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Edmonton, Alberta T5J 0H8
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www.bankruptcyalberta.biz

NAME: _____

Date this form filled out: _____

FINANCIAL INFORMATION SUMMARY

NOTE:

This Information Summary **MUST** be completed in detail. All blanks are to be answered. If the answer is not applicable, please use N/A.

FOR YOUR INITIAL INTERVIEW, PLEASE BRING THE FOLLOWING IF APPLICABLE

- Documents pertaining to any legal actions that you are involved in such as Writs, Judgments, Garnishees, Wage Assignments, Marriage Settlements, Maintenance Enforcement.
- Copies of your security documents including: Vehicle loans, Vehicle leases, Loans through Finance Companies, Mortgages and Financial Statements of any businesses owned.
- All of your credit cards and a copy of your last bank statement.
- Copy of the registration for each vehicle owned (V.I.N.).
- A copy of your last personal income tax return filed.
- A copy of your latest pay stub.

* OFFICE USE ONLY *

HIM

HER

Assessment By:	_____	_____
Assisted By:	_____	_____
Sign-up Date and Time:	_____	_____
Total Agreed to Pay Monthly:	_____	_____
Total Agreed to Pay for Assets:	_____	_____
Surplus Income Required to Pay:	_____	_____
Trustee Fee Payment:	_____	_____
First Payment Date:	_____	_____
Guideline Amount:	_____	_____

WHERE DID YOU HEAR ABOUT US? TV___ Yellow Pages___ White Pages___ Back Cover___ Referral___

PERSONAL INFORMATION

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SELF

Full Legal Name:		M / F
First	Middle	Last
Are you known by any other names? Yes / No		
Home Address		
Postal Code:		
Y / M / D		
AT ADDRESS SINCE?		
When did you move to this Province?		
Occupation		
Telephone Numbers		
Home:		Business:
S.I.N.	Birthdate	Y / M / D
Marital Status:specify month & year if occurred in last 5 years		
Married	_____	Single _____
Widowed	_____	Separate _____
Divorced	_____	Common _____
Employer Name		

SPOUSE

Full Legal Name:		M / F
First	Middle	Last
Are you known by any other names? Yes / No		
Home Address		
Postal Code:		
Y / M / D		
AT ADDRESS SINCE?		
When did you move to this Province?		
Occupation		
Telephone Numbers		
Home:		Business:
S.I.N.	Birthdate	Y / M / D
Marital Status:specify month & year if occurred in last 5 years		
Married	_____	Single _____
Widowed	_____	Separate _____
Divorced	_____	Common _____
Employer Name		

Have you been bankrupt before in Canada or elsewhere? SELF: Y / N SPOUSE: Y / N

Have you filed a proposal before in Canada or elsewhere? SELF: Y / N SPOUSE: Y / N

If you answered Yes, provide the following details for all insolvency proceedings:

(a) Filing date and location of the proceedings	SELF:	SPOUSE:
(b) Name of Trustee or Administrator	SELF:	SPOUSE:
(c) If applicable, was the Proposal successful	SELF:	SPOUSE:
(d) Date on which Certificate was obtained	SELF:	SPOUSE:
(e) Cause of prior bankruptcy or proposal	SELF:	SPOUSE:

Dependents (as defined by the Income Tax Act)

Full Legal Names	Relationship	Date of Birth YY/MM/DD	Living with you?	Annual Income

ASSETS

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	<u>DESCRIPTION/LOCATION</u>			<u>EXEMPT</u> Trustee use only			<u>CURRENT</u> <u>LIQUIDATION</u> <u>VALUE</u>
				Yes	No	Enc.	
Cash on Hand and in Bank	Name of Bank	Branch	Account No.				
Furniture and Appliances			Owned By:				
Life Insurance							
RRSP / CSB							
Personal Effects							
Investments							
Real Estate							
Legal Description							
Real Estate							
Legal Description							
Vehicles	Year, Make, Model Vehicle Identification #						
Vehicles	Year, Make, Model Vehicle Identification #						
Recreational	Year, Make, Model Serial Number:						
Tools of the Trade							
Other Assets							
Other Assets							
Other Assets							

COMMENTS: _____

ARE ANY OF THE ABOVE ASSETS PLEDGED TO A CREDITOR AS SECURITY? IF YES, COMPLETE FORM BELOW.

ASSET (FROM ABOVE)	CREDITOR TO WHOM PLEDGED	TYPE OF LOAN	TOTAL DEBT	LIQUIDATION VALUE

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Spouse
Yes / No

Yes / No

%

Name of business & location	
City	Province

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation	

Guaranteed loan for business?	Yes / No
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Type of Business

Percentage of ownership _____%

GST Registration?	Yes / No
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If Yes, Registration # : _____

When did business commence Y / M / D
operations?

Business still operating?	Yes / No
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If no, when did business cease Y / M / D
to operate?

