



DEBTOR

FULL NAME: _____

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

Debtor: _____

CURRENT MARITAL STATUS (indicate date mm / yy)
_____ 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 /CONSUMER PROPOSAL HISTORY

Have you ever been Bankrupt or filed a Consumer Proposal?
Yes _____ No _____

Trustee Name & Location: _____

Bankruptcy date: _____ (yy/mm/dd)

Discharge Date: _____ (yy/mm/dd)

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 /CONSUMER PROPOSAL HISTORY

Have you ever been Bankrupt or filed a Consumer Proposal?
Yes _____ No _____

Trustee Name & Location: _____

Bankruptcy date: _____ (yy/mm/dd)

Discharge Date: _____ (yy/mm/dd)

Reason for previous bankruptcy: _____

DEPENDENT INFORMATION

Full Legal Name	Relationship Son / Daughter	Date of Birth 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:

ASSETS

	Name of Institution	Address	Account No.	Current Market Value
Cash in Bank / Cash on Hand				
Life Insurance - Cash Value				
Stocks / Bonds / GICs				
RRSP				
Pensions				
Shares				
Other				

Vehicles, including leased vehicles (if applicable)

Vehicle #1

Year: _____ Value: _____

Make / Model: _____

Serial Number: _____

Lease: Yes / No Required for employment: Yes / No

Secured creditor: _____

Vehicle #2

Year: _____ Value: _____

Make / Model: _____

Serial Number: _____

Lease: Yes / No Required for employment: Yes / No

Secured creditor: _____

Recreational Vehicles (including motorcycle, RV, snowmobile, campers, utility trailers, etc.)

Real Estate #1

Estimated Market Value _____ Assessment attached? Yes / No

Legal Description: _____ Full Address: _____

Owned Jointly? Yes / No With whom? _____ Percentage of ownership _____

List first and second mortgage holder's name, address, amount owing and maturity date for Real Estate

	Name of Financial Institution	Address	Amount Owing	Maturity Date
1 st Mortgage				
2 nd Mortgage				

Real Estate #2

Estimated Market Value _____ Assessment attached? Yes / No

Legal Description: _____ Full Address: _____

Owned Jointly? Yes / No With whom? _____ Percentage of ownership _____

List first and second mortgage holder's name, address, amount owing and maturity date for Real Estate

	Name of Financial Institution	Address	Amount Owing	Maturity Date
1 st Mortgage				
2 nd Mortgage				

ESTIMATED MONTHLY INCOME AND EXPENSES

MONTHLY INCOME		MONTHLY EXPENSES	
	\$		\$
Net employment income (see Notes)		Child/Spousal support payments	
Net employment of spouse (if applicable)		Child care	
Net pension income		Medical condition expense	
Net pension income of spouse		Fines/Penalties imposed by Court	
Net child support		Employment expenses	
Net spousal support		Debts where stay has been lifted	
Net EI benefits		Rent or Mortgage - circle applicable	
Net EI benefits of spouse		Property taxes/Condo fees	
Net social assistance		Heating/Gas/Oil	
Net social assistance of spouse		Telephone	
Net self employment income (see Notes)		Cable	
Net self employment of spouse		Hydro	
Disability income		Water	
Disability income of spouse		Furniture payments	
Child Tax & Universal Child Tax Benefits		Cigarettes/tobacco	
Rental income		Alcohol	
Income from other sources (specify)		Dining/Lunches/Restaurants	
		Entertainment/Sports	
		Gifts/Charitable donations	
		Allowances	
		Prescriptions/Dental	
		Food/Groceries	
		Laundry/Dry cleaning	
		Grooming/Toiletries	
		Clothing	
		Vehicle lease/Loan payments	
		Repair/Maintenance/Gas	
		Public transportation	
		Vehicle insurance	
		House insurance	
		Furniture/Contents insurance	
		Life insurance	
		Payments to the estate/Proposal payments	
		Spouse's debts	
		Payments to secured creditor	
		Other	
TOTAL MONTHLY NET INCOME (A)		TOTAL MONTHLY EXPENSES (B)	

Notes

Net employment income is your net take home pay each month.

Net self-employed income; attach a sheet showing gross income and summary of expenses.

If your income varies from month to month, use an estimate or average. You must indicate your spouse's income.

BUSINESS INVOLVEMENT

Have you operated or owned a business in the last five 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 and Address 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 and Address 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

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: (i.e., What? When? How much? What was money used for?)

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: (To whom? How much?)

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: (What? When? How much? What was money used for?)

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 \$500.00? Yes _____ No _____
If yes, please provide details: (To Whom? Value of Gift? When Gifted?)

6. Do you expect to receive any sums of money, or any other property within the next 12 months, which are not related to your normal income? (i.e. Inheritance) Yes _____ No _____
If yes, please provide details:

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

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)

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:

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:

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? (i.e., Household goods, motor vehicles, other property) Yes _____ No _____

If yes, please provide details:

14. Do you have a safety deposit box? Yes _____ No _____

If yes, please provide details: (i.e., Location and list contents)

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 (i.e., Insurance claim, divorce settlement, etc.) Yes _____ No _____

If yes, please provide details:

16. Have you been party to any insurance or marital settlements? Yes _____ No _____

If yes, please provide details:

17. Have you obtained any new credit in the last three months? Yes _____ No _____

If yes, please provide details:

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 _____

IDENTIFY BELOW THE REASON(S) WHY YOU CHOSE PRICEWATERHOUSECOOPERS INC. TO ASSIST YOU WITH YOUR FINANCIAL DIFFICULTIES. Please specify where appropriate.

- | | |
|---|---|
| <input type="checkbox"/> Newspaper (Specify) _____ | <input type="checkbox"/> General reputation |
| <input type="checkbox"/> Yellow Pages (Specify) _____ | <input type="checkbox"/> Professional contact _____ |
| <input type="checkbox"/> Marion Street Location | <input type="checkbox"/> Referral from accountant _____ |
| <input type="checkbox"/> Meadowood Location | <input type="checkbox"/> Referral from lawyer _____ |
| <input type="checkbox"/> Signage at _____ | <input type="checkbox"/> Referral from friend or family |
| <input type="checkbox"/> pwcdebtsolutions.com website | <input type="checkbox"/> Referral – Other _____ |
| <input type="checkbox"/> Other websites (Specify) _____ | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Other (please specify) _____ | |