

G. SLOCOMBE & ASSOCIATES INC.

Personal Bankruptcy or Proposal Application Form

Note: This application form **must** be completed in detail. Please answer all questions to the best of your ability. If the answer is not applicable, please use "N/A". Complete only one application form per couple.

If applicable, you must bring the following to your initial consultation or enclose them with your application form:

1. Copy of your last personal income tax return filed.
2. Your last pay stub from your employer or the following information from *January 1 to the date of your appointment*.
 - Total gross income earned
 - CPP paid
 - Income tax paid
 - Employment Insurance paid
3. Copies of any security documents, such as mortgages, chattel mortgages, conditional sales contracts, lease contracts, financial statements of any businesses owned, etc.
4. Any document with regard to any legal actions that you are involved in such as writs, judgments, garnishees, wage assignments, marriage settlements, etc.
5. All credit cards.
6. Please ensure you sign and date the application on the last page.
7. List all furniture, etc., on page 9 of the form. Please provide approximate garage sale values or liquidation prices.
8. Take your vehicle(s) to a dealer in your area and request that they write Black Book or wholesale value on the back of their business card. We will also require copies of insurance documents relating to the vehicles and serial numbers from the dashboard of your vehicle(s).
9. If you own a house or a mobile home, a letter of opinion is required from a local Realtor as to fair market value, for a **quick sale**. Please provide us with insurance documentation on these assets as well.

If you have any questions regarding this application please call our office.

G. Slocombe & Associates Inc.

Nanaimo Head Office

Unit 13, 6421 Applecross
Road
Nanaimo, BC V9V 1N1
Tel: 250-390-5371
Fax: 250-390-5372

Victoria Location

612 Boleskine Road
Victoria, BC
Tel: 250-381-9404

Courtenay Location

951 Fitzgerald
Avenue
Courtenay, BC
Tel: 250-338-6880

Cranbrook location

801B Baker Street
Cranbrook, BC
Tel: 1-877-421-2288

Toll Free in BC: 1-877-421-2288

www.slocombe-trustee.com

A. PERSONAL DATA *(Please complete the sections which are applicable to you.)

Full Legal Name:		(First Name)	(Middle Name)	(Last Name)
Mailing Address:		Street Address:		
City:	Prov.	Postal Code:	Since(YYYY/MM/DD)	
Home Telephone #:		SIN#		
Cellular or Pager #:		E-mail address:		
Birth date: Year	Month	Day	Employer Tel #:	
Employer Name & Address:		Position:		
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorce <input type="checkbox"/> Widowed <input type="checkbox"/> Common-Law <input type="checkbox"/>				
Specify date of event if it occurred in the last five years: Year Month Day				
Spouse:	(First)	(Middle)	(Last)	SIN#:
Employer Name & Address:		Position:		
		Birth date:		

Dependants that reside with you:

Name	Relationship	Date of Birth

Have you ever been bankrupt or filed a proposal before? Yes No

If yes, provide details: Name of Trustee:	
Place and Date of Bankruptcy filed:	
Date of Absolute Discharge:	
Cause of Previous Bankruptcy:	

Have you, during the last five years, owned or had an interest in any businesses? Yes No

If Yes, Number of years in business

Maximum # of employees

Name:

Sole Proprietor: Corporation: Partnership:

Name(s) of partners:

Place of business: Type:

Location of books & records:

Present assets:

Date business ceased operation:

B. INCOME AND EXPENSES

<u>Income of Debtor</u>		<u>Income of Spouse</u>	
Net employment income		Net employment income – spouse	
Net CPP		Net CPP - spouse	
Net OAS		Net OAS - spouse	
Ministry of Social Services		Ministry of Social Services - spouse	
Net other pensions		Net other pensions - spouse	
Net EI benefits		Net EI benefits - spouse	
Child Tax benefit		Child Tax benefit - spouse	
Child support		Child support - spouse	
Spousal support		Spousal support - spouse	
Rental Income		Rental Income - spouse	
Total net monthly income (a)		Total net monthly income - spouse (b)	
(a + b) Total net household monthly income (c)			

