



OFFICE USE ONLY								
Bky:	Sum	_____	Ord	_____	DT	_____	North	_____
Prop:	Con	_____	Div 1	_____	South	_____	East	_____
Papers to be Signed:								
Date	_____				Time	_____		

INFORMATION FORM

PERSONAL DATA

Surname: _____ All Given Names: _____

Do creditors know you by any other name? If yes: _____

Social Insurance No.: _____ Birth date: _____ / _____ / _____
 (year) (month) (day)

Telephone: (home) _____ (work) _____

Address: _____

_____ (City) _____ (Province) _____ (Postal Code)

You have resided at this address since: _____ / _____ / _____
 (year) (month) (day)

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

Has your marital status changed in the last 5 years? Yes _____ No _____ How and When? _____

Contact Address (family member or friend): _____

EMPLOYMENT INFORMATION

Employed: _____ Not Employed: _____ Self-employed: _____

Name of Employer: _____ Regular Occupation: _____

Address of Employer: _____ Employed/Unemployed since: _____ / _____ / _____
 (year) (month) (day)

SPOUSAL AND COMMON-LAW PARTNER INFORMATION

Spouse's Surname: _____ All Given Names: _____

Spouse's Address (if different from yours): _____

Spouse's Social Insurance No.: _____ Spouse's Birth date: _____ / _____ / _____
 (year) (month) (day)

Spouse's Occupation: _____ Employed since: _____ / _____ / _____
 (year) (month) (day)

Spouse's Employer's Name: _____ Work Telephone No.: _____

DEPENDANTS WHO REPLY ON YOU FOR SUPPORT

Full Name	Relationship	Birth Date			Age	Yearly Income
		(yy)	(mm)	(dd)		

PREVIOUS BANKRUPTCY OR PROPOSAL

Have you been bankrupt before? Yes _____ No _____ Have you filed a proposal before? Yes _____ No _____ If yes:

Reason for previous bankruptcy? _____

Name of Trustee: _____ Place Filed: _____

Date of Filing: _____ / _____ / _____ Date of Discharge: _____ / _____ / _____
 (year) (month) (day) (year) (month) (day)

DEBTS – List all debts

MORTGAGES and OTHER SECURED LOANS

SECURITY

ACCOUNT NUMBER

AMOUNT

J _____
Name
H _____
Address
W _____
City Postal Code

Vehicle _____
Furniture _____
House _____
Co-signer _____

J _____
Name
H _____
Address
W _____
City Postal Code

Vehicle _____
Furniture _____
House _____
Co-signer _____

J _____
Name
H _____
Address
W _____
City Postal Code

Vehicle _____
Furniture _____
House _____
Co-signer _____

CREDIT CARDS AND OTHER DEBTS (Bank overdrafts, income tax debts, friends/family, utilities, maintenance or alimony, student loans, Alberta Health Care, NSF cheques, etc.)

ACCOUNT NUMBER

AMOUNT

J _____
Name
H _____
Address
W _____
City Postal Code

J _____
Name
H _____
Address
W _____
City Postal Code

J _____
Name
H _____
Address
W _____
City Postal Code

J _____
Name
H _____
Address
W _____
City Postal Code

J _____
Name
H _____
Address
W _____
City Postal Code

* J - Joint , * H - Husband, * W- Wife

DEBTS (continued)

CREDIT CARDS AND OTHER DEBTS (continued)

	ACCOUNT NUMBER	AMOUNT
J <input type="checkbox"/> _____ Name		
H <input type="checkbox"/> _____ Address		
W <input type="checkbox"/> _____ City Postal Code		
<hr style="border-top: 1px dashed black;"/>		
J <input type="checkbox"/> _____ Name		
H <input type="checkbox"/> _____ Address		
W <input type="checkbox"/> _____ City Postal Code		
<hr style="border-top: 1px dashed black;"/>		
J <input type="checkbox"/> _____ Name		
H <input type="checkbox"/> _____ Address		
W <input type="checkbox"/> _____ City Postal Code		
<hr style="border-top: 1px dashed black;"/>		
J <input type="checkbox"/> _____ Name		
H <input type="checkbox"/> _____ Address		
W <input type="checkbox"/> _____ City Postal Code		
<hr style="border-top: 1px dashed black;"/>		
J <input type="checkbox"/> _____ Name		
H <input type="checkbox"/> _____ Address		
W <input type="checkbox"/> _____ City Postal Code		
<hr style="border-top: 1px dashed black;"/>		
J <input type="checkbox"/> _____ Name		
H <input type="checkbox"/> _____ Address		
W <input type="checkbox"/> _____ City Postal Code		
<hr style="border-top: 1px dashed black;"/>		
J <input type="checkbox"/> _____ Name		
H <input type="checkbox"/> _____ Address		
W <input type="checkbox"/> _____ City Postal Code		

CO-SIGNER OR GUARANTEES

Have you co-signed or guaranteed a debt for anyone? Yes ___ No

If yes, please indicate the type of debts co-signed or guaranteed:

