



## DETAILED APPLICATION FOR INSOLVENCY SERVICES

In order for us to discuss your financial situation and to review the options available to you, we require that this application be completed in detail. This application will also be used to prepare any required legal documents.

How did you locate our firm?

Referral; referred by? \_\_\_\_\_

Telephone Book Advertisement;

Canpages  Yellowpages  Online Telephone Directory  Other: \_\_\_\_\_

Why did you pick our ad? \_\_\_\_\_

Internet;

Google  CE Craig & Associates Website  Personal Debt Solutions Website  Canada411

What search words did you use? \_\_\_\_\_

Other (please give details): \_\_\_\_\_

### PERSONAL DATA

Legal Name (in full) \_\_\_\_\_  
*Last Name First Name Middle Name*

Are you known by another name? \_\_\_\_\_

Residential address (including postal code) \_\_\_\_\_  
\_\_\_\_\_ Since \_\_\_\_\_

Mailing address (including postal code) \_\_\_\_\_  
\_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Fax: \_\_\_\_\_

SIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Are you a Canadian Citizen? Yes  No

Education: What is the highest level of education obtained?

*(Please note: this information is collected on behalf of the Office of the Superintendent of Bankruptcy and will not be included with information provided to your creditors)*

0-8 years  some high school  high school graduate

some post-secondary  post-secondary certificate or diploma  university degree

### FAMILY UNIT DATA

Marital Status: Single  Married  Common-Law  Divorced  Separated  Widowed

Has your marital status changed within the past five years? No  Yes , when? (MM/YY) \_\_\_\_\_

Spouse's legal name (in full): \_\_\_\_\_  
*Last Name First Name Middle Name*

Spouse's address, if different: \_\_\_\_\_

Spouse's telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

SIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Are you now or have you been involved in any matrimonial dispute which may restrict your ability to deal with your assets?

Yes  No

If YES, please give details;

Are there any outstanding property settlement issues? Yes  No

If YES, please give details;

Are you paying or receiving maintenance or support payments for spouse or child? Yes  No

If YES, to/from?

Amount payable \$ \_\_\_\_\_ per \_\_\_\_\_ (monthly, bi-weekly, etc.).

Is the required amount paid? Yes  No

If NO, please give details;

Are the payments in arrears? Yes  No

If YES, please give details;

Total arrears \$ \_\_\_\_\_ for the period(s) \_\_\_\_\_ (MM/YY) to \_\_\_\_\_ (MM/YY)

Dependents who reside with you and who rely on you for financial support:

Name	Relationship	Date of Birth	SIN

**EMPLOYMENT DATA**

Present occupation: \_\_\_\_\_

Name and address of present employer: \_\_\_\_\_

Employer's telephone: \_\_\_\_\_ fax: \_\_\_\_\_

Employed since when: \_\_\_\_\_ Unemployed since when: \_\_\_\_\_

List all employers for the past two years showing dates started and terminated. If there was a period during which you were collecting Employment Insurance benefits or Income Assistance, show each period separately.

Employer and position held	Employer's address	Date Started	Date ended

(continue on another sheet if necessary)

**BUSINESS INFORMATION**

Have you been self-employed, or had an interest in a business, in the last 5 years? Yes  No

If YES, please give the following details (*a separate report is required for each business*)

Type of Business:  Corporation  Proprietorship  Partnership

Are any of your current debts related to your present or past business involvement? Yes  No

If YES, what percentage (%) \_\_\_\_\_ or total debt \$ \_\_\_\_\_

Name of Business: \_\_\_\_\_

Location of Business: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

When did the business begin operations (DD/MM/YY)? \_\_\_\_\_

Has the business ceased operations? Yes  No  If YES, when (DD/MM/YY) \_\_\_\_\_

Are you or the company a GST registrant? Yes  No

If YES: What is the GST registration number? \_\_\_\_\_

Are the GST filings up to date? Yes  No  What was the last period filed? \_\_\_\_\_

Have you closed this GST account? Yes  No  If YES, when (DD/MM/YY) \_\_\_\_\_

Do/did you have any employees? Yes  No  If YES, number of employees \_\_\_\_\_

Do you owe for source deductions not remitted? Yes  No  If YES, how much? \$ \_\_\_\_\_

Are any employees owed wages? Yes  No  If YES, how much? \$ \_\_\_\_\_

When was the last day of employment (DD/MM/YY) \_\_\_\_\_

Have T4s been issued? Yes  No

Date of last WCB report \_\_\_\_\_

Location of books and records: \_\_\_\_\_

Accountant, name, address and telephone number: \_\_\_\_\_

Lawyer; name, address and telephone number: \_\_\_\_\_

Bank; name, address and account number: \_\_\_\_\_

**Partnerships only**

Names and address of partners: \_\_\_\_\_

Percentage of ownership \_\_\_\_\_%

Is/was there a partnership agreement? Yes  No  If YES, please provide copy.

