



Office use only:
 Bankruptcy: Summary Ordinary
 Proposal: Consumer Division I
 Calgary: DT NL SR South
 Edmonton: CP NG South
 Papers to be signed:

Date: _____ Time: _____

Debtor Information Form

Debtor Information (D)

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

Contact Person (family member or friend): _____
 (Name & phone number)

Employment Information

Employed Not Employed Self-employed Retired

Name of Employer: _____ Regular Occupation: _____

Address of Employer _____

Your work email address: _____ Employed/Unemployed since: ____/____/____
 Day / Month / Year

Spousal/Partner Information (P)

Full Legal Name: _____

Address (if different from applicant): _____

Occupation: _____ Employed since: ____/____/____
 Day / Month / Year

Employer's Name: _____ Employer's Address: _____

Your work e-mail address _____ Employer's Telephone: _____ ext _____

Previous Bankruptcy or Proposal

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

If yes for either: Under what name did you file (if different): _____

Reason for previous filing: _____

Name of Trustee: _____

City Filed: _____ Date of Filing: ____/____/____ Date of Discharge: ____/____/____
 Day / Month / Year Day / Month / Year

Assets (What you own?)	Value	Exempt (Trustee use only)
• 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? _____	\$ _____	_____
• Clothing (garage sale of 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 Property (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 Describe _____	\$ _____	_____
_____	\$ _____	_____

Details of household furnishings:

<input type="checkbox"/> Jewellery	\$ _____	<input type="checkbox"/> Computer	\$ _____	<input type="checkbox"/> Bicycle	\$ _____
<input type="checkbox"/> Pool table	\$ _____	<input type="checkbox"/> Golf Club	\$ _____	<input type="checkbox"/> Organ/Piano	\$ _____
<input type="checkbox"/> Collections	\$ _____	<input type="checkbox"/> Antiques	\$ _____	<input type="checkbox"/> Sculptures	\$ _____
<input type="checkbox"/> Original art	\$ _____	<input type="checkbox"/> Large screen TV	\$ _____	<input type="checkbox"/> Camping/Sports Equipment	\$ _____
<input type="checkbox"/> Other musical instruments	\$ _____	<input type="checkbox"/> Digital/Video Camera	\$ _____		

Monthly Income and Expenses

Income	Monthly	Non-Discretionary Expenses	Monthly
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		Other expenses –	
Net self-employment income			
Other income – describe			
Total monthly income		Total monthly non-discretionary expenses	

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

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

Within the last 5 years, have you, while you knew yourself to be insolvent, either in Canada or elsewhere:

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

Within the last 3 months, have you:

Returned goods to creditors that were purchased on credit? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	Amount
	Description:	
Borrowed money, purchased anything on credit or taken any cash advances? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	Amount:
	Credit Card(s):	

- 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 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? 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.

- What are the causes of your financial difficulties?

- When did you first realize you were having financial difficulty?

Business

Have you owned or had an interest in a business 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? _____

Referral Source

Please tell us how you heard of Alger & Associates Inc.?

YP, specify below

- Which ad: _____
- Why ours: _____

CCSA / Counsellors

- Name: _____

Internet

- Bankruptcy Office: _____
- Alger.ca: _____

Shaw Cable / Channel 2

Lawyer

- Name: _____

Accountant / Trustee

- Name: _____

Friend / Previous Bankrupt

Other (please specify)

- OSB _____
- Staff _____
- Garbage Can/ Bus Bench
Where? _____
- CRA _____
- Why Alger?

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

Gender: Male Female

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		

Tax Returns Last year filed: 20____ (Bring a copy of this tax return and/or Notice of Assessment.)

Scanned: Yes No Copy in file: 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, RRSPs cashed in, etc.)	Period	
	Started	Ended
Self		
Spouse/Partner		

Deductions	Prior Year - 20____	Pre-bankruptcy	Post-bankruptcy
Child care expenses:			
Employment expenses:			
Medical expenses:			
Donations:			
Union dues:			
RRSP contributions:			
Other:			
▪			
▪			
▪			