



Crowe MacKay & Company Ltd.

DETAILED CONFIDENTIAL APPLICATION

The following documentation should be brought in at your appointment with the Trustee. This will ensure that all information relevant to your financial situation is considered by the Trustee in the assessment of your options.

1. Last personal income tax return filed and Notice of Assessment received.
2. All contracts/agreements; including but no limited to, separation, wage assignments, court issued fines or judgments, pawn shop slips, co-signed loans, accounts receivable, etc.
3. Any security documents, such as Mortgages, Chattel Mortgages, Sales Contracts, Lease Contracts, Financial Statements of any businesses owned, etc.
4. BC Assessment for any property owned.
5. All credit cards in your possession whether active or not.
6. Most recent pay stub.
7. Statements for all investments (Stock, RRSP, RESP, GIC, etc.)
8. Vehicle registration.
9. Photo ID.
10. Please ensure that you sign and date the application on the last page (Page 11) and return to the Trustee 24 hours prior to your scheduled appointment.
11. Initial filing fee of \$_____
12. Additional documents: _____
13. **Change bank account (if applicable)**

Head Office:

1100 – 1177 West Hastings Street
Vancouver, BC V6E 4T5

Telephone: (604) 697-5223
Facsimile: (604) 687-5617

Non-Resident Offices (Appointment Only):

Central Park Business Centre
#300 – 3665 Kingsway
Vancouver, BC V5R 5W2

Telephone: (604) 638-7211

200, 5455 – 152 Street
Surrey, BC V3S 5A5

Telephone: (604) 591-6181

For additional information about your
options visit our website at:

www.CroweMacKayCo.ca

Licensed Insolvency Trustees

Derek Lai
Jonathan McNair

Estate Administrators

Susan De Jong
Crystal Taylor



Crowe MacKay & Company Ltd.

Detailed Confidential Application Form

PERSONAL DATA

Surname: _____ S.I.N. _____

Given and Middle Names: _____ Birthdate: (D/M/Y) _____

Are you known by any other name(s): _____

Street Address: _____ Telephone: (Home) _____

Town/City: _____ Telephone: (Bus.) _____

Province: _____ Telephone: (Cell) _____

Postal Code _____ E-mail: _____

I have resided at the above address 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: Married _____

Widowed: _____

Common-law: _____

Separated: (as of _____)

Single: _____

Divorced: (as of _____)

Full name and address of spouse: _____

Birthdate of spouse (D/M/Y): _____

Spouse's occupation: _____

Spouse's S.I.N.: _____

Number of dependents who rely on you for financial support:

Name	Relationship	Birthdate	Address

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

Employer's Name	Employer's Address	Date of Job or E.I. Benefits	
		Commenced	Terminated

BUSINESS

Have you operated or owned a business in the last five (5) years? Yes _____ No _____

If Yes, please complete the appropriate area(s) below.

What percentage of your debts are business debts? _____%

SOLE PROPRIETORSHIP / SELF EMPLOYED

Name of Business (if applicable): _____

Type of Business: _____

Still operating as a sole proprietorship: Yes _____ No _____

- Business operated from _____ to _____

Do you have a GST number: Yes _____ No _____

- If yes, what is it: _____
- What was the last period / quarter you filed your GST for: _____

Do you have a Source Deductions account with Canada Revenue: Yes _____ No _____

- If yes, what is the number: _____

Note: It is your responsibility to file all GST, T4's, etc., with Canada Revenue Agency up to the date of Bankruptcy.

CORPORATION

Name of Business: _____

Address of Business: _____

Type of Business: _____

Business still operating: Yes _____ No _____

- Business operated from _____ to _____

What is the Business Identification Number (BIN) of the Business: _____

Where are the books and records of the Corporation: _____

Please provide a copy of the most recent Financial Statements.

PARTNERSHIP

Percentage for each Partner: Self: _____% Partner #1: _____% Partner #2: _____%

List names of Partners: _____

Name of Business (if applicable): _____

Type of Business: _____

Partnership still operating: Yes _____ No _____

- Partnership operated from _____ to _____

What is the Business Identification Number (BIN) of the Partnership: _____

Where are the books and records of the Partnership: _____

Note: You are hereby notified that under the Canada Corporation Act and the Company Act of British Columbia, you may not be a director of a limited company while an undischarged bankrupt. Therefore, you must resign your position by notifying the Registrar of Companies.

PREVIOUS INSOLVENCIES

Have you ever been Bankrupt before? Yes _____ No _____

If Yes, Give: Name of Trustee: _____

Date of Bankruptcy: _____

Place of Assignment: _____

Date of Discharge: _____

Cause of Previous Bankruptcy:

Have you ever filed a Proposal or made a Settlement Arrangement with any of your creditors? If yes, provide details. Yes _____ No _____

How were you referred to Crowe MacKay & Company Ltd.?

