

**G. SLOCOMBE &
ASSOCIATES INC.**

Personal Bankruptcy or Proposal Application Form

Note: This application form must be completed in detail. Please answer the questions to the best of your ability. If the answer is not applicable, please use "N/A". Only complete one application form per couple.

If applicable you must bring the following to your initial consultation or enclose it with your application form:

1. Copy of your last personal income tax return filed.
2. Your last pay stub from your employer or the following information from *January 1 of the current year to the date of your appointment*:
 - Total gross income earned
 - CPP paid
 - Income tax paid
 - Unemployment Insurance paid
3. Copies of any security documents, such as mortgages, chattel mortgages, conditional sales contracts, lease contracts, financial statements of any businesses owned, etc.
4. Any document with regard to any legal actions that you are involved in such as writs, judgments, garnishees, wage assignments, marriage settlements, etc.
5. All credit cards.
6. Please ensure you sign and date the application on the last page.
7. List all furniture, etc., on page 9 of the form. Please provide approximate garage sale values or liquidation prices.
8. Take your vehicle(s) to a dealer in your area and request that they write black book or wholesale value on the back of their business card. We will also require copies of insurance documents relating to the vehicles and serial numbers from the dash board of your vehicle(s).
9. If you own a house or a mobile home, a letter of opinion is required from a local realtor as to fair market value, for a **quick sale**. Please provide us with insurance documentation on these assets as well.

If you have any questions regarding this application please call our office.

G. Slocombe & Associates Inc.

Nanaimo Head Office

Unit 13, 6421 Applecross Road
Nanaimo, BC V9V 1N1
Tel: 250-390-5371
Fax: 250-390-5372

Victoria Location

612 Boleskine Road
Victoria, BC
Tel: 250-381-9404

Courtenay Location

951 Fitzgerald Avenue
Courtenay, BC
Tel: 250-338-6880

Cranbrook location

801B Baker Street
Cranbrook, BC
Tel: 1-877-421-2288

Toll Free in BC: 1-877-421-2288

www.slocombe-trustee.com

A. **PERSONAL DATA** *(Please complete the sections which are applicable to you.)

Full Legal Name: _____
(First Name) (Middle Name) (Last Name)

Mailing Address: _____ Street Address: _____

City: _____ Province: _____ Postal Code: _____ (Since _____)

Home Telephone #: _____ SIN#: _____

Cellular or Pager#: _____ E-mail address: _____

Birth date: Year _____, Month _____, Day _____ Empl. Tel #: _____

Employer Name & Address: _____ Position: _____

Marital Status: Single ___ Married ___ Separated ___ Divorced ___ Widowed ___ Common-Law ___

Specify month & year of event if it occurred in the last five years Month _____ Year _____

Spouse: _____ SIN#: _____ Birth date: _____

Dependants that reside with you:

Name	Relationship	Date of Birth

Have you ever been bankrupt or filed a proposal before? Yes ___ No

If yes, provide details: Name of Trustee: _____

Place and Date of Bankruptcy filed: _____

Date of Absolute Discharge: _____

Cause of Previous Bankruptcy: _____

Have you, during the last five years, owned or had an interest in any businesses?

Yes ___ No __, If Yes, give details

Number of years in business _____ Maximum # of employees _____

Name: _____

Sole Prop: __, Corporation: __, Partnership: __,

Name(s) of partners: _____

Place of business: _____, Type _____

Location of books & records: _____

Present assets: _____

B. INCOME AND EXPENSES

<u>Income of Debtor</u>	<u>Income of Spouse</u>
Net employment income	Net employment income – spouse
Net CPP	Net CPP - spouse
Net OAS	Net OAS - spouse
Ministry of Social Services	Ministry of Social Services - spouse
Net other pensions	Net other pensions - spouse
Net EI benefits	Net EI benefits - spouse
Child Tax benefit	Child Tax benefit - spouse
Child support	Child support - spouse
Spousal support	Spousal support - spouse
Rental Income	Rental Income - spouse
Total net monthly income (a)	Total net monthly income - spouse (b)
(a + b) Total net household monthly income (c)	