**Corporations only**

What percentage was your ownership \_\_\_\_\_%

Are/were you a director? Yes  No

Are the corporate income tax returns up to date? Yes  No

When is the end of the fiscal period for tax purposes (DD/MM/YY)? \_\_\_\_\_

Have you guaranteed a loan for the corporation? Yes  No

*Please attach a copy of the most recent financial statement and tax return pertaining to any business*

**NOTE: You are hereby notified that under the Canada Corporation Act and the Company Act of British Columbia, you cannot be a director or officer of a corporation while an undischarged bankrupt. Therefore, you must resign your position by notifying the Registrar of Companies**

**CURRENT BUSINESS / SELF-EMPLOYMENT INCOME (Monthly)**  
*(Complete this page only if you are currently self-employed)*

Gross Business / Self-employment Income		\$ _____
Direct Business / Self-employment Expenses		
Advertising	\$ _____	
Business tax, fees, licenses, dues, memberships	_____	
Business insurance	_____	
Office expenses	_____	
Supplies and materials	_____	
Legal, accounting or other professional fees	_____	
Office rent (non-residential)	_____	
Salaries, wages and benefits (include employer amounts)	_____	
Travel	_____	
Telephone and utilities	_____	
Vehicle expense		
Lease/payment	\$ _____	
Gas/repairs/maintenance	_____	
Insurance	_____	
Total	\$ _____	
Less: Personal use (____%)	_____	
Business use portion of vehicle	_____	
Other		
Parking	_____	
_____	_____	
_____	_____	
_____	_____	
Total Direct Business Expenses		\$ _____
Business Income before tax		_____
Less: Income tax/ CPP (____%)		_____
Net Business / Self-employment Income <i>(enter this amount on the monthly income and expense statement)</i>		\$ _____

**MONTHLY FAMILY INCOME AND EXPENSES**

<i>Monthly income</i>	Debtor	Other members of the family unit	Total
Net employment income	_____	_____	
Net Pension/annuities	_____	_____	
Net Child support	_____	_____	
Net Spousal support	_____	_____	
Net employment insurance benefits	_____	_____	
Net Social Assistance	_____	_____	
Self-employment (from statement)	_____	_____	
Child tax benefits/ Universal child care	_____	_____	
WCB	_____	_____	
Gratuities	_____	_____	
Other: provide details	_____	_____	
<hr/>			
Total monthly income	_____	_____ + _____	= _____

<i>Monthly non-discretionary expenses</i>			
Child support payments	_____	_____	
Spousal support payments	_____	_____	
Child care	_____	_____	
Health condition expenses	_____	_____	
Fines/penalties imposed by the Court	_____	_____	
Expenses as a condition of employment (T2200 required)	_____	_____	
Other; provide details	_____	_____	
<hr/>			
Total non-discretionary expenses	_____	_____ + _____	= _____

*Monthly discretionary expenses (family unit combined)*

<b>Housing expenses</b>		<b>Living expenses</b>	
Rent	_____	Food/grocery	_____
Mortgage	_____	Laundry/dry cleaning	_____
Property taxes/condo fees	_____	Grooming/toiletries	_____
Heating/gas/oil	_____	Clothing	_____
Telephone/cell	_____	Pet expenses	_____
Cable	_____	Other: _____	_____
Hydro	_____	<b>Transportation expenses</b>	
Water	_____	Car lease/payments	_____
Furniture	_____	Repair/maintenance/gas	_____
Internet	_____	Public transportation	_____
Other: _____	_____	Personal use of business vehicle	_____
<b>Personal expenses</b>		Other: _____	_____
Smoking	_____	<b>Insurance expenses</b>	
Alcohol	_____	Vehicle	_____
Dining/lunches/restaurants	_____	House	_____
Entertainment/sports	_____	Furniture/contents	_____
Gifts/charitable donations/tithing	_____	Life Insurance	_____
Allowance	_____	Other: _____	_____
Other: _____	_____	<b>Payments</b>	
<b>Non-recoverable medical expenses</b>		Payment to Trustee	_____
Prescriptions	_____	Spouse's debt payments	_____
Dental	_____	Secured, other than mortgage and vehicle	_____
		Other: _____	_____
Eyeglasses	_____		
Other: _____	_____		

**ASSETS**

You are required to fully disclose and describe ALL assets in your possession or under your control.

