

**DEBTOR**

FULL NAME: \_\_\_\_\_

Are you now, or have in the last five (5) years, been known by any other name?  
If so, what?

Debtor: \_\_\_\_\_

CURRENT MARITAL STATUS (indicate date yy / mm)  
\_\_\_\_ Married \_\_\_\_\_ Common Law  
\_\_\_\_ Single \_\_\_\_\_ Separated  
\_\_\_\_ Widowed \_\_\_\_\_ Divorced

SIN Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_  
yy / mm / dd

Occupation: \_\_\_\_\_

Phone Numbers:  
Home: \_\_\_\_\_ Cellular: \_\_\_\_\_  
Business: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

Have resided at this address since: \_\_\_\_\_  
yy / mm / dd

Number of persons residing at this address: \_\_\_\_\_

Number of persons age 17 and under: \_\_\_\_\_

**BANKRUPTCY HISTORY**

Have you ever been bankrupt before? Yes \_\_\_\_\_ No \_\_\_\_\_

Trustee Name: \_\_\_\_\_

Bankruptcy Date: \_\_\_\_\_  
yy / mm / dd

Discharge Date: \_\_\_\_\_  
yy / mm / dd

Place Assignment Filed: \_\_\_\_\_

Reason for previous bankruptcy: \_\_\_\_\_

**DEBTOR'S SPOUSE**

FULL NAME: \_\_\_\_\_

Spouse: \_\_\_\_\_

SIN Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_  
yy / mm / dd

Occupation: \_\_\_\_\_

Phone Numbers:  
Home: \_\_\_\_\_ Cellular: \_\_\_\_\_  
Business: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

Have resided at this address since: \_\_\_\_\_  
yy / mm / dd

**NOTE: Remainder of personal information on spouse to be completed only if spouse is also filing for bankruptcy or consumer proposal.**

**BANKRUPTCY HISTORY**

Have you ever been bankrupt before? Yes \_\_\_\_\_ No \_\_\_\_\_

Trustee Name: \_\_\_\_\_

Bankruptcy Date: \_\_\_\_\_  
yy / mm / dd

Discharge Date: \_\_\_\_\_  
yy / mm / dd

Place Assignment Filed: \_\_\_\_\_

Reason for previous bankruptcy: \_\_\_\_\_

## DEPENDENT INFORMATION

| Full Legal Name | Relationship<br>Son / Daughter | Date of Birth<br>yy / mm / dd |
|-----------------|--------------------------------|-------------------------------|
|                 |                                |                               |
|                 |                                |                               |
|                 |                                |                               |
|                 |                                |                               |
|                 |                                |                               |

## EMPLOYMENT HISTORY

List all employers, (including present employer) since the year of the last tax return filed; also specify periods of EI benefits. If bankruptcy application is joint with your spouse, list spouse's employers / EI also, and mark with "S" in the far right column.

| EMPLOYER'S NAME | ADDRESS | yy / mm / dd |       | SPOUSE |
|-----------------|---------|--------------|-------|--------|
|                 |         | STARTED      | ENDED |        |
|                 |         |              |       |        |
|                 |         |              |       |        |
|                 |         |              |       |        |
|                 |         |              |       |        |

Did you receive income from any other source this year or last year? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please specify below:

|                   |                              |                             |  |
|-------------------|------------------------------|-----------------------------|--|
| EI                | Date benefits started: _____ | Date benefits ceased: _____ |  |
| WCB               | Date benefits started: _____ | Date benefits ceased: _____ |  |
| Social Assistance | Date benefits started: _____ | Date benefits ceased: _____ |  |
| Pension           | Date benefits started: _____ | Date benefits ceased: _____ |  |
| Disability        | Date benefits started: _____ | Date benefits ceased: _____ |  |
| Other             | Date benefits started: _____ | Date benefits ceased: _____ |  |

## GARNISHMENT INFORMATION

Employer's Name and Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Court Action No. \_\_\_\_\_ Judicial District: \_\_\_\_\_

Notes:

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## ASSETS

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**Cash on Hand** \$ \_\_\_\_\_  
**Cash in Bank** \$ \_\_\_\_\_