Expenses

Child support payments	_____	Prescriptions	_____
Spousal support payments	_____	Dental	_____
Child care (daycare)	_____		
Medical condition expenses	_____	Food / Grocery	_____
Fines / Penalties imposed by the court	_____	Laundry / Dry Cleaning	_____
Expenses as a condition of employment	_____	Grooming / Toiletries	_____
		Clothing	_____
Rent / Mortgage	_____	Car lease / Payments	_____
Property taxes / condo fees	_____	Repair / Maintenance / Gas	_____
Heating / Gas / Oil	_____	Public Transportation	_____
Telephone and Cellular	_____		
Cable	_____	Vehicle insurance	_____
Hydro	_____	House insurance	_____
Water	_____	Furniture / Contents insurance	_____
		Life Insurance	_____
Smoking	_____	Provincial Medical Insurance	_____
Alcohol	_____		
Dining / Lunches / Restaurants	_____	Other – Home Schooling costs	_____
Entertainment / Sports	_____	Other - Vet, pet food	_____
Gifts / Charitable donations	_____	Other <i>give details</i>	_____
Allowances	_____	Other <i>give details</i>	_____
		Total Monthly Expenses (d)	_____

**Monthly Surplus (Deficit) –Income less
Total Expenses (c-d)**

D. DEBTS - SECURED CREDITORS (debts secured by mortgage, vehicles, property, household goods, etc.)

Have you borrowed money on, or pledged any of your assets for a loan or a mortgage, including leased assets? No: ___ Yes: __. If yes, list below:

*For married or common-law applicants – please note which applicant owes the debt (**H** for husband, **W** for wife, **JT** for joint debt)

Name of creditor	Address	Amount of Loan	Type of Security	Present Value of Security

E. DEBTS

Common Creditors	Address	Account #	Amount
Income tax, GST, Source deductions (payroll)	Canada Customs and Revenue Agency Office located at: Victoria or Penticton	GST#: _____ Payroll#: _____ SIN#: _____	
Workers Compensation	6951 Westminster Hwy., Richmond, B.C.	# _____	
EI-Employment Insurance	550-1055 W. Georgia St., Vancouver, B.C.	SIN# _____	
Telus (arrears)	P.O. Box 2099, Vancouver, B.C.	Tel# _____	
ICBC (arrears and points)	151 W. Esplanade St. N, Vancouver, V7M 3H9	DL# _____	
Canada Student Loan	140 Promenade Du Portage, Ottawa Ontario	SIN# _____	
B.C. Student Loan	PO Box 9401 Stn Prov Gov't, Victoria V8W 9V1	SIN# _____	

E. DEBTS - (continued)

Please list all debts, including the complete address with postal codes, the account numbers and the approximate balance.

*For married or common-law applicants - please note which applicant owes the debt (**H** for husband, **W** for wife, **JT** for joint debt)

Creditors Name	Address	Account #	Amount	*Debt holder

DEBTS - (continued)

Creditors Name	Address	Account #	Amount	*Debt holder

F. OTHER DEBTS

If you co-signed or guaranteed any debts for anyone complete the following:

Creditor Name and Address	Amount	Borrower's Name and Address

Have you any debts arising from the following:

	YES	NO
Fine or penalty imposed by the Court		
Recognisance of bail bond		
Alimony or maintenance \$_____		
Fraud, Embezzlement, Misappropriation		
Defalcation while acting in a Fiduciary Capacity		
Obtaining property by false pretences or fraudulent misrepresentation		

G. PERTINENT INFORMATION

a) Have you sold or disposed any of your property in the past twelve (12) months (including RRSP's, household goods, and vehicles)?

Yes: ___ No: ___ If yes, dates sold: _____ Amounts rec'd _____

Items sold _____

What did you do with the funds? _____

b) Have you made payments in excess of regular payments to a creditor in the past twelve (12) months?

Yes ___ No ___ If yes, explain: _____

c) Have you had any assets seized by any creditor within the past twelve (12) months? Yes ___ No ___ If yes, explain:

d) *Within the past five (5) years, have you sold or transferred any real estate, investments or other property?*

Yes: ___ No ___ If yes, date sold: _____ Amount rec'd _____

Items sold _____

What did you do with the funds? _____

e) Within the past five (5) years, have you ever given any gifts valued at \$500.00 or more?

Yes ___ No ___ If yes, explain: _____

Type of gift given: _____

***Next of Kin or personal reference (not living with you) Name, address and telephone number:**

H. ASSETS

Asset Description	Present Value	Exempt/Pledged
Cash on hand	\$	
Household goods and effects (Amount from attached schedule A – next page) (\$4,000 personal exemption)	\$	
Tools of the trade – used for business or to earn Income (\$10,000 personal exemption)	\$	
Jewellery & Personal Effects	\$	
RRSP or Canada Savings Bonds Financial Institution:	\$	
Accounts Receivable		
Life Insurance: Term or Whole: Cash Surrender Value \$_____, Beneficiary:_____	\$	
Property-Legal Description and Civic Address (Please provide a letter of opinion from Realtor) (\$9,000 of equity for personal exemption) House:_____	\$	
Land_____	\$	
\$5,000 of equity in one vehicle for personal exemption or \$2,000 if you are a maintenance debtor Vehicle Year: _____ Make/Model: _____ VIN#: _____ Registered Owner: _____ Mileage: _____ Condition: _____	\$	
Vehicle Year: _____ Make/Model: _____ Serial #: _____ Registered Owner: _____ Mileage: _____ Condition: _____	\$	
Other assets:	\$	
Income Tax Refund to come	\$	

(Please value the assets at liquidation cost. ie-if you sold the item through a garage sale.)