**CASH AND BANKING INFORMATION**

CASH ON HAND

\$ \_\_\_\_\_

**BANK ACCOUNTS**

Not applicable

*(If the account has a negative balance please show it in the liabilities page)*

Name of Bank	Address	Account Number	Balance on hand

**HOUSEHOLD FURNITURE**

*(Indicate the estimated value if sold at auction or garage sale, not what you actually paid for the item)*

Stove	\$	Beds	\$	Piano	\$
Refrigerator		Water bed(s)		Organ	
Dishwasher		Desk		VCR	
Microwave		Night table(s)		DVD	
Convec Oven		Dresser(s)		Stereo	
Air conditioner		Highboy(s)		Television(s)	
Table/chairs		Freezer		Antiques	
Chesterfield		Washer		Silverware	
Armchair(s)		Dryer		China	
Livingrm.set		Diningrm.set		Pool table	
Cedar chest		Book case(s)		Games (\$25+)	
Area rugs		Hutch		Vacuum	
End table(s)		Patio furn.		Other;	
Coffee table(s)		Power mower			
Lamps		Power tools			
Home computer		Barbecue			
				Total Value	\$

**PERSONAL EFFECTS**

*(Indicate the estimated value if sold at auction or garage sale)*

Not applicable

Description	Estimated Value \$
Clothing	
Jewellery, stamp collections, books, coins, etc	
Cameras and related equipment	

Musical instruments		
Sporting and camping equipment		
Tools that you use to earn your living		
Paintings, sculptures and other valuable artwork		

Please note: You may be required to have your personal items appraised. A pawn shop appraisal is acceptable for jewellery and other small items.

**INSURANCE POLICIES**

Not applicable

Company	Address	Policy No.	Name and Relationship of Beneficiary	Cash Surrender value

Do you have a group life insurance policy through your employer? Yes  No

**SECURITIES**

Not applicable

Description (include company name and account numbers)	Address	Estimated Realizable Value
Stocks		
Bonds		
RRSP/RIF		
Pension		
Superannuation		
RESP		
Other		

**REAL ESTATE**

Not applicable

Location and Description	Address	Estimated Realizable	% of Ownership
House			
Cottage			

Land				
Other				

Are you current with your property tax payments? Yes  No  If NO, amount owing \$ \_\_\_\_\_

Are your strata fees current? Yes  No  If NO, amount owing \$ \_\_\_\_\_

**MOTORIZED AND RECREATIONAL VEHICLES**

Not applicable

Description	Year, make and model	Serial Number	Estimated value
Cars and Trucks	1		
	2		
	3		
Motorcycle			
Boat, motors			
Snowmobile			
Trailer, camper, motor home			
Other			

**OTHER ASSETS**

Does anyone owe you money? Yes  No

If YES, provide details \_\_\_\_\_

Personal Loan? Yes  No  \_\_\_\_\_

Accounts Receivable? Yes  No  \_\_\_\_\_

Agreement for sale? Yes  No  \_\_\_\_\_

Are you the beneficiary of a will currently in Probate? Yes  No

If YES, provide details \_\_\_\_\_

Are you involved in a civil litigation from which you may receive monies or property (i.e. wrongful dismissal, ICBC claims, WCB back-pay claims etc.)? Yes  No

If YES, provide details \_\_\_\_\_

Do any of your creditors have a security interest in any of your assets? Yes  No

If YES, provide details \_\_\_\_\_

Are you in possession of or storing any assets which belongs to someone else (i.e. household goods, motor vehicle or other item)? Yes  No

If YES, provide details \_\_\_\_\_





Do any of your liabilities arise from?