### Life Insurance Policies

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Policy No.: \_\_\_\_\_  
Beneficiary: \$ \_\_\_\_\_

### RRSP's, RESP's, Pensions, Stocks, Bonds, Shares

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Description: \$ \_\_\_\_\_

### Automobiles

#### Vehicle #1

Value: \$ \_\_\_\_\_  
Year/Make/Model: \_\_\_\_\_  
Serial No.: \_\_\_\_\_  
Lease: \_\_\_\_\_  
Required for Employment: Yes \_\_\_\_\_ No \_\_\_\_\_  
Secured Creditor/Lessor: \_\_\_\_\_

#### Vehicle #2

Value: \$ \_\_\_\_\_  
Year/Make/Model: \_\_\_\_\_  
Serial No.: \_\_\_\_\_  
Lease: \_\_\_\_\_  
Required for Employment: Yes \_\_\_\_\_ No \_\_\_\_\_  
Secured Creditor/Lessor: \_\_\_\_\_

### Real Estate

#### Property #1

Full Address: \_\_\_\_\_  
Owned jointly: Yes \_\_\_\_\_ No \_\_\_\_\_  
Name of title holders: \_\_\_\_\_  
Percentage of ownership: \_\_\_\_\_  
Estimated market value: \$ \_\_\_\_\_  
Mortgage holder: \_\_\_\_\_  
Total owing on property: \$ \_\_\_\_\_

#### Property #2

Full Address: \_\_\_\_\_  
Owned jointly: Yes \_\_\_\_\_ No \_\_\_\_\_  
Name of title holders: \_\_\_\_\_  
Percentage of ownership: \_\_\_\_\_  
Estimated market value: \$ \_\_\_\_\_  
Mortgage holder: \_\_\_\_\_  
Total owing on property: \$ \_\_\_\_\_







## BUSINESS INVOLVEMENT

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Have you operated or owned a business in the last five (5) years? Yes / No

If Yes, please complete the appropriate area(s) below.

What percentage of your debts are business debts? \_\_\_\_\_

### SOLE PROPRIETORSHIP / SELF EMPLOYED

Name of Business (if applicable): \_\_\_\_\_

Type of Business: \_\_\_\_\_

Still operating as a sole proprietorship: Yes \_\_\_\_\_ No \_\_\_\_\_

- Business operated from \_\_\_\_\_ to \_\_\_\_\_

Do you have a GST number: Yes \_\_\_\_\_ No \_\_\_\_\_

- If yes, what is it: \_\_\_\_\_

- What was the last period / quarter you filed your GST for: \_\_\_\_\_

Do you have a Source Deduction account with Revenue Canada: Yes / No

- If yes, what is the number: \_\_\_\_\_

**Note:** It is your responsibility to file all GST, T4's etc with Canada Revenue Agency up to the date of Bankruptcy.

### CORPORATION

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Business still operating: Yes \_\_\_\_\_ No \_\_\_\_\_

- Business operated from \_\_\_\_\_ to \_\_\_\_\_

What is the Business Identification Number (BIN) of the Business: \_\_\_\_\_

Where are the books and records of the Corporation: \_\_\_\_\_

Please provide a copy of the most recent Financial Statement.

### PARTNERSHIP

Percentage for each Partner: Self: \_\_\_\_\_% Partner #1: \_\_\_\_\_% Partner #2: \_\_\_\_\_%

List names of Partners: \_\_\_\_\_  
\_\_\_\_\_

Name of Business (if applicable): \_\_\_\_\_

Type of Business: \_\_\_\_\_

Partnership still operating: Yes \_\_\_\_\_ No \_\_\_\_\_

- Partnership operated from \_\_\_\_\_ to \_\_\_\_\_

What is the Business Identification Number (BIN) of the Partnership: \_\_\_\_\_

Where are the books and records of the Partnership: \_\_\_\_\_

## GENERAL INFORMATION

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1. Within the last twelve (12) months, have you sold, disposed or transferred any of your assets? (including RRSP, vehicle, GIC, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide details: (e.g. What? When? How much? What was money used for?)