Living room Sofa _____ Chair (s) _____ Lamp (s) _____ Table (s) _____ Stereo _____ TV _____ VCR _____ CD Player & CD's _____ Total \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	Kitchen Table & Chairs _____ Pots/pans/dishes/appliances _____ Microwave _____ Freezer _____ Fridge & Stove _____ Air Conditioner _____ Dishwasher _____ Washer / Dryer _____ Total \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Library/Study/Den Desk _____ Chair (s) _____ Lamp (s) _____ Computer/Printer _____ Total \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	Dining room Table & Chairs _____ Silver _____ Cabinet _____ China _____ Total \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Bedroom #1 (Master) Bed _____ Dresser _____ Night table _____ Total \$ _____	\$ _____ \$ _____ \$ _____ \$ _____	Bedroom #2 Bed _____ Dresser & night table _____ Other: _____ computer _____ Total \$ _____	\$ _____ \$ _____ \$ _____ \$ _____
Bedroom #3 Bed _____ Dresser _____ Night table _____ Total \$ _____ Total \$ _____ Tools of Trade: _____ _____ _____ _____ _____ Other: _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	Other items: _____ _____ _____ Antiques & Collections: _____ Clothing & Personal effects: _____ Other: _____ Total \$ _____ Total \$ _____ _____ _____ _____ _____ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Total household goods \$

I. EMPLOYMENT RECORD

List all employers or indicate if you received Unemployment Insurance Benefits or Social Assistance for the past year.

Employer's Name	Address	Start	End

Spouse's Employer's	Address	Start	End

J. MISCELLANEOUS

Were, or are you involved in civil litigation from which you may receive monies or property?

Yes __ No __ If yes, please explain: _____

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, explain: _____

Have you signed a wage assignment?

Yes __ No __ If yes, explain: _____

Are there any writs/judgements outstanding against you at this time?

Yes__ No __ If yes, give details and provide a copy of all documents: _____

Do you have any outstanding post-dated cheques? Yes__ No

Do you bank with a financial institution to which you owe money?

Bank(s) name, address, and account number: _____

Do you have any charge cards: Yes __ No __ **(Please note: All charge cards must be submitted to the trustee.)**

K. INCOME TAX INFORMATION

Please list any income you have received from January 1st of the current year to the date of your completing this application form (Date:_____)

<u>Employment income:</u>		Disability:	_____
Gross Income:	_____	Rental income:	_____
E.I. Deducted:	_____	Support payments:	_____
CPP deducted:	_____		
Income tax deducted:	_____	Self-employed income:	_____
		Other income: Specify:	_____

Employment Insurance:	_____		
RRSP income :	_____	WCB:	_____
Canada Pension Plan benefits:	_____	Social Assistance:	_____

Did you use an RRSP for a down payment on a home that has not been repaid?

Yes___ or No _____

Have you redeemed an RRSP, GIC or a Canadian Savings Bond or any other investments within the past year?

Do you have any medical expense? Are you insured by a private medical plan?

Yes___ or No _____

What is your marital status to be claimed on your income tax?_____

Please indicate the last year you have filed an income tax return._____

L. STUDENT LOAN INFORMATION

Course(s) taken:_____Educational Institution:

Certificate or degree received:

Are you presently using your degree? Yes___ or No _____

****How long have you been out of school?:**

N. Reason(s) for financial difficulty:

- | | | |
|--|---|--|
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Overuse of credit | <input type="checkbox"/> Health problems |
| <input type="checkbox"/> Business failure | <input type="checkbox"/> Marital separation | <input type="checkbox"/> Reduced income |
| <input type="checkbox"/> Poor money management | <input type="checkbox"/> Gambling | <input type="checkbox"/> Other |

Other / Background: _____

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.

Signature _____
Date

Signature _____
Date

Who referred you to G. Slocombe & Associates Inc.?

Yellow Pages _____ Web Site _____

Previous client _____ Lawyer _____ Other _____
