

**PERSONAL INSOLVENCY  
APPLICATION  
AND  
INFORMATION SUMMARY**

**NOTE:**

The Application **MUST** be completed in detail. All blanks are to be answered. If the answer is not applicable, please use N/A.

On your initial interview with the Trustee, please bring the following if applicable:

1. Copies of any of your security documents, such as Mortgages, Chattel Mortgages, Conditional Sales Contracts, Lease Contracts, or Financial Statements of any business owned, etc.
2. Any document with regard to any legal actions that you are involved in such as Writs, Judgments, Garnishees, Wage Assignments, Marriage Settlements, Maintenance Enforcement, etc.
3. All of your credit cards and a copy of the last statement received from each credit card company.
4. Copy of the registration for each vehicle owned (Physical check of the serial number if not registered).
5. A copy of your last personal income tax return filed.
6. A copy of your pay stub for your last pay period.

**Exelby & Partners Ltd.**  
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**Edmonton, AB T5H 3Z7**  
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**Facsimile: (780) 425-7001**  
**www.bankruptcyalberta.com**

Did you receive any previous financial advice?:  
 \_\_\_ yes \_\_\_ no  
 If yes, from who did you receive this advice?:  
 \_\_\_\_\_

<b><u>FOR OFFICE USE ONLY</u></b>	
Date of Assessment:	_____
By:	_____
Assisted:	_____
Sign-Up Date:	_____
Time:	_____
Guideline Amount:	_____
Trustee's Fee:	_____
Excess Income:	_____
First Payment Date:	_____
Could Viable Proposal be filed? Yes / No	_____
If No, Details:	_____

**PERSONAL INFORMATION**

<b>SELF</b>	
Full Legal Name:	M / F
Are you known by any other names? Yes / No	
Home Address	
Postal Code:	
Email:	
Y / M / D	
When did you move to this address?	
When did you move to this Province?	
Occupation	
Telephone Numbers	CELL
HOME:	WORK
S.I.N.	Birthdate Y / M / D
<u>Marital Status:specify month &amp; year if occurred in last 5 years</u>	
Married	Single
Widowed	Separated
Divorced	Common-
Employer Name	

<b>SPOUSE</b>	
Full Legal Name:	M / F
Are you known by any other names? Yes / No	
Home Address	
Postal Code:	
Email:	
Y / M / D	
When did you move to this address?	
When did you move to this Province?	
Occupation	
Telephone Numbers	CELL
Home:	Business:
S.I.N.	Birthdate Y / M / D
<u>Marital Status:specify month &amp; year if occurred in last 5 years</u>	
Married	Single
Widowed	Separate
Divorced	Common-Law
Employer Name	

Have you been bankrupt before in Canada or elsewhere?

SELF: Y / N      SPOUSE: Y / N

Have you filed a proposal before in Canada or elsewhere?

SELF: Y / N      SPOUSE: Y / N

If you answered Yes, provide the following details for all insolvency proceedings:

(a) Filing date and location of the proceedings	SELF:	SPOUSE:
(b) Name of Trustee or Administrator	SELF:	SPOUSE:
(c) If applicable, was the Proposal successful	SELF:	SPOUSE:
(d) Date on which Certificate was obtained	SELF:	SPOUSE:
(e) Cause of prior bankruptcy or proposal	SELF:	SPOUSE:

**Dependents (as defined by the Income Tax Act)**

Full Legal Names	Relationship	Date of Birth YY/MM/DD	Living with you?	Annual Income

## LIST OF CREDITORS

Trustee's Use Only

Mr/Mrs	Name of Creditor	Address & Postal Code	Account Number	Bus	Total Debt	U	S		LTP

**LIABILITIES TYPE CODE ( LTP )**

1. Real Property Mortgage
2. Bank Loans (except real property mortgage)
3. Finance Company Loans
4. Credit Cards Bank / Trust Companies Issuers
5. Credit Cards Other Issuers
6. Taxes: Federal / Provincial / Municipal
7. Student Loans
8. Loans From Individuals
9. Other

# ASSETS

	<u>DESCRIPTION/LOCATION</u>			<u>EXEMPT</u> Trustee use only			CURRENT	Est. Net
							LIQUIDATION	Realizable
				Yes	No	Enc.	VALUE	\$ value
Cash on Hand and in Bank	Name of Bank	Branch	Account No.					
Furniture and Appliances			Owned By:					
Life Insurance								
RRSP / CSB								
Personal Effects								
Investments								
Real Estate								
Legal Description								
Real Estate								
Legal Description								
Vehicles	Year, Make, Model							
	Serial Number:							
Vehicles	Year, Make, Model							
	Serial Number:							
Recreational	Year, Make, Model							
	Serial Number:							
Tools of the Trade								
Estimated Tax Refund								
Other Assets								
Other Assets								