- i. Fine or penalty imposed by the Court Yes  No
- ii. Recognizance or bail bond Yes  No
- iii. Alimony/Maintenance/Support of separated family Yes  No
- iv. Fraud/Embezzlement/Misappropriation while acting in a fiduciary capacity Yes  No
- v. Obtaining property by false pretences or fraudulent misrepresentation Yes  No
- vi. Damages for bodily harm, sexual assault or wrongful death awarded by the Court Yes  No

**STUDENT LOANS**

Do you have a student loan? Yes  No

Canada Student Loans outstanding \$ \_\_\_\_\_ Provincial Student Loan outstanding \$ \_\_\_\_\_

Please list location and dates of all studies for which you carried student loans:

School	From (DD/MM/YY)	To (DD/MM/YY)

When did you cease to be a full or part time student (DD/MM/YY) \_\_\_\_\_

Did you complete your studies? Yes  No

If YES, what degree(s)/diploma(s) did you earn? \_\_\_\_\_

Are you working in your field of studies? Yes  No

**DEBTS OF SPOUSE**

List debts of spouse not already indicated on liability page

Name of Creditor	Account number	Amount owing

**DEBTS GUARANTEED**

Have you co-signed or guaranteed a debt for anyone? Yes  No

Has anyone co-signed or guaranteed a debt for you? Yes  No

If YES, please provide details

Name of creditor	Amount	Co-signed or guaranteed by (self or name of other)

**TRANSFER OF ASSETS**

Within the past 12 months, either within Canada or elsewhere, have you sold, disposed of or transferred any of your assets? Yes  No

If YES, please give details including a description of the asset, when it occurred, the amount received and what was subsequently done with the funds received.

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Have you made any withdrawal from an RRSP within the past 12 months? Yes  No

If YES, please give details including the name of the RRSP, when the withdrawal occurred, the amount received and what was subsequently done with the funds received.

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Have you made payments in excess of the regular/normal payments to anyone within the past 12 months? Yes  No

If YES, please give details including the name of the recipient, the amount paid and when this occurred.

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Have you made any arrangements to continue to pay any of your creditors? Yes  No

If YES, please give details including which creditor, terms of the arrangement and reason.

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Have any of your assets been seized or wages garnished by any creditor? Yes  No

If YES, please give details including the creditor's name, description of asset seized for amount garnishment and when this occurred.

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Within the past 5 years have you sold, disposed or transferred any property? Yes  No

If YES, please give details including complete description of the property, proceeds received and what was subsequently done with the funds received.

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Have you given any gift with a value in excess of \$500 within the past 5 years? Yes  No

If YES, please give details including the name of the recipient, description of the gift item and when this occurred.

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Have you sent or transferred funds outside of Canada within the past 5 years? Yes  No

If YES, please give details include the name of the recipient, where the funds were sent, amount transferred and when this occurred.

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Do you expect to receive any sum of money within the next 12 months which is not related to your normal income? Yes

No

If YES, please give details.

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Do you expect to receive any property within the next 12 months? Yes  No

If YES, please give details.

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**OTHER**

Have you changed your designated beneficiary in your life insurance or RRSP within the last 12 months? Yes  No

If YES, please give details.

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Do you have an agreement with your employer whereby they are deducting amounts (i.e. Canada Savings Bonds, summer savings programs, etc.) not related to the statutory deductions? Yes  No

If YES, please give details.

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Have you signed an agreement (wage assignment) whereby a creditor can take monies from your pay cheque? Yes

No

If YES, please give details.

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Are there any writs or judgments outstanding or criminal charges against you at this time? Yes  No

If YES, please give details.

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Have you given out any post-dated cheques or have any pre-authorized payments being withdrawn from your bank account?

Yes  No

If YES, please give details.

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Do you bank with a financial institution to which you owe money? Yes  No

If YES, please give details.

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Have you contributed to an RRSP within the past 12 months? Yes  No

If YES, please give details.

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Have you seen another Trustee or other financial advisor within the past 6 months? Yes  No

If YES, please give details including name, when this occurred and if any fee was paid.

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Have you previously been bankrupt or made a proposal under the Bankruptcy and Insolvency Act? Yes  No

If YES, please complete the following,

Type of proceeding; Bankruptcy  Consumer Proposal  Division I Proposal

Name of Trustee: \_\_\_\_\_

Date of bankruptcy/proposal (DD/MM/YY): \_\_\_\_\_

City where filing occurred: \_\_\_\_\_

Date of discharge/full performance (DD/MM/YY): \_\_\_\_\_

Please provide a brief discription of the cause of the previous filing: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**INCOME TAX**

What is the last year for which you filed an income tax return? \_\_\_\_\_

Do you owe income taxes? Yes  No  If YES, how much: \$\_\_\_\_\_

Did you receive a refund last year? Yes  No  If YES, how much: \$\_\_\_\_\_

Is there a refund still owing to you? Yes  No  If YES, how much: \$\_\_\_\_\_

**BACKGROUND**

Describe what, in your opinion, caused your financial problem(s).

