

# Insolvency Application

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**Please answer to the best of your knowledge. If you have any questions, please call us. When you have filled out the information call us to arrange a confidential complimentary interview.**

## PERSONAL DATA

Surname: \_\_\_\_\_ S.I.N. \_\_\_\_\_  
 Given Names: \_\_\_\_\_ Birth date: (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: \_\_\_\_\_ Telephone: (Cell.) \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

I have resided at the above address since: \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_  
 I have resided in Ontario 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? \_\_\_\_\_

Highest Level of Education Achieved:  
 0-8 Years  Some High School  High School Grad  Some Post Secondary   
 Post Secondary Cert/Diploma  University Degree

Marital Status (Specify month/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: \_\_\_\_\_  
 Spouse Occupation: \_\_\_\_\_  
 Spouse Employer: \_\_\_\_\_  
 Full name and address of spouse-or common-law partner: \_\_\_\_\_  
 Birth date of spouse: \_\_\_\_\_ Spouse's S.I.N.: \_\_\_\_\_  
 Number of dependents that rely on you for financial support: \_\_\_\_\_

Name	Relationship	Birth date	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			
Number of Employees (past 12 months)			

Names of partners?

Place of business (city)?

Do you have a GST number? #

If yes, are there any returns outstanding?

What year?

Nature of business:

Payroll Remittance #

Yes  No

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

If yes, give details.

Yes  No

**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	_____
		<b>TOTAL MONTHLY INCOME (A)</b>	_____

**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	_____
<b>TOTAL MONTHLY NON-DISCRETIONARY EXPENSES (B)</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		To Trustee	_____
Medical Expenses		To secured creditor	_____
Prescriptions	_____	<i>(Other than mortgage and vehicle)</i>	_____
Dental	_____	Other	_____
Other	_____		

**TOTAL MONTHLY DISCRETIONARY EXPENSES (D)**

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

\_\_\_\_\_

<b>ASSETS DESCRIPTION</b>	<b>LOCATION</b>	<b>BEST ESTIMATE OF PRESENT VALUE</b>
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? (e.g. 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?  
If yes, provide details

Yes  No

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 1<sup>st</sup> \$  
 Please provide a copy of the Court Order or separation agreement.

15. Please describe briefly, the circumstances, which caused your financial difficulties.

REFERRED BY:

***I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND ATTACHED INVENTORY SHEET IS A TRUE, CORRECT AND COMPLETE STATEMENT THAT FULLY DISCLOSES THE STATE OF MY ASSETS AND LIABILITIES.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Application.doc