Yellow Pages _____ Radio _____ Lawyer _____

Internet _____ CCS of BC _____ BankruptcyCanada.com _____

Friend _____ Other, please specify _____

INCOME TAX INFORMATION

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

Did you receive a refund? Yes _____ No _____

Are there arrears owing? Yes _____ No _____

STUDENT LOANS

Have you had any debts arising from loans under the Canada Student Loan Program or similar Student Loan Programs? Yes _____ No _____

Did you receive a Degree or Certificate? Yes _____ No _____

If Yes, what type? _____

Attended school from _____ to _____
(Day/Month/Year) (Day/Month/Year)

Institution attended: _____

Level of education completed: _____

Last date received student funding: _____

Are you working in your field of study?: Yes _____ No _____

If No, please provide reasons: _____

EDUCATION

Highest level of education completed:

0 – 8 years _____ some high school _____ high school graduate _____ some post-secondary _____

post-secondary certificate/diploma _____ university degree _____

INCOME AND EXPENSES

MONTHLY INCOME

Your net income (take home pay)..... _____

Net income of spouse (if living together) _____

Social Assistance _____

Pensions _____

Child Tax Benefit _____

Alimony or Child Support _____

Employment Insurance _____

Rents received from tenants or boarders _____

Self-employment income: Gross _____ Net _____

Earnings from other sources _____

TOTAL MONTHLY INCOME _____

MONTHLY EXPENSES

Non-discretionary expenses

Child support payments Tax Deductible? Yes or No _____

Spousal support payments _____

Child care _____

Health-related expenses _____

Fines/penalties being paid _____

Employment-related expenses _____

Debts where stay has been lifted by Court _____

Discretionary expenses

Housing

Rent/mortgage _____

Property taxes..... _____

Utilities (gas, water, etc.)..... _____

Telephone/Cellular..... _____

Cablevision _____

Hydro..... _____

Personal

Cigarettes _____

Alcohol _____

Entertainment/sports/dining _____

Gifts/charitable donations..... _____

Allowances..... _____

Other..... _____

Health

Dental..... _____

Living Expenses

Food/grocery..... _____

Laundry/dry cleaning/grooming _____

Clothing..... _____

Other _____

Transportation

Car lease/loan payments..... _____

Repairs/maintenance/gas..... _____

Public transportation..... _____

Insurance expenses

Vehicle..... _____

House..... _____

Furniture/contents..... _____

Life Insurance..... _____

Payments

To secured creditor..... _____

Payment being made to Trustee _____

Other (specify: _____)..... _____

TOTAL MONTHLY EXPENSES _____

LIABILITIES

(PLEASE INDICATE IF THESE DEBTS BELONG TO, OR ARE CO-SIGNED BY ANYONE OTHER THAN YOURSELF)

SECURED CREDITORS

Have you borrowed money on, or pledged any of your assets?

Yes If yes, indicate below:

Name of Creditor	Address	Date of Securit	Type of Security	Amount of Loan	Present Value of Security

UNSECURED CREDITORS

List all debts.

Names of All Creditors	Addresses of Creditors including Street Number and Postal Code	Account Number	Amount Owning

*Use back of page if more room needed.

GENERAL

- (1) Within the last twelve (12) months, have you sold, disposed of or transferred any of your assets? Yes _____ No _____

(e.g. vehicles, RRSP's, stocks/bonds, furniture)

If Yes, please provide details: (e.g. What? When? How much? What was the money used for?)

- (2) Within the last twelve (12) months, have you made payments in excess of regular payments to any creditor? Yes _____ No _____

If Yes, please provide details: (e.g. To whom? How much?)

- (3) Within the last twelve (12) months, have you had any assets seized by a creditor? (including vehicles, house, etc.) Yes _____ No _____

If Yes, provide details:

Asset seized: _____

Date seized: _____

Who seized it: _____

- (4) Within the last five (5) years, have you sold, disposed of, or transferred any property? Yes _____ No _____

If Yes, please provide details: (e.g. What? When? How much? What was the money used for?)

- (5) Within the last five (5) years, have you made any gifts to relatives or others in excess of \$500.00? Yes _____ No _____

If Yes, please provide details: (e.g. To whom? Value of gift? When gifted?)

