



**Office use only:**

Bankruptcy:  Summary  Ordinary  
 Proposal:  Consumer  Division I  
 Calgary:  DT  MM  SR  South  
 Edmonton:  DT  NG  South  West  
 Garnishee letter needed  
 Urgent asset follow-up: \_\_\_\_\_

**Papers to be signed:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Information Form**

Full Legal Name: \_\_\_\_\_

Do creditors know you by any other name? If yes, \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ ext# \_\_\_\_\_ (cell) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ City Province Postal Code

You have resided at this address since: \_\_\_\_/\_\_\_\_/\_\_\_\_ Day/Month/ Year  
 What is the best way to contact you between 8 AM & 5PM?  
 Email  Cell phone  Work phone  Home phone

**Employment Information**

Employed Full-time  Employed Part-time  Not Employed  Self-employed  Retired

Name of Employer: \_\_\_\_\_ Regular Occupation: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Your work email address: \_\_\_\_\_ Employed/Unemployed since: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Day / Month / Year

**Gender**  Male  Female

**Spousal/Partner Information, if applicable**

Full Legal Name: \_\_\_\_\_

Address (if different from applicant): \_\_\_\_\_

Employed Full-time  Employed Part-time  Not Employed  Self-employed  Retired

Regular occupation: \_\_\_\_\_ Employer name: \_\_\_\_\_

Work phone #: \_\_\_\_\_ (cell) \_\_\_\_\_ Employed/Unemployed since: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Day / Month / Year

**Previous Bankruptcy or Proposal**

Have you been bankrupt before?  Yes  No

Have you filed a proposal before?  Yes  No

If yes for either above, what was the reason for previous filing: \_\_\_\_\_

**Referral Source - Please tell us how you heard of Grant Thornton Alger Inc.?**

YP, specify below

- Which ad: \_\_\_\_\_
- Why ours: \_\_\_\_\_

Money Mentors / Counsellors

- Name: \_\_\_\_\_

Internet

- Bankruptcy Office: \_\_\_\_\_
- www.GT.Alger.ca: \_\_\_\_\_

Shaw Cable / Channel 2

Lawyer

- Name: \_\_\_\_\_

Friend / Previous Bankrupt

Accountant / Trustee

- Name: \_\_\_\_\_

Other (please specify)

- OSB \_\_\_\_\_
- Staff \_\_\_\_\_
- Garbage Can/ Bus Bench  
Where? \_\_\_\_\_
- CRA \_\_\_\_\_
- \_\_\_\_\_
- Why Grant Thornton Alger \_\_\_\_\_



## Monthly Income and Expenses

<b>Income</b>	<b>Monthly</b>	<b>Non-Discretionary Expenses</b>	<b>Monthly</b>
Net employment income		Child support payments	
Net employment income of spouse		Spousal support payments	
Net pensions/annuities		Child care	
Net child/spousal support		Medical condition expenses	
Net child tax /universal child care benefits		Fines/penalties existing at date of bankruptcy	
Net EI benefits/ social assistance		Interest on student loans	
Net self-employment income			
Other income – describe *			
Total monthly income		Total monthly non-discretionary expenses	

<b>Discretionary Expenses</b>	<b>Monthly</b>		<b>Monthly</b>
<b>Housing Expenses</b>		<b>Living Expenses</b>	
Rent/Mortgage(s)		Food/Grocery	
Property taxes/Condo fees		Laundry/Dry Cleaning	
Heating/Gas/Oil		Grooming/Toiletries	
Telephone/Cell		Clothing	
Cable/Internet		Bank Charges/Newspaper	
Other Utilities		Other –	
Home Maintenance		<b>Transportation Expenses</b>	
Other –		Car Lease/Payments	
		Repair/Maintenance/Gas	
<b>Personal Expenses</b>		Public Transportation	
Smoking		Other –	
Alcohol		<b>Insurance Expenses</b>	
Lunches/Beverages/Snacks		Vehicle	
Entertainment/Sports		House	
Gifts/Charitable Donations		Furniture/Contents	
Allowances		Life Insurance	
Education		Other –	
Other –		<b>Payments</b>	
<b>Non-recoverable Medical Expenses</b>		To the Trustee	
Prescriptions		To secured creditor	
Dental/Optical		Other –	
Blue Cross			
Other –			
		Total Monthly Discretionary Expenses	

If you are unemployed, or your expenses exceed your income, how are your living expenses being covered?