*This statement will be included with the information provided to your creditors.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximately when did you realize that you were having a serious financial problem and what made you aware of this fact?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DECLARATION**

I, \_\_\_\_\_, hereby certify that to the best of my knowledge and belief the information contained in this application is true, correct, and complete in every respect and fully discloses my assets and liabilities. I understand that I will be expected to co-operate with the Trustee in dealing with my affairs, and that I will also be expected to pay a reasonable fee to the Trustee, based upon my ability to pay.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date signed

## DOCUMENTS AND INFORMATION TO BE BROUGHT IN WITH YOUR APPLICATION FORM

	Enclosed with application	Not applicable
Copies of two pieces of identification (birth certificate, passport and/or driver's license).	<input type="checkbox"/>	<input type="checkbox"/>
Provide a copy of separation agreement or Court order for maintenance or support payments.	<input type="checkbox"/>	<input type="checkbox"/>
Provide copies of all pay stubs, or last one issued if it shows "year to date" amounts. It will be necessary to provide this information for each employer you have had this year. Please also provide the same information for your spouse	<input type="checkbox"/>	<input type="checkbox"/>
Provide a copy of recent financial statements for business/self-employment involvement, i.e. current GST returns, corporate tax returns etc.	<input type="checkbox"/>	<input type="checkbox"/>
Provide a copy of current bank statement(s). <i>If you owe your current financial institution any money it is suggested that you open a new bank account immediately.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Appraisal or pawn shop valuation of personal effects <i>if requested by Trustee.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Provide a copy of all life insurance policies.	<input type="checkbox"/>	<input type="checkbox"/>
Provide certificates and/or shares for all stocks, bonds and other securities as well as name and address of broker, account number and copy of last statement.	<input type="checkbox"/>	<input type="checkbox"/>
Provide copy of last statement for RRSP, pension or RESP as well as name and address of administrator and account number(s).	<input type="checkbox"/>	<input type="checkbox"/>
Provide realtor valuation of all real estate (usually obtainable at no cost from real estate agents offering free market valuations) and copies of all mortgage documents, special assessments and tax assessments.	<input type="checkbox"/>	<input type="checkbox"/>
Provide a copy of all vehicle registrations and insurance papers. Provide copies of vehicle lease agreements or financing agreements.	<input type="checkbox"/>	<input type="checkbox"/>
Provide documents relating to any amounts owed to you.	<input type="checkbox"/>	<input type="checkbox"/>
Bring in all credit cards, including those with "nil" balances.	<input type="checkbox"/>	<input type="checkbox"/>
Provide last statements/letters received from creditors/collection agents. Provide a copy of any Judgments and other Court orders (including garnishment or third party demand from CRA).	<input type="checkbox"/>	<input type="checkbox"/>
If wages are being garnished, please provide name and address of employer, full name of payroll personal and fax number for the payroll department.	<input type="checkbox"/>	<input type="checkbox"/>
Information regarding any loans/debts you have co-signed or guaranteed.	<input type="checkbox"/>	<input type="checkbox"/>
Provide copies of documentation regarding any real estate sold or transferred within the past 5 years, including statement of adjustment /disposition of proceeds.	<input type="checkbox"/>	<input type="checkbox"/>
If you have been bankrupt before or have filed a Proposal to your creditors, provide all pertinent documents including the Absolute Order of Discharge, name and address of previous Trustee, date of bankruptcy/Proposal, reasons for that bankruptcy/proposal.	<input type="checkbox"/>	<input type="checkbox"/>
Provide a copy of last 2 years of filed tax returns and notices of assessment received from Canada Revenue Agency. If your returns are not up to date you will be required to complete the outstanding returns.	<input type="checkbox"/>	<input type="checkbox"/>
Initial non-refundable deposit \$_____ (cash or money order only)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*This list may seem overwhelming. In a perfect world people would have this information available. If you cannot provide all information on this list do not be concerned we can discuss it and determine what is necessary on a case by case basis.*