Expenses

Child support payments		Prescriptions	
Spousal support payments		Dental	
Child care (daycare)		Food / Grocery	
Medical condition expenses		Laundry / Dry Cleaning	
Fines / Penalties imposed by the court		Grooming / Toiletries	
Expenses as a condition of employment		Clothing	
Rent / Mortgage		Car lease / Payments	
Property taxes / condo fees		Repair / Maintenance / Gas	
Heating / Gas / Oil		Public Transportation	
Telephone and Cellular			
Cable		Vehicle insurance	
Hydro		House insurance	
Water		Furniture / Contents insurance	
Smoking		Life Insurance	
Alcohol		Provincial Medical Insurance	
Dining / Lunches / Restaurants		Other – Home schooling costs	
Entertainment / Sports		Other – Vet, pet food	
Gifts / Charitable donations		Other <i>give details</i>	
Allowances		Other <i>give details</i>	
		Total Monthly Expenses (d)	
Monthly Surplus (Deficit) Income less Total Expenses (c - d)			

C. DEBTS - SECURED CREDITORS

(debts secured by mortgage, vehicles, property, household goods, etc.)

Have you borrowed money on, or pledged any of your assets for a loan or a mortgage, including leased assets? No: Yes: If yes, list below:

*For married or common-law applicants – please note which applicant owes the debt (**H** for husband, **W** for wife, **JT** for joint debt)

Name of creditor	Address	Amount of Loan	Type of Security	Present Value of Security

D. DEBTS

Common Creditors	Address	Account #	Amount
Income tax, GST, Source deductions (payroll)	Canada Customs and Revenue Agency Office located at: Victoria or Penticton	GST#: Payroll#: SIN#:	
Workers Compensation	6951 Westminster Hwy., Richmond, BC	#	
EI-Employment Insurance	550-1055 W. Georgia St., Vancouver, BC	SIN#	
Telus (arrears)	P.O. Box 2099, Vancouver, BC	Account #	
ICBC (arrears and points)	151 W. Esplanade St. N, Vancouver, V7M 3H9	DL#	
Canada Student Loan	140 Promenade Du Portage, Ottawa ON	SIN#:	
BC Student Loan	PO Box 9401 Stn Prov Gov't, Victoria V8W 9V1	SIN#:	

D. DEBTS - (continued)

Please list all debts, including the complete address with postal codes, the account numbers and the approximate balance.

*For married or common-law applicants - please note which applicant owes the debt (H for husband, W for wife, JT for joint debt)

Creditors Name	Address	Account #	Amount	*Debt holder

D. DEBTS - (continued)

Creditors Name	Address	Account #	Amount	*Debt holder

E. OTHER DEBTS

If you co-signed or guaranteed any debts for anyone complete the following:

Creditor Name and Address	Amount	Borrower's Name and Address

F. Have you any debts arising from the following:

	YES	NO
Fine or penalty imposed by the Court		
Recognisance of bail bond		
Alimony or maintenance \$ _____		
Fraud, Embezzlement, Misappropriation		
Defalcation while acting in a Fiduciary Capacity		
Obtaining property by false pretences or fraudulent misrepresentation		

G. PERTINENT INFORMATION

a) Have you sold or disposed any of your property in the past twelve (12) months (including RRSPs, household goods, and vehicles)?

Yes : No : If yes, dates sold: _____ Amounts rec'd _____

Items sold _____

What did you do with the funds? _____

b) Have you made payments in excess of regular payments to a creditor in the past twelve (12) months?

Yes : No : If yes, explain: _____

c) Have you had any assets seized by any creditor within the past twelve (12) months?