**COMMENTS:** \_\_\_\_\_  
 \_\_\_\_\_

**ARE ANY OF THE ABOVE ASSETS PLEDGED TO A CREDITOR AS SECURITY? IF YES, COMPLETE FORM BELOW.**

ASSET (FROM ABOVE)	CREDITOR TO WHOM PLEDGED	TYPE OF LOAN	TOTAL DEBT	LIQUIDATION VALUE	Est. Net Realizable

## BUSINESS INVOLVEMENT

Have you been self employed in the last five years? Are any of your debts business debts? What percentage of debts are from business?	Self Yes / No Yes / No _____%	Spouse Yes / No Yes / No _____%
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Name of business & location	
City	Province

Name of business & location	
City	Province

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation	

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<input type="checkbox"/> Corporation	

Guaranteed loan for business?	Yes / No
Type of Business	
Percentage of ownership	_____%
GST Registration?	
If Yes, Registration # :	
When did business commence operations?	Y / M / D

Guaranteed loan for business?	Yes / No
Type of Business	
Percentage of ownership	_____%
GST Registration?	
If Yes, Registration # :	
When did business commence operations?	Y / M / D

Business still operating?	Yes / No
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Business still operating?	Yes / No
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If no, when did business cease to operate?	Y / M / D
Years in Operation:	
Max # of Employees:	

If no, when did business cease to operate?	Y / M / D
Years in Operation:	
Max # of Employees:	

### TAX RETURNS

<u>Self</u>	<u>Spouse</u>
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Year last tax return filed?	Year last tax return filed?
Refund received	Refund received
Refund to come	Refund to come
Amount owing	Amount owing
Did you receive EI this year <span style="float: right;">yes/no</span>	Did you receive EI this year <span style="float: right;">yes/no</span>

### EMPLOYMENT HISTORY SINCE LAST TAX RETURN WAS FILED

EMPLOYER'S NAME	ADDRESS	START DATE	END DATE

### HIGHEST LEVEL OF EDUCATION :

\_\_\_\_ 0-8 YEARS                      \_\_\_\_ High School Graduate                      \_\_\_\_ Post Secondary Certificate or Diploma  
 \_\_\_\_ Some Highschool                      \_\_\_\_ Some Post Secondary                      \_\_\_\_ University Degree

**SUPPLEMENTARY INFORMATION**

**DURING THE PREVIOUS 12 MONTHS,  
HAVE YOU, EITHER IN CANADA OR ELSEWHERE:**

<b>Sold, disposed of or transferred any of your assets (including RRSP's)?</b>		<b>Yes / No</b>
If yes:	1	What: _____ To Whom: _____ When: _____ Amount Received: _____ Disposition of Proceeds: _____
	2	What: _____ To Whom: _____ When: _____ Amount Received: _____ Market Value at date of Disposal: _____ Disposition of Proceeds: _____
		3

<b>Made payments in excess of regular payments to a creditor?</b>		<b>Yes / No</b>
If yes:	1	To Whom: _____ Date of Payment: _____ Amount Paid: _____
	2	To Whom: _____ Date of Payment: _____ Amount Paid: _____

<b>Had any assets seized by a creditor?</b>		<b>Yes / No</b>
If yes:	By Whom: _____	
	When: _____ What: _____	

<b>Given any security to any creditors?</b>		<b>Yes / No</b>
If yes:	To Whom: _____	
	When: _____ What: _____	
	Why: _____	

<b>Made any arrangements to continue to pay creditors?</b>		<b>Yes / No</b>
If yes:	To Whom: _____	

**DURING THE PREVIOUS FIVE YEARS, KNOWING YOURSELF TO BE INSOLVENT, HAVE YOU,  
EITHER IN CANADA OR ELSEWHERE:**

<b>Sold, disposed of or transferred any property / assets in excess of \$3000.00?</b>		<b>Yes / No</b>
If yes:	Property / Asset: _____	
	When: _____ For how much: _____	
	To Whom: _____	
	Disposition of proceeds: _____	

