;" type="text"/>				
	Year: <input style="width: 100%;" type="text"/>				
	Value: \$ <input style="width: 100%;" type="text"/>				
				<input type="checkbox"/> Continue Payments <input type="checkbox"/> Surrendering Back to Creditor	

3. Please Indicate the estimated liquidation (garage sale) value for your:

Household Furnishings & Appliances \$

For example; Furniture, Appliances

Personal Property \$

For example; Jewelry, Collectibles, Sports Equipment, Games Consoles, Instruments

Necessary Clothing \$

List any individual items that you believe to be worth over \$500

<u>Item</u>	<u>Value</u>

4. Do you own a safety deposit box or hold foreign bank accounts/assets? Yes ☐ No ☐

If yes, please describe the contents/asset and value:

Items:

Approximate Value:

Investments & Asset Disposal

5 Do you own any Investment Assets?

(i.e. RRSP's, GIC's, Mutual Funds, Pensions, Life Insurance, Savings Bonds, Stocks, RESP's, DPSP's, TFSA's, RRIF's, Cash on Hand, Savings)

Yes ☐ No ☐

Type of Asset (i.e. RRSP)	Name of Company Holding The Investment	Who's name is it in?	Policy Number	Total Value of Policy	Office Use Only (Estimated Realizable Value / 12 month Contributions)
1		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	\$
2		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	\$
3		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	\$
4		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	\$
5		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	\$

6 In the last 12 months, have you had an asset repossessed or have you voluntarily surrendered an asset to a secured creditor?

Yes ☐ No ☐

Asset Details	Date	Repossessed / Surrendered	Office Use Only SOA?
1		Repossessed <input type="checkbox"/> Voluntarily Surrendered <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2		Repossessed <input type="checkbox"/> Voluntarily Surrendered <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3		Repossessed <input type="checkbox"/> Voluntarily Surrendered <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

7 In the last 5 years, have you Sold, Transferred or Disposed of any Assets?

Yes ☐ No ☐

(such as selling or transferring Real Estate and/or Vehicles; Cashing in RRSP's, Life Insurance, Savings Bonds, Stocks, Shares, RESP's)

Asset Details (if vehicle, put year, make & model if a property, put address of property)	Amount Received	Date Money Received (dd/mm/yyyy)	What did you do with the money?	Office Use Only SOA?
1	\$			Yes <input type="checkbox"/> No <input type="checkbox"/>
2	\$			Yes <input type="checkbox"/> No <input type="checkbox"/>
3	\$			Yes <input type="checkbox"/> No <input type="checkbox"/>
4	\$			Yes <input type="checkbox"/> No <input type="checkbox"/>
5	\$			Yes <input type="checkbox"/> No <input type="checkbox"/>

List All Unsecured Debts (i.e. Credit Cards, Credit Lines, Overdrafts, Income Tax, Pay Day Loans etc.)

	Original Creditor	Collection Agency <small>(If Applicable)</small>	Who's Debt Is It?	Account # <small>(if no account number, put address)</small>	Amount Owed	Is the Debt Business or Personal
1			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
2			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
3			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
4			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
5			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
6			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
7			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
8			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
9			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
10			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
11			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
12			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
13			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>

If there is student loan debt, End of Study date was: _____

Greater than 7 Years?

Yes ☐ No ☐

Taxes & Self Employment Information

Personal Taxes

For what year did you last file a return?

How much do you owe? *(if applicable)*

Applicant

\$

Spouse

\$

Liens

Are you aware of CRA holding a lien against any of your assets?

Yes ☐

No ☐

If "Yes", what property? *(please specify)*: _____

Self Employed Details

This section is to be completed only if you have owned or operated a business in the last 5 years

Yes ☐

No ☐

Type of Business

Sole Proprietorship

☐ Partnership

Incorporated

☐

Name of Business

Nature of The Business

Head Office Address

(inc Post Code)

Date Business Started

/ /

Business #

(If Incorporated)

Company Phone #

Fax #

Email

Date Business Ended

/ /

Tick This Box If Still Operating?

☐

List the names of any Partners and/or Directors

1 Does the (or did the) business have any employees?

Yes ☐ No ☐

If Yes, If there's any employees that are owed any monies, provide a separate list showing the; Names, Addresses, SIN#, Phone #, Job Titles of each employee and the Amounts Owed to each employee. The list must also include the dates the wages/salary/vacation/termination/severance pay were earned

If you owe CRA for unremitted Payroll deductions, ensure the amount owing is listed on the creditor page and attach a copy of any **Requirement To Pay** notice you may have received

2 Is business required to collect and remit HST/GST?

Yes ☐ No ☐

If Yes, If you owe for unremitted HST/GST, ensure the amount owing is listed on the creditor page and attach a copy of any **Requirement To Pay** notice you may have received

3 Where are the financial books and records currently located?

4 Are all corporate tax returns filed? (HST/GST, Payroll, T2 Income Tax)

Yes ☐ No ☐

If Yes, Attach a copy of the last return or account statement. If No, prepare the required information for filing

5 What is the current value of the:

Fixed Assets

\$

Inventory

\$

Accounts Receivable

\$

Trade Tools

\$

We may request further details, such as fixed assets list, inventory counts etc to verify these amounts

General Information Questionnaire

1 Within the last 3 months, have you

a) used credit cards/credit lines for any purchases or cash advances?

Yes ☐ No ☐

If "yes", how much was spent? _____

When? (dd/mm/yyyy) _____

From which creditor? _____

b) Applied for and received any loans/credit?

Yes ☐ No ☐

If "yes", how much did you receive? _____

When? (dd/mm/yyyy) _____

From which creditor? _____

2 In the last 6 months, have you talked to a company offering financial advice?

Yes ☐ No ☐

What was the name of the company? _____

How much did you pay them? _____

3 Within the last 12 months, have you

a) made excessive payments to, or paid off in full, any creditor?

Yes ☐ No ☐

If "yes", when? (mm/yyyy) _____

how much? _____

Which Creditors? _____

4 Within the last five years, have you

a) made any gifts to relatives or others in excess of \$500?

Yes ☐ No ☐

If "yes", when? (mm/yyyy) _____

how much? _____

To Whom? _____

5 Are credit cards still in your possession? *(Must be given to the trustee if you still possess them)*

Yes ☐ No ☐

6 Do you expect to receive any lump sums of money in the next year?

Yes ☐ No ☐

(i.e. You expect to receive an Inheritance or you're expecting proceeds of litigation taken against someone else)

7 Has anyone co-signed any of your debts, or have you co-signed for someone?

Yes ☐ No ☐

If "yes", please ensure they are listed on the liability page.

8 Have you ever been Bankrupt before or filed a Consumer Proposal?

Yes ☐ No ☐

If you filed under a different name to your current name, what name did you file under?

(i.e., Maiden Name, previous married name):

9 The "Dealing with Debt: A Consumer's Guide" is available at hoyes.com/fresh-start

10 Briefly describe the reasons for your financial difficulty:
