

Derek L. Chase, CRA, CIRP

D. Elinor Warner
Administrator

Licensed Insolvency Trustee
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Shirley Tomyn
Administrator

When you have completed this form, click "Submit" at the bottom of the form to send.

-Need more time? Print the form and when completed, fax or mail it to us.

DETAILED APPLICATION

PRIOR TO OR FOLLOWING YOUR INTERVIEW WITH THE TRUSTEE OR TRUSTEE'S REPRESENTATIVE, PLEASE USE THE CHECKLIST BELOW TO ENSURE THAT YOUR APPLICATION IS COMPLETE IN ORDER TO AVOID DELAYS IN PROCESSING

PERSONAL DATA

Surname: _____ S.I.N. _____
Given and Middle Names: _____ Birthdate: (Y/M/D) _____
Are you known by any other name(s): _____ Please Check One **Mr. / Ms. / Mrs. / Miss**
Street Address: _____ Telephone: (Home) _____
Town/City: _____ Telephone: (Bus.) _____
Province: _____ Postal Code: _____
E-mail address: _____

I have resided at the above address since: Year _____ Month _____ Day _____

I have resided in B.C. since: Year _____ Month _____ Day _____

Mailing Address (if different): _____

Present Occupation: _____

Full Name and Address of Present Employer: _____
(including postal code) _____

You have been employed since when? _____

Marital Status (Specify month and year of event if it occurred in the last five years, if applicable, for each of the below):

Married Common-Law Single Widowed Separated Divorced

Month/Year of Event: _____

Full name and address of spouse: _____

Or common-law partner: _____

Birthdate of spouse: (Y/M/D) _____ Spouse's S.I.N.: _____

Number of dependents who rely on you for financial support: _____

Name	Relationship	Birthdate	Address

PERSONAL DATA

List all of your employers, showing dates started and terminated, for the past two years. If there were periods when you were drawing U.I.C. benefits, show each period separately.

Employer's Name	Employer's Full Address (including postal code)	Date of Job or UIC Benefits	
		Commenced	Terminated

Have you ever been bankrupt, either in Canada or elsewhere, or filed a proposal under the *Bankruptcy and Insolvency Act*?

Yes _____ No _____

If yes, give:

Name of Trustee: _____

Filing Date: _____

Location: _____

Date of discharge/
Certificate of Full Performance: _____

Is there a copy available?
(please provide copy)

Yes _____ No _____

Have you been self-employed in the last five (5) years?

Yes _____ No _____

	Business #1	Business #2	Business #3
Name			
Proprietorship, Partnership or Limited Company			
Period of Operation			
What happened to business			
Where are books and records of Company			

Names of partners? _____

Place of business (city)? _____ Nature of business? _____

Do you have a GST number? # _____ Payroll Remittance # _____

If yes, are there any returns outstanding?

Yes _____ No _____

What year? _____

Are you an officer or a director of a limited company?

Yes _____ No _____

If yes, give details.

MONTHLY INCOME

Net Employment Income	_____	Child Tax Benefit	_____
Net Earnings of Spouse	_____	Net Spousal Support	_____
Net Pensions/Annuities	_____	Net Employment Insurance Benefits	_____
Net Child Support	_____	Net Social Assistance	_____
Other net income	_____	Self-Employed	_____
		Gross _____ Net _____	_____
		TOTAL MONTHLY INCOME (A)	_____

MONTHLY NON-DISCRETIONARY EXPENSES

Child Support Payments	_____	Fines/Penalties Imposed by Court	_____
Spousal Support Payments	_____	Expenses as a Condition of Employment	_____
Child Care	_____	Debts Where Stay Has Been Lifted	_____
Medical Condition Expenses	_____	Other	_____
		TOTAL MONTHLY NON-DISCRETIONARY EXPENSES (B)	_____

AVAILABLE MONTHLY INCOME (A – B) = (C)

MONTHLY DISCRETIONARY EXPENSES:

Housing Expenses		Living Expenses	
Rent/Mortgage	_____	Food/grocery	_____
Property taxes/condo fees	_____	Laundry/dry cleaning	_____
Heating/gas/oil	_____	Grooming/toiletries	_____
Telephone	_____	Clothing	_____
Cable	_____	Other	_____
Hydro	_____	Transportation Expenses	
Water	_____	Car lease/payments	_____
Furniture	_____	Repairs/maintenance/gas	_____
Other	_____	Public transportation	_____
Personal Expenses		Other	_____
Smoking	_____	Insurance Expenses	
Alcohol	_____	Vehicle	_____
Dining/lunches/restaurants	_____	House	_____
Entertainment/sports	_____	Furniture/contents	_____
Gifts/charitable donations	_____	Life insurance	_____
Allowances	_____	Other	_____
Other	_____	Payments	
Non-recoverable Medical Expenses		To Trustee	_____
Prescriptions	_____	To secured creditor	_____
Dental	_____	<i>(Other than mortgage and vehicle)</i>	_____
Other	_____	Other	_____

TOTAL MONTHLY DISCRETIONARY EXPENSES (D)

TOTAL - SURPLUS/(SHORTFALL) (C)-(D)

ASSETS DESCRIPTION	LOCATION	BEST ESTIMATE OF PRESENT VALUE
Cash on Hand /In Bank		
Household Furniture (Fully/Partially Pledged/Exempt)		
Retirement Savings Plans (RRSP)		
Loans Due to You /Accounts Receivable		
Cash Surrender Value of Insurance Policies		
Savings Plans /Bonds		
Clothing and Medical Aids		
Jewellery		
Stocks /Shares		
Estimated Tax Refund		
Collectibles (Stamps, etc.)		
House/Cottage/Land (Sole/Joint/Part Owner) (Fully/Partially Pledged)		
Mobile Home		
Automobile/Model Serial No. _____ (Fully/Partially Pledged/Exempt)		
Motorcycle/Model Serial No. _____		
Other Motorized Vehicle		
Boat /Trailer		
Any Other Assets/Tools of the Trade		

Have any of the above debts arisen from your guarantee or co-signing of debts for another individual or corporation?

Yes _____ No _____

If yes, please indicate:

Lender's Name	Lender's Address	Amount	Borrower's Name	Borrower's Address

Is borrower bankrupt?

Yes _____ No _____

GENERAL

1. Within the last twelve (12) months, have you sold, disposed of or transferred any of your assets, either in Canada or elsewhere? (eg. vehicles, RRSP's, stocks/bonds, furniture)

Yes _____ No _____

Description of Asset	Date Disposed	To Whom	Proceeds	Disposition of Proceeds

2. Within the last twelve (12) months, have you made payments in excess of regular payments to any creditor, either in Canada or elsewhere?

Yes _____ No _____

3. Within the last twelve (12) months, have you had any assets seized by a creditor, either in Canada or elsewhere?

Yes _____ No _____

If yes, provide details

Asset seized _____

Date seized _____

Name of party seized by _____

Was party who made seizure a secured creditor? Yes _____ No _____

Form of security? _____

4. Do you expect to receive any sums of money, or any other property within the next 12 months, which are not related to your normal income?

Yes _____ No _____

5. Within the last five (5) years, while you knew yourself to be insolvent, have you sold, disposed of, or transferred any real estate? Yes _____ No _____

Description of Asset	Date Disposed	To Whom	Proceeds	Disposition of Proceeds

6. Within the last five (5) years, while you knew yourself to be insolvent, have you made any gifts to relatives or others in excess of \$500.00? Yes _____ No _____

7. (a) Please list the banks that you are currently dealing with:

Bank	Address	City	Postal Code	Amount Currently In Account

(b) Do you have a safety deposit box? Yes _____ No _____

If so, which bank? _____

Please provide details of the contents: _____

8. Does anyone owe you any money? Provide details. Yes _____ No _____

(a) Personal loans _____

(b) Accounts receivable _____

(c) Agreement for sale _____

(d) Other _____

9. Do you currently own any of the following?

- (a) Collectibles (stamps, coins, art, antiques, etc.) Yes _____ No _____
 - (b) Savings bonds (owned presently or being purchased on a payroll savings plan). Yes _____ No _____
 - (c) R.R.S.P.'s Yes _____ No _____
 - (d) Shares (owned presently or being purchased on a payroll savings plan). Yes _____ No _____
- Please provide details
-
-

(e) Personal life insurance policies (please include a copy of your life insurance policy). Yes _____ No _____

	Policy No. 1	Policy No. 2
i) Life Insurance Company		
ii) Beneficiary		
iii) Cash Surrender Value		

10. Are you a beneficiary of a will or will you receive an inheritance? Yes _____ No _____

11. Has anyone started legal proceedings against you? If yes, give details. Yes _____ No _____

12. Do any of your debts arise from:

- A fine or penalty imposed by court Yes _____ No _____
- A recognizance or bail bond Yes _____ No _____
- Alimony or maintenance payments Yes _____ No _____
- Fraud, embezzlement, misappropriation Yes _____ No _____
- Defalcation while acting in a fiduciary capacity Yes _____ No _____
- Obtaining property by false pretences/ fraudulent misrepresentation Yes _____ No _____

13. For which year did you file your last income tax return? _____

- Did you receive a refund? Yes _____ No _____
- Are there arrears owing? Yes _____ No _____
- Is there a copy available? Yes _____ No _____

14. Are you paying/receiving any alimony or maintenance? Yes _____ No _____

If yes, to/from whom _____ Amount since January 1st \$ _____
 Please provide a copy of the Court Order or separation agreement.

**INVENTORY OF ASSETS
HOUSEHOLD FURNITURE
AND EFFECTS**

Name: _____

Address: _____

	QTY	YEAR PURCH.	CURRENT VALUE
<u>LIVING ROOM</u>			
Sofa			
Chair			
Lamp			
Table			
Stereo equip.			
Television			
Painting			
Piano			
VCR / DVD			
<u>RECREATION ROOM</u>			
Desk			
Chair			
Lamp			
Bookcase			
Computer			
<u>DINING ROOM</u>			
Table			
Chairs			
Cabinet			
China			
Silver			
<u>SPORTING GOODS/OUTDOORS</u>			
Barbecue			
Furniture			
Lawnmower			
Power Tools			
Bicycles			
Ski Equipment			
Cars			
Trucks			

	QTY	YEAR PURCH.	CURRENT VALUE
<u>KITCHEN</u>			
Table			
Chair			
Small Appl.			
Pots/Pans			
Dishes			
Microwave			
Freezer			
Fridge/Stove			
<u>BEDROOM #1</u>			
Bed			
Dresser			
Night Table			
Drapes			
<u>BEDROOM #2</u>			
Bed			
Dresser			
Night Table			
Drapes			
<u>ANY ASSETS NOT LISTED ABOVE</u>			
Washer/Dryer			
<u>PERSONAL</u>			
Clothing			
Jewellery			

BANKRUPTCY APPLICATION CHECKLIST

1. **Application** - complete all questions
2. **Vehicles** - copy of vehicle registration
3. **Agreements** - debentures, mortgages, separation, alimony, child support, leases, sales contracts, judgements, fines, wage assignments, court order.
4. **Credit Cards** - all must be turned over to the Trustee, including those with a nil balance
5. **Life Insurance** - copy of all policies - (cash surrender value not exempt)
6. **Stock/Bonds/Securities /RRSP's** - all pertinent documentation/statements
7. **Pay Stubs** - most current one available
- if you are/were on UIC please supply all stubs for current year, as well as the UIC office address where application was made
8. **Tax Information** - copy of last return filed
- if you have not filed up to date, please provide information for Trustee to file any previous years (T4's, receipts, etc.)
- re current year - a list of all employers with gross earnings and deductions made for tax, CPP, UIC, union dues and any maintenance/support payments and spousal earnings.