Business ___ Personal ___ Both

Lender's Name and Address	Amount of Loan	Borrower's Name and Address	Is Party Bankrupt?	Business or Personal	Type of Business

1. Within the last 12 months, have you
 - a) Sold, disposed of or transferred any of your assets/property or de-registered any R.R.S.P.s? Yes ___ No
If yes, give details: _____
 - b) Made payments in excess of regular payments to a creditor? Yes ___ No
If yes, give details: _____
 - c) Had assets/property seized by any creditor? Yes ___ No
If yes, give details: _____
 - d) Given security to any creditor? Yes ___ No
If yes, give details: _____

2. Within the last 5 years, while you knew yourself to be insolvent, have you?
 - a) Sold, disposed of or transferred any property? Yes ___ No
If yes, give details: _____
 - b) Made gifts to relatives or others in excess of \$500? Yes ___ No
If yes, give details: _____

3. Within the last 3 months, have you
 - a) Returned goods to creditors that were purchased on credit? Yes ___ No
If yes, give details: _____
 - b) Borrowed money or purchased anything on credit? Yes ___ No
If yes, give details: _____

4. 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: _____

5. Are you considering making arrangements to continue to pay any creditors while in bankruptcy? Yes ___ No
If yes, give details: _____

6. Are you making alimony and/or maintenance payments? Yes ___ No
To whom: _____ S.I.N. _____
Do you have an agreement or Court Order? Yes ___ No ___ (If yes, please bring it with you.)
What is your monthly payment? _____ Are you in arrears? _____

7. Have you debts arising from:

Student Loans? Yes ___ No ___	Assault? Yes ___ No ___
Fine or penalty imposed by Court? Yes ___ No ___	Fraud? Yes ___ No ___
Embezzlement? Yes ___ No ___	Misappropriation? Yes ___ No ___
Obtaining property by false pretence or fraudulent misrepresentation? Yes ___ No ___	

If yes, give details: _____

8. Have you given a creditor permission to take deductions from your paycheque? Yes ___ No
If yes, give details: _____

9. Has any creditor commenced Court action against you? Yes ___ No
If yes, give details: _____

10. Do you have any credit cards other than those previously listed? Yes ___ No ___
If yes, give details: _____

11. Do you have a safety deposit box? Yes ___ No ___

If yes, give details; _____

12. When did you first realize you were having financial difficulties? _____

BUSINESS

Have you owned or had an interest in a business in the last 5 years? Yes ___ No

Name of business: _____

Where: _____

Type of business: Corporation ___ Partnership ___ Sole proprietorship ___

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

ASSETS

HOUSEHOLD FURNISHINGS AND APPLIANCES: State the number of each items in your possession and indicated the estimated value calculated at **auction or garage sale price.**

#	Estimated Value in \$	#	Estimated Value in \$	#	Estimated Value in \$
___ Stove	_____	___ Desk	_____	___ VCR	_____
___ Refrigerator	_____	___ Freezer	_____	___ Video Camera	_____
___ Dishwasher	_____	___ Washer	_____	___ Other cameras	_____
___ Microwave	_____	___ Dryer	_____	___ Stereo	_____
___ Tables/chairs	_____	___ Lamps	_____	___ TV	_____
___ Lazy-boy	_____	___ Dining room set	_____	___ Paintings	_____
___ Living room set	_____	___ Hutch	_____	___ Silverware	_____
___ Carpets	_____	___ Book case(s)	_____	___ China/Crystal	_____
___ Coffee tables	_____	___ Patio furniture	_____	___ Games over \$100	_____
___ Sewing machine	_____	___ Lawn mower	_____	___ Pool table	_____
___ Bed(s)	_____	___ Household Tools	_____	_____	_____
___ Night tables	_____	___ Piano Organ	_____	_____	_____
___ Dresser(s)	_____	___ Musical Instruments	_____	_____	_____

Location of above assets: _____

TOTAL ESTIMATED VALUE \$_____

OTHER ITEMS

___ Golf clubs	_____	___ Jewellery	_____	_____	_____
___ Bicycles	_____	___ Sculptures	_____	_____	_____
___ Other sporting equip.	_____	___ Antiques	_____	_____	_____
___ Computer	_____	___ Collections	_____	_____	_____
___ Camping equip.	_____				