<b>Made a single gift to relatives or others in excess of \$500?</b>		<b>Yes / No</b>
If yes:	What: _____	
	To Whom: _____	
	Value of Gift: _____ Date: _____	

**MONTHLY INCOME**

**MONTHLY EXPENSES**

Net Employment Income	
Net Employment Income (Spouse)	
Net Pension / Annuities	
Net Pension / Annuities (Spouse)	
Net Child Support	
Net Child Support (Spouse)	
Net Spousal Support	
Net Spousal Support (Spouse)	
Net EI / Compenstation Benefits	
Net EI / Compenstation Benefits (Spouse)	
Net Social Assistance	
Net Social Assistance (Spouse)	
Net Self-Employment Income	
Net Self-Employment Income (Spouse)	
Child Tax Benefit	
Child Tax Benefit (Spouse)	
Universal Child Tax Benefit	
Universal Child Tax Benefit (Spouse)	
WCB Benefits	
WCB Benefits (Spouse)	
Other	
<b>TOTAL NET INCOME</b>	

Child Support Payments	
Child Support Payments (Spouse)	
Spousal Support Payments	
Spousal Support Payments (Spouse)	
Child Care	
Child Care (Spouse)	
Medical Condition Expenses	
Medical Condition Expenses (Spouse)	
Fines/Penalties Imposed by Court	
Fines/Penalties Imposed by Court (Spouse)	
Employment Expenses (uniforms etc.)	
Employment Expenses (uniforms etc.) (Sp)	
Debts Where Stay Has Been Lifted	
Debts Where Stay Has Been Lifted (Spouse)	
Rent/Mortgage	
Property Taxes/Condo Fees	
Heating/Gas/Oil	
Telephone	
Cable	
Electricity	
Water	
Furniture	
Smoking / Tobacco	
Alcohol	
Dining / Lunches / Restaurants	
Entertainment / Sports	
Gifts/Charitable Donations	
Allowances	
Prescriptions	
Dental	
Blue Cross	
Food and Groceries	
Laundry/Dry Cleaning	
Grooming / Toiletries	
Clothing	
Vehicle Payment	
Repair / Maintenance / Gas	
Public Transportation	
Vehicle Insurance	
House Insurance	
Tenant Insurance	
Life Insurance	
Payments to the Estate	
Payments to the Estate (Spouse)	
Payments to Secured Creditor	
Spouse's Proposal Payment	
<b>TOTAL MONTHLY EXPENSES</b>	

**STUDENT INFORMATION**

(complete if outstanding Student Loan)

When Last Attended: \_\_\_\_\_  
 Institution Attended: \_\_\_\_\_  
 Nature of Program: \_\_\_\_\_  
 Program Completed?                      Yes / No  
 Working in that field?                    Yes / No  
 If no, please describe reasons:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**GARNISHEES ON BANK ACCOUNTS AND WAGES**

(complete following if applicable)

Employer/Bank

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_

Creditor

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 Court Action Number: \_\_\_\_\_

**SUPPLEMENTARY INFORMATION**

**DO YOU HAVE ANY DEBTS ARISING FROM:**

**SELF      SPOUSE**

Fines or penalties imposed by Court?	Yes / No	Yes / No
Misappropriation/Fraud/Embezzlement?	Yes / No	Yes / No
Obtaining property by false pretenses or fraudulent misrepresentation?	Yes / No	Yes / No

**SELF      SPOUSE**

Have you co-signed or guaranteed a loan or contract for anyone else or any business?	Yes / No	Yes / No
Has anyone co-signed or guaranteed any of your debts?	Yes / No	Yes / No
Do you expect to receive any sums of money which are not related to your normal income, or any other assets within the next 12 months?	Yes / No	Yes / No

If yes to any of the above questions, please provide details below:

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

Describe briefly the circumstances that caused your financial situation.

Have all credit cards been submitted to the Trustee?      Yes / No

Next of kin/contact person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE IN EVERY RESPECT AND FULLY DISCLOSES THE STATE OF MY AFFAIRS. IN ADDITION, I RECOGNIZE THAT A PORTION OF MY INCOME IN EXCESS OF REASONABLE COST OF LIVING AS DETERMINED PURSUANT TO THE SUPERINTENDENT OF BANKRUPTCY STANDARD, MUST BE PAID TO THE TRUSTEE FOR THE GENERAL BENEFIT OF MY CREDITORS.

_____ DATE	_____ SIGNATURE
_____ DATE	_____ SIGNATURE