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\* Such as amounts received as damages for wrongful dismissal, as pay equity settlements or that relate to workers' compensation

**Assets (What you own?)**

	Value	Exempt (Trustee use)
• Cash on hand?	\$ _____	_____
• Are you maintaining any bank accounts at present? Where? _____ Are any of your accounts joint? If so, with whom _____	\$ _____ \$ _____	_____ _____
• Resale value Household furnishings and appliances? – Please complete list below	\$ _____	_____
• Clothing and personal effects (garage sale or second-hand store value only)?	\$ _____	_____
• Does anyone owe you money? _____	\$ _____	_____
• Life insurance policies _____	\$ _____	_____
• Investments (RRSP, Employee Profit Sharing Plan, GIC, Mutual funds, Stocks and Shares and Canada Savings Bonds) Describe _____	\$ _____ \$ _____	_____ _____
• Registered Education Savings Plan (RESP) _____	\$ _____	_____
• Co-op Membership Number _____	\$ _____	_____
• Real estate – record address _____	\$ _____	_____
• Vehicles/Recreational(including cars, trucks, boats, campers, trailers, snow machines, etc) Make & Model: _____ Year: _____ Serial Number: _____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
• Personal property used to earn income (tools of trade) Describe _____	\$ _____	_____
• Other assets (including any asset you may have paid over \$1,000.00 for or insure separately under your insurance policy) Describe _____	\$ _____ \$ _____	_____ _____

**Furniture/Appliances**

*(Please check items you presently have in your possession. Estimated value is calculated as if sold at an auction or garage sale today)*

#	Item	Value	#	Item	Value	#	Item	Value
	Stove/Oven			Desk/chairs			Sculptures	
	Fridge			Cedar Chest			Antiques	
	Dishwasher			Dining Room suite			Paintings	
	Microwave			China Cabinet/Hutch			China/Crystal	
	Kitchen set			Area Rug			Silver/Silverware	
	Sofa/Loveseat			Freezer			Pool Table	
	Armchair			Washer			Shop Tools	
	Recliner			Dryer			Air Conditioner	
	Coffee/End Table			Piano/Organ			BBQ	
	Entertainment Ctr.			Other musical instrum.			Snow Blower	
	Vacuum			DVD/VCR			Lawn Mower	
	Book Case			Stereo/Speaker			Patio Furniture	
	Bed			Other electronics			Hot Tub/Pool	
	Dresser/Highboy			Television			Bicycle	
	Night Table			Computer			Exercise equipment	
	Bedroom suite			Printer/Scanner/Fax			Other	
	Sewing machine			Jewellery				

Total Estimated Resale Value: \$ \_\_\_\_\_

## Information Form – Part 2

### Within the last 12 months, have you, either in Canada or elsewhere

Sold, disposed of or transferred any of your assets/property or de-registered any RRSPs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
	Description:
	Amount Received and funds used for:
	To Whom:
Made payments in excess of regular payments to a creditor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
	Amount Paid:
	Date:
	Amount Paid:
Had assets/property seized by any creditor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
	Description of asset seized:
	Who seized:
Given any asset/property as security to any creditor <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
	Asset:

### Within the last 5 years, have you, either in Canada or elsewhere:

Sold, disposed of or transferred any property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
	Description:
	Amount received and funds used for:
Made gifts to relatives or others in excess of \$500? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: <span style="float: right;">What:</span>
	To Whom:

### Within the last 3 months, have you:

Borrowed money, purchased anything on credit or taken any cash advances? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: <span style="float: right;">Amount:</span>
	Credit Card(s):

- Highest level of education completed:  0-8 years  some high school  high school graduate  some post-secondary  post-secondary certificate or diploma  university degree  Refuses to answer or doesn't know
- 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, give details: \_\_\_\_\_
- Are you anticipating receiving any other income such as amounts received as damages for wrongful dismissal, as pay equity settlements or that relate to workers' compensation?  Yes  No  
If yes, give details: \_\_\_\_\_
- Are you considering making arrangements to continue to pay any creditors while in bankruptcy?  Yes  No  
If yes, give details: \_\_\_\_\_
- Do you have a safety deposit box or store any of your belonging in anyone else's safety deposit box?  Yes  No  
If yes, give details: \_\_\_\_\_
- Are you making alimony and/or maintenance payments?  Yes  No  
To whom: \_\_\_\_\_ S.I.N.: \_\_\_\_\_  
What is your monthly payment? \_\_\_\_\_  
Do you have an agreement or Court Order?  Yes  No (If yes, please bring it with you.)  
Are you in arrears?  Yes  No Can you claim for tax purposes?  Yes  No

