



**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**

<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		Other expenses –	
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/Internet		Clothing	
Cable/Internet		Bank Charges/Newspaper	
Hydro		Other –	
Water		<b>Transportation Expenses</b>	
Home Maintenance		Car Lease/Payments	
Other –		Repair/Maintenance/Gas	
<b>Personal Expenses</b>		Public Transportation	
Smoking		Other –	
Alcohol		<b>Insurance Expenses</b>	
Dining/Lunches/Restaurants		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 estate	
Prescriptions		To secured creditor	
Dental/Optical		Other –	
Alberta Health Care/Blue Cross			
Other –			
		Total Monthly Discretionary Expenses	



- 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:			
▪			
▪			
▪			