Location of above assets: _____

TOTAL ESTIMATED VALUE \$_____

Jointly owned with spouse Yes No

ASSETS

	<u>Location</u>	<u>Exempt</u>	<u>Value</u>
▪ Cash on hand			\$ _____
▪ Are you maintaining any bank accounts at present?	Yes ___ No ___		
If so, specify location, type of account and account number.			
_____	_____	_____	_____
_____	_____	_____	_____
▪ Clothing (garage sale or second-hand store value)	_____	_____	_____
▪ Household furnishing and appliances (from page 6)	_____	_____	_____
▪ Does anyone owe you money?	_____	_____	_____
▪ Life insurance policies			
Name of insurance company _____			
Policy number _____			
▪ R.R.S.P., Employee Profit Sharing Plan, GIC, Mutual Funds			
Name of bank/insurance company _____			
Account number _____			
▪ Registered Education Savings Plan (R.E.S.P.)	_____	_____	_____
▪ Calgary Co-op Membership #:	_____	_____	_____
▪ Stocks and shares (including your own company and co-operatives)	_____	_____	_____
▪ Canada Savings Bonds (including payroll deduction)	_____	_____	_____
▪ Estimated tax refund – Year _____	_____	_____	_____
▪ Property: House	_____	_____	_____
Other	_____	_____	_____
How did you determine the value of the property? _____			
▪ Motorized and Recreational Vehicles (including cars, trucks, boats, campers, trailers, snow machines, etc.):			
<u>Make & Model</u>	<u>Year</u>	<u>Mileage</u>	<u>Serial Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
▪ Personal property used to earn income (tools of trade)			
Describe _____			
▪ Other:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL ASSETS \$ _____

Does your spouse have any assets not listed above? Yes ___ No ___

If yes, give details _____

INCOME

FAMILY LIVING EXPENSES: To best of your ability fill in monthly or annual amount for items that apply to you.

List your family's regular monthly income <i>after</i> deductions		Housing	Monthly	Annually
		Net pay	rent or 1 st mortgage	
Net pay of spouse		2 nd mortgage		
Child tax credit		property taxes/condo fees		
Pensions/Annuities		home insurance		
Child maintenance/alimony		home maintenance		
EI Benefits		Utilities		
Social Assistance		natural gas, power, water and sewer		
Rental income/Boarders		telephone/long distance/cell phone		
Other Income		cable T.V.		
		Personal allowances		
		lunch/meals out		
TOTAL monthly take-home income (A)		hair cuts		
		tobacco		
		alcohol		
		other		
		Recreation – movies, entertainment, fitness		
Non-discretionary Expenses		classes, sports registrations, etc.		
Child support		Gifts and Festivities		
Spousal support		special holidays, birthdays, etc.		
Child care		Travel and Vacation		
Medical condition		vacations, other travel		
Fine/penalties being paid		Contributions and Donations		
Debts where stay has been lifted		Education		
		fees, tuition, books, supplies		
		Other Monthly Expenses – pets, items you		
TOTAL Non-discretionary expenses (B)		plan to buy in the next year		
		Medical Expenses (non-recoverable)		
		prescriptions, dental, optical, Alberta Health Care, Blue Cross		
		Food (plus other grocery store items)		
Employment related expenses (only if deductible for income taxes)		Household Incidentals bank services charges, newspapers, subscriptions, dry cleaning, etc.		
Supplies		Clothing		
Labour		Transportation		
Transportation		car/lease payments		
Cell phone		vehicle insurance		
Income tax		gasoline		
Other		vehicle repair/maintenance		
		vehicle license and registration		
TOTAL Employment Expenses (C)		parking		
		bus fare, passes		
Income available after non-discretionary and employment related expenses (A-B-C)		Life Insurance		
		Payment to Trustee		
Less: Family Living Expenses (D)		Payments to Secured Creditors		
Surplus/Deficiency		Divide total annual expenses x 12		
		Total Family Living Expenses (D)		

TAX RETURNS

Have you filed last year's income tax return? Yes ___ No ___ Year _____ (Bring a copy of this tax return.)

If yes, give details: Taxes paid/owing: _____

Refund received/expected: _____

If no, what was the last year you filed? Year _____ (Bring a copy of this tax return)

INCOME HISTORY

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

Source (list employer's name, or whether UIC, Social Assistance, no income, etc.)	Employers Address	Started	Period Ended
YOU			
YOUR SPOUSE			

What are the causes of your financial difficulties? _____

How do you propose paying the fee? _____

How did you find Collins Barrows Limited?

- Accountant (Acct) _____
- Alternatives to Bankruptcy (Alt) _____
- Bankrupt (Bkt) _____
- Channel 2 (Ch2) _____
- Credit Counselling Services of Alberta (CCSA) _____
- Friend (F) _____
- Internet (I) _____
- Office of the Superintendent of Bankruptcy (OSB) _____
- Lawyer (L, name) _____
- Other (O) _____
- TV Guide (TVG) _____
- Yellow Pages (YP) _____

Why did you choose Collins Barrow?

- Location of Office (LOC) _____
- Response from Staff (S) _____
- Recommendation of Lawyer (L) _____
- Recommendation of Friend (F) _____
- Someone I know used CBL as their Trustee (Bkp) _____
- I liked the Ad _____
- Other _____

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THE APPLICATION FORM IS TRUE, CORRECT AND COMPLETE IN EVERY RESPECT AND FULLY DISCLOSES THE STATE OF MY ASSETS AND LIABILITIES.

Signature of Applicant

Date

NOTE: THE FACT THAT YOU SIGN THIS FORM DOES NOT MEAN THAT YOU HAVE COMMITTED YOURSELF TO FILE AN ASSIGNMENT IN BANKRUPTCY OR A PROPOSAL.