- Have you debts arising from:
  - Assault?  Yes  No
  - Fine or penalty imposed by Court?  Yes  No
  - Fraud?  Yes  No
  - Misappropriation?  Yes  No
  - Embezzlement?  Yes  No
  - Obtaining property by false pretence or fraudulent misrepresentation?  Yes  No
  - Student loan?  Yes  No
  - Student Loan Information (complete if there are Student Loans outstanding)
    - When last attended? \_\_\_\_\_
    - Institution attended? \_\_\_\_\_
    - Nature of program? \_\_\_\_\_
    - Program completed?  Yes  No
    - Working in field?  Yes  No If no, please give reasons: \_\_\_\_\_

- Are you suing anyone from whom you may receive monies or property?  Yes  No  
If yes, give details: \_\_\_\_\_
- Have you received an inheritance in the last year or are you expecting to receive an inheritance shortly?  Yes  No  
If yes, give details: \_\_\_\_\_
- Do you have any credit cards other than those previously listed?  Yes  No  
If yes, give details: \_\_\_\_\_
- Have you given a creditor permission to take deductions from your paycheque?  Yes  No  
If yes, give details: \_\_\_\_\_
- Has any creditor commenced Court Action against you?  Yes  No  
If yes, give details: \_\_\_\_\_
- Are you currently being garnisheed?  Yes  No

Garnishees on Bank Account and Wages (bring any documents received)

Garnishing creditor and address	Employer/Bank and address	Fax number / email address
1.	1.	1.
2.	2.	2.

- Contact Person (family member or friend): \_\_\_\_\_  
(Name & phone number)
- What are the causes of your financial difficulties?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- When did you first realize you were having financial difficulty?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Business #1**

Have you owned or had an interest in a business or have you been self-employed in the last 5 years?  Yes  No

Name of business: \_\_\_\_\_

Type of operation: \_\_\_\_\_

Location of operation: \_\_\_\_\_

Percentage of ownership: \_\_\_\_\_

Type of business:  Corporation  Partnership  Sole proprietorship

Were any of your debts incurred in the conduct of a business?  Yes  No

When did the business commence operation? \_\_\_\_\_

If not operating, when did the business cease to operate? \_\_\_\_\_

Do you have a GST number? If yes, please record it: \_\_\_\_\_

When was the last GST return filed? \_\_\_\_\_

Are there source deductions outstanding? \_\_\_\_\_

During the past 12 months, what was the maximum number of employees that you employed? \_\_\_\_\_

**Business #2**

Have you owned or had an interest in a business or have you been self-employed in the last 5 years?  Yes  No

Name of business: \_\_\_\_\_

Type of operation: \_\_\_\_\_

Location of operation: \_\_\_\_\_

Percentage of ownership: \_\_\_\_\_

Type of business:  Corporation  Partnership  Sole proprietorship

Were any of your debts incurred in the conduct of a business?  Yes  No

When did the business commence operation? \_\_\_\_\_

If not operating, when did the business cease to operate? \_\_\_\_\_

Do you have a GST number? If yes, please record it: \_\_\_\_\_

When was the last GST return filed? \_\_\_\_\_

Are there source deductions outstanding? \_\_\_\_\_

During the past 12 months, what was the maximum number of employees that you employed? \_\_\_\_\_

I hereby certify that the information contained in the information form is true, correct and complete in every respect and fully discloses the state of my assets and liabilities to the best of my knowledge.

Note: Signing this form does not mean that you have committed yourself to filing an assignment in bankruptcy or a proposal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Tax Information**

Date of bankruptcy: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day /Month/ Year

Name: \_\_\_\_\_ SIN: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day /Month/ Year

Spouse/Partner Name: \_\_\_\_\_ SIN: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day /Month/ Year

Current Marital Status:  Married  Widowed  Divorced  Single  Common-law  Separated

Has your marital status changed in the last five years?  Yes  No If so, when: \_\_\_\_\_

Estimated Spouse/Partner net income for the year: \$ \_\_\_\_\_ Claim Equivalent to Married:  Yes  No

**Dependants who live with you**

Full Name	Relationship	Birth date			Age	Yearly Income, if any
		Date	Month	Year		

**For which year was your last tax return filed?** 20 \_\_\_\_ (Bring a copy of this tax return and/or Notice of Assessment.)

Scanned:  Yes  No

**Income History**

List all sources of income from January 1 of previous year to the date of this application.

Source (employer's name or EI, Social Assistance, RRSP's cashed in, etc.)	Period	
	Started	Ended
Self		
Spouse/Partner		