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2. Within the last twelve (12) months, have you made payments in excess of regular payments to any creditor? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide details: (e.g. To whom? How much?)

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3. Within the last twelve (12) months, have you had any assets seized by a creditor? (including vehicles, house etc.) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide details:

Asset seized: \_\_\_\_\_

Date seized: \_\_\_\_\_

Who seized it: \_\_\_\_\_

4. Within the last five (5) years, while you knew yourself to be insolvent, have you sold, disposed of, or transferred any property? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide details: (e.g. What? When? How much? What was money used for?)

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5. 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 CAN\$500.00? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide details: (e.g. To Whom? Value of Gift? When Gifted?)

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6. Do you expect to receive any sums of money, or any other property within the next twelve (12) months not related to your normal income? (e.g. inheritance) Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide details:

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7. Have any creditors commenced Court action against you for debts owed? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide details:

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8. Are there any writs, judgments, garnishments, wage assignments, or third-party demands outstanding against you? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details: (with copy of court papers)

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9. Have you made or do you wish to make any arrangements to continue to pay any secured creditors during or after bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details:

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10. Have you had any debts arising from loans under the Canada Student Loan Program or similar Student Loan Programs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide date you ceased to be a full- or part-time student:

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11. Have you co-signed or guaranteed a loan or contract for any individual or business? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details:

Lender's Name and Address: \_\_\_\_\_

Borrower's Name and Address: \_\_\_\_\_

Amount of Loan: \_\_\_\_\_

Is borrower bankrupt? Yes \_\_\_\_\_ No \_\_\_\_\_

12. Has anyone co-signed or guaranteed a loan for you? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details:

Lender's Name and Address: \_\_\_\_\_

Co-signer's Name and Address: \_\_\_\_\_

Amount of Loan: \_\_\_\_\_

Is the co-signer bankrupt? Yes \_\_\_\_\_ No \_\_\_\_\_

13. Are you in possession of or storing any personal property which does not belong to you? (e.g. household goods, motor vehicles, other property) Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide details:

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14. Do you have a safety deposit box? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide details: (e.g. location and contents)

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15. Have you been or are you presently involved in any civil litigation involving yourself, your spouse, or any business venture from which you may receive monies or property (e.g. insurance claim, divorce settlement, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide details:

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16. Have you been party to any insurance or marital settlements? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide details:

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17. Have you obtained any new credit in the last three (3) months? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide details:

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18. Do any of your debts arise from:

|   |           |          |
|---|-----------|----------|
| A fine or penalty imposed by court                                    | Yes _____ | No _____ |
| A recognizance or bail bond   | Yes _____ | No _____ |
| Having assaulted someone  | Yes _____ | No _____ |
| Alimony or maintenance payments                                       | Yes _____ | No _____ |
| Fraud, embezzlement, misappropriation                                 | Yes _____ | No _____ |
| Obtaining property by false pretences or fraudulent misrepresentation | Yes _____ | No _____ |
| Employment Insurance overpayments                                     | Yes _____ | No _____ |
| Traffic fines   | Yes _____ | No _____ |

19. Are you paying/receiving any alimony or child support? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details and attach a copy of the Court Order or Separation Agreement.

Who are you paying or receiving money from? \_\_\_\_\_

Amount paid/received since January 1 of this year \_\_\_\_\_

20. For which year did you file your last income tax return? \_\_\_\_\_

### CAUSES OF FINANCIAL DIFFICULTY

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Please describe briefly the circumstances which caused your financial difficulties.

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I hereby certify that the information contained in this application is true and complete in every respect and fully discloses the state of my affairs.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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**IDENTIFY BELOW THE REASON(S) WHY YOU CHOSE PRICEWATERHOUSECOOPERS INC. TO ASSIST YOU WITH YOUR FINANCIAL DIFFICULTIES.**

- Newspaper advertisement
- Yellow Pages
- Super Pages
- Radio
- TV
- Other (please specify) \_\_\_\_\_

- General reputation
- Professional contact
- Referral from accountant
- Referral from friend or family
- Referral from lawyer
- Referral – Other \_\_\_\_\_