

Quebec



# Bankruptcy Site

**CONFIDENTIAL DETAILED APPLICATION (Downloaded from the Internet)**

## CONFIDENTIAL DETAILED APPLICATION

*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 and Middle Names: _____	Birthdate: (Y/M/D) _____
Are you known by any other name(s): _____	Please Circle One <b>Mr. / Ms. / Mrs. / Miss</b>
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 Quebec 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: \_\_\_\_\_ 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 _____	_____
		<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 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
- 
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- (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 \_\_\_\_\_

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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			
<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.
9. Initial Payment to Bankruptcy Estate (to cover filing fees, mailings, etc.)  
\$\_\_\_\_\_ (by cash, certified cheque or money order only)
10. Postdated cheques - \_\_\_\_\_