Yes : No : If yes, explain: _____

d) Within the past five (5) years, have you sold or transferred any real estate, investments or other property? Yes : No : If yes, date sold: _____ Amount rec'd _____

Items sold _____

What did you do with the funds? _____

e) Within the past five (5) years, have you ever given any gifts valued at \$500.00 or more?

Yes : No : If yes, explain: _____

Type of gift given: _____

*Next of kin or personal reference (not living with you) Name, address and telephone number: _____

H. ASSETS

Asset Description	Present Value	Exempt/Pledged
Cash on hand		
Household goods and effects (Amount from attached schedule A – next page) (\$4,000 personal exemption)		
Tools of the trade – used for business or to earn income (\$10,000 personal exemption)		
Jewellery & Personal Effects		
RRSP or Canada Savings Bonds Financial Institution:		
Accounts Receivable		
Life Insurance: Term or Whole: Cash Surrender Value Beneficiary:		
Property-Legal Description and Civic Address (Please provide a letter of opinion from Realtor) (\$9,000 of equity for personal exemption) House: Land:		
\$5,000 of equity in one vehicle for personal exemption or \$2,000 if you are a maintenance debtor Vehicle Year: Make/Model: VIN#: Registered Owner: Mileage: Condition:		
Vehicle Year: Make/Model: VIN#: Registered Owner: Mileage: Condition:		
Other assets:		
Income Tax Refund to come		

Please value the assets at liquidation cost. ie-if you sold the item through a garage sale.

Living room Sofa Chair(s) Lamp(s) Table(s) Stereo TV VCR/DVD CDs/DVDs Total		Kitchen Table & Chairs Pots/pans/dishes/appliances Microwave Freezer Fridge & Stove Air Conditioner Dishwasher Washer / Dryer Total	
Library/Study/Den Desk Chair(s) Lamp(s) Computer/Printer Total		Dining room Table & Chairs Silver Cabinet China Total	
Bedroom #1 (Master) Bed Dresser Night table Total		Bedroom #2 Bed Dresser & night table Other:computer Total	
Bedroom #3 Bed Dresser Night table Total		Other items: Antiques & Collections: Clothing & Personal effects: Other: Total	
Tools of Trade:			
Other:			

Total household goods

I. EMPLOYMENT RECORD

List all employers or indicate if you received Employment Insurance Benefits or Social Assistance in the past year.

Employer's Name	Address	Start	End

Spouse's Employers	Address	Start	End

J. MISCELLANEOUS

Were, or are you involved in civil litigation from which you may receive monies or property?

Yes No If yes, please explain

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

Yes No If yes, explain:

Have you signed a wage assignment?

Yes No If yes, explain:

Are there any writs/judgements outstanding against you at this time?

Yes No If yes, give details and provide a copy of all documents:

Do you have any outstanding post-dated cheques? Yes No

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

Bank(s) name, address, and account number:

Do you have any charge cards: Yes No (Note: All charge cards must be submitted to the trustee.)

K. INCOME TAX INFORMATION

Please list any income you have received from January 1st of the current year to the date of you completing this application form (Date: _____)

Employment income:

Gross income:		Disability:	
EI deducted:		Rental income:	
CPP deducted:		Support payments:	
Income tax deducted:		Self-employed income:	
Employment Insurance:		Other income: Specify:	
RRSP income :		WCB:	
Canada Pension Plan benefits:		Social Assistance:	

Did you use an RRSP for a down payment on a home that has not been repaid?

Yes or No

Have you redeemed an RRSP, GIC, Canada Savings Bond, or any other investments within the past year?

Yes or No

Do you have any medical expense? Are you insured by a private medical plan?

Yes or No

What is your marital status to be claimed on your income tax?

Please indicate the last year you filed an income tax return.

L. STUDENT LOAN INFORMATION

Course(s) taken:

Educational Institution:

Certificate or degree received:

Are you presently using your degree? Yes or No

****How long have you been out of school?:**