- (6) Do you expect to receive any sums of money, or any other property within the next twelve (12) months not related to your normal income? (e.g. inheritance) Yes _____ No _____

If Yes, please provide details:

- (7) Have any creditors commenced Court action against you for debts owed? Yes _____ No _____

If Yes, please provide details:

(8) Are there any writs, judgments, garnishments, wage assignments, or third-party demands outstanding against you? Yes _____ No _____
 If Yes, please provide details:

(9) Have you made or do you wish to make any arrangements to continue to pay any secured creditors during or after the bankruptcy? Yes _____ No _____
 If Yes, please provide details:

(10) Have you co-signed or guaranteed a loan or contract for any individual or business?
 Yes _____ No _____
 If Yes, please provide details:
 Lender's name and address: _____
 Borrower's name and address: _____
 Amount of loan: _____
 Is borrower bankrupt? Yes _____ No _____

(11) Has anyone co-signed or guaranteed a loan for you? Yes _____ No _____
 If Yes, please provide details:
 Lender's name and address: _____
 Co-signer's name and address: _____
 Amount of loan: _____
 Is co-signer bankrupt? Yes _____ No _____

(12) Are you in possession of or storing any personal property which does not belong to you? (e.g. household goods, motor vehicle, other property) Yes _____ No _____
 If Yes, please provide details:

(13) Do you have a safety deposit box? Yes _____ No _____
 If Yes, please provide details (e.g. location and contents):

(14) Have you been or are you presently involved in any civil litigation involving yourself, your spouse, or any business venture from which you may receive monies or property (e.g. insurance claim, divorce settlement, etc.) Yes _____ No _____
 If Yes, please provide details:

(15) Have you been party to any insurance or marital settlements? Yes _____ No _____

If Yes, please provide details:

(16) Have you obtained any new credit in the last three (3) months? Yes _____ No _____

If Yes, please provide details:

(17) Do any of your debts arise from:

A fine or penalty imposed by court? Yes _____ No _____

A recognizance of bail bond? Yes _____ No _____

Having assaulted someone? Yes _____ No _____

Alimony or maintenance payments? Yes _____ No _____

Fraud, embezzlement, misappropriation? Yes _____ No _____

Obtaining property by false pretences or fraudulent misrepresentation? Yes _____ No _____

Employment Insurance overpayments? Yes _____ No _____

Traffic fines? Yes _____ No _____

(18) Are you paying / receiving any alimony or child support? Yes _____ No _____

If Yes, please provide details and attach a copy of the Court Order or Separation Agreement.

Who are you paying or receiving money from? _____

Amount paid / received since January 1 of this year: _____

(19) Does anyone owe you any money? Provide details: Yes _____ No _____

A. Personal loans _____

B. Accounts receivable _____

C. Other _____

(20) Are you a member of a registered pension plan? Yes No Locked in? _____

If pension is locked in, please provide proof by way of a letter from your Employer.

Plan _____ Employer _____ Years of Contribution _____

(21) Do you have any credit cards? Yes _____ No _____

As indicated in Unsecured Debts Section

Credit Card	Account No.	Credit Card	Account No.

* Use back of the page if more room needed

ASSETS

TYPE	LOCATION	PRESENT VALUE
Cash on Hand		
Cash in Bank		
Household Goods \$4,000 personal exemption		
Cash Surrender Value of Life Insurance Policies Provider: _____ Beneficiary: _____ Type of Policy: _____		
Jewellery or Personal Effects		
Clothing		
Medical Aids		
Stocks, Credit Union Shares Employment Profit Shares Pension RRSP/Canada Savings Bonds Financial Institution: _____		
Property - Legal Description and Civic Address Please provide a copy of the property tax assessment for the current year \$12,000 of equity for personal exemption in GVRD or Capital Regional District; \$9,000 equity elsewhere in province of BC House: Land:		
Motor Vehicle – Indicate if Owned or Leased \$5,000 of equity in one vehicle for personal exemption or \$2,000 if you are a maintenance debtor Automobile (Year/Make/Model): _____ _____ Serial #: _____ Condition: _____ Owner: _____ Automobile (Year/Make/Model): _____ _____ Serial #: _____ Condition: _____ Owner: _____		
Tools of the Trade Please provide list \$10,000 personal exemption		
Other: Boat, Trailer, Snowmobile, Motorcycle, Bicycles, Recreational Equipment, etc.		

CAUSE OF INSOLVENCY

Please describe briefly reasons for your financial difficulties:

DECLARATION

I hereby certify that the information contained in the application form and in documents attached thereto are true, correct and complete in every respect and fully disclose the state of my assets and liabilities and **SPECIFICALLY THAT I HAVE NO INTEREST IN REAL ESTATE OR IN A MOBILE HOME OTHER THAN THAT STATED ON PAGE 10.** I understand that I will be expected to cooperate with the Trustee in dealing with my affairs, and that I will also be expected to pay a reasonable fee to the Trustee, based on my ability to pay.

Signature of Applicant

Date

Signature of Witness