Self

Spouse

Post Tax Assigned?	Yes / No
Year last tax return filed?	
Refund received	
Refund to come	
Amount owing	
Did you receive EI this year	Yes / No

[illegible]

SUPPLEMENTARY INFORMATION

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**DURING THE PREVIOUS 12 MONTHS,
HAVE YOU, EITHER IN CANADA OR ELSEWHERE:**

Sold, disposed of or transferred any of your assets (including taking out a second mortgage or cashing in any RRSP's?)			Yes / No
If yes:	1	What: _____ To Whom: _____ When: _____	
		Amount Received: _____ Market Value at date of Disposal: _____	
		Disposition of Proceeds: _____	
	2	What: _____ To Whom: _____ When: _____	
		Amount Received: _____ Market Value at date of Disposal: _____	
		Disposition of Proceeds: _____	
	3	What: _____ To Whom: _____ When: _____	
		Amount Received: _____ Market Value at date of Disposal: _____	
		Disposition of Proceeds: _____	

Made payments in excess of regular payments to a creditor?			Yes / No
If yes:	1	To Whom: _____	
		Date of Payment: _____ Amount Paid: _____	
	2	To Whom: _____	
		Date of Payment: _____ Amount Paid: _____	

Had any assets seized by a creditor?			Yes / No
If yes:		By Whom: _____	
		When: _____ What: _____	

Given any security to any creditors?			Yes / No
If yes:		To Whom: _____	
		When: _____ What: _____	
		Why: _____	

Made any arrangements to continue to pay creditors?			Yes / No
If yes:		To Whom: _____	

DURING THE PREVIOUS FIVE YEARS, KNOWING YOURSELF TO BE INSOLVENT, HAVE YOU, EITHER IN CANADA OR ELSEWHERE:

Sold, disposed of or transferred any property / assets in excess of \$3000.00?			Yes / No
If yes:		Property / Asset: _____	
		When: _____ For how much: _____	
		To Whom: _____	
		Disposition of proceeds: _____	

Made a single gift to relatives or others in excess of \$500?			Yes / No
If yes:		What: _____	
		To Whom: _____	
		Value of Gift: _____ Date: _____	

MONTHLY FAMILY INCOME**MONTHLY FAMILY EXPENSES**

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Net Employment Income		Child Support Payments	
Net Employment Income (Spouse)		Child Support Payments (Spouse)	
Net Pension / Annuities		Spousal Support Payments	
Net Pension / Annuities (Spouse)		Spousal Support Payments (Spouse)	
Net Child Support		Child Care	
Net Child Support (Spouse)		Child Care (Spouse)	
Net Spousal Support		Medical Condition Expenses	
Net Spousal Support (Spouse)		Medical Condition Expenses (Spouse)	
Net EI / Compensation Benefits		Fines/Penalties Imposed by Court	
Net EI / Compensation Benefits (Spouse)		Fines/Penalties Imposed by Court (Spouse)	
Net Social Assistance		Employment Expenses (uniforms etc.)	
Net Social Assistance (Spouse)		Employment Expenses (uniforms etc.) (Sp)	
Net Self-Employment Income		Debts Where Stay Has Been Lifted	
Net Self-Employment Income (Spouse)		Debts Where Stay Has Been Lifted (Spouse)	
Child Tax Benefit		Rent / Mortgage	
Child Tax Benefit (Spouse)		Property Taxes / Condo Fees	
Universal Child Care Benefit		Heating / Gas / Oil	
Universal Child Care Benefit		Telephone	
WCB Benefits		Cable	
WCB Benefits (Spouse)		Electricity	
Other		Water	
TOTAL MONTHLY FAMILY INCOME		Furniture	

STUDENT INFORMATION

(complete if outstanding Student Loan)

When Last Attended: _____

Institution Attended: _____

Nature of Program: _____

Program Completed? Yes / No

Working in that field? Yes / No

GARNISHEES ON BANK ACCOUNTS AND WAGES

(complete following if applicable)

Employer/Bank

Name:
Address:
Fax Number:

Creditor

Name:
Address:
Fax Number:

Smoking / Tobacco	
Alcohol	
Dining / Lunches / Restaurants	
Entertainment / Sports	
Gifts / Charitable Donations	
Allowances	
Prescriptions	
Dental	
Food and Groceries	
Laundry/Dry Cleaning	
Grooming / Toiletries	
Clothing	
Car / Lease Payments	
Repair / Maintenance / Gas	
Public Transportation	
Vehicle Insurance	
House Insurance	
Tenant Insurance	
Life Insurance	
Payments to the Estate	
Payments to Secured Creditor	
AB Health Care / Blue Cross	
Other (specify)	
TOTAL MONTHLY FAMILY EXPENSES	

SUPPLEMENTARY INFORMATION

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DO YOU HAVE ANY DEBTS ARISING FROM:

	<u>SELF</u>	<u>SPOUSE</u>
Fines or penalties imposed by Court?	Yes / No	Yes / No
Misappropriation/Fraud/Embezzlement?	Yes / No	Yes / No
Obtaining property by false pretenses or fraudulent misrepresentation?	Yes / No	Yes / No

	<u>SELF</u>	<u>SPOUSE</u>
Have you co-signed or guaranteed a loan or contract for anyone else or any business?	Yes / No	Yes / No
Has anyone co-signed or guaranteed any of your debts?	Yes / No	Yes / No
Do you expect to receive any sums of money which are not related to your normal income, or any other assets within the next 12 months?	Yes / No	Yes / No
Do you have any debts due to overpayments from: CPP Disability, Child Tax Benefit, WCB Benefits, Employment Insurance (EI) or Social Assistance?	Yes / No	Yes / No

If yes to any of the above questions, please provide details below:

Describe briefly the circumstances that caused your financial situation.

Have all credit cards been submitted to the Trustee?

Yes / No

Next of kin/contact person: _____

Address: _____

Phone Number: _____

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. IN ADDITION, I RECOGNIZE THAT A PORTION OF MY INCOME IN EXCESS OF REASONABLE COST OF LIVING AS DETERMINED PURSUANT TO THE SUPERINTENDENT OF BANKRUPTCY STANDARD, MUST BE PAID TO THE TRUSTEE FOR THE GENERAL BENEFIT OF MY CREDITORS.

DATE

SIGNATURE

DATE

SIGNATURE