

APPLICATION – PERSONAL DATA



ORCHARD PLAZA II
 #220 – 1980 COOPER ROAD
 KELOWNA, BC V1Y 8K5
 PHONE: 250-712-5353
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 www.outofdebt.ca

DATE OF ASSESSMENT:	
BANKRUPTCY/PROPOSAL	CONSUMER / ORDINARY
DATE OF SIGN-UP:	
REFERRAL SOURCE:	
LOCATION OF MEETINGS:	

APPLICANT'S LAST NAME GIVEN NAME(S) (as they appear on your birth certificate) ALSO KNOWN AS S.I.N. DATE OF BIRTH (DD/MM/YY) GENDER MARITAL STATUS (specify month and year of event if it occurred in the last five years) <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law Marital Status change as of (MM/YY) : _____	SPOUSE'S LAST NAME GIVEN NAME(S) (as they appear on your birth certificate) ALSO KNOWN AS S.I.N. DATE OF BIRTH (DD/MM/YY) GENDER MARITAL STATUS (specify month and year of event if it occurred in the last five years) <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law Marital Status change as of (MM/YY) : _____		
HOME ADDRESS _____ _____ Postal Code _____ At This Address Since (MM/YY): _____	HOME ADDRESS _____ _____ Postal Code _____ At This Address Since (MM/YY): _____		
HOME PHONE	HOME PHONE		
WORK PHONE	WORK PHONE		
CELL/OTHER	CELL/OTHER		
EMAIL	EMAIL		
EMPLOYER	EMPLOYER		
OCCUPATION-Position (full/part time):	OCCUPATION-Position (full/part time):		
HIGHEST EDUCATION LEVEL COMPLETED <input type="checkbox"/> 0-8 years <input type="checkbox"/> some high school <input type="checkbox"/> high school graduate <input type="checkbox"/> some post secondary <input type="checkbox"/> post-secondary certificate or diploma <input type="checkbox"/> university degree	HIGHEST EDUCATION LEVEL COMPLETED <input type="checkbox"/> 0-8 years <input type="checkbox"/> some high school <input type="checkbox"/> high school graduate <input type="checkbox"/> some post secondary <input type="checkbox"/> post-secondary certificate or diploma <input type="checkbox"/> university degree		
NUMBER OF DEPENDENTS: _____	NUMBER OF PERSONS 17 YEARS OF AGE OR LESS? _____		
NUMBER OF PERSONS IN HOUSEHOLD FAMILY UNIT, INCLUDING THE APPLICANT? _____			
NAME OF DEPENDANT	AGE	DATE OF BIRTH	RELATIONSHIP

ASSETS – LIST THE DETAILS OF OWNERSHIP AND CURRENT VALUE

	Value for Applicant	Value for Spouse	Exempt	Details and comments
DEPOSIT WITH TRUSTEE/CASH	\$	\$		Location:
HOUSEHOLD FURNITURE AND EFFECTS	\$	\$		
PERSONAL EFFECTS Clothing	\$	\$		List: (Jewellery, Furs, Collections, Musical Instruments)
C.S.V. OF LIFE INSURANCE POLICIES - Beneficiary:	\$	\$		Name of Agent / Company:
STOCKS/SHARES (INCLUDE CREDIT UNION)	\$	\$		Details:
PENSIONS / RRSP's / INVESTMENTS / TFSA's / MUTUAL FUNDS / RRIF / LIRA	\$	\$		Name of Company: Contributions in Last 12 Months? Y or N Amount?
RESP's				Name of company:
CANADA SAVINGS BONDS				Details:
PROFIT SHARING PLAN				With whom:
PROPERTY/RESIDENCE House / Mobile Home / Condo / Land / Cottage / Other Location: Title Holders:	\$	\$		Mortgage with:
AUTOMOBILE: Year _____ Make: Model:	\$	\$		Trim: Style: Km's _____ Lease or loan with:
AUTOMOBILE: Year _____ Make: Model:				Trim: Style: Km's _____ Lease or loan with:
MOTORCYCLE: Year _____ Make: Model:	\$	\$		Trim: Style: Km's _____ Lease or loan with:
BOAT/TRAILER/MOTOR Year: Make: Model:	\$	\$		Length: Motor Size: Lease or loan with:
TRAILER/CAMPER Year _____ Make: Model:	\$	\$		Length: Lease or loan with:
OTHER MOTORIZED VEHICLE Year ____ Make: Model:	\$	\$		Snowmobile/ATV/Utility Trailer Lease or loan with:
TOOLS OF TRADE:	\$	\$		List Tools:
BUSINESS ASSETS/INVENTORY	\$	\$		
ACCOUNTS RECEIVABLE	\$	\$		With Whom:
TAX REFUNDS	\$	\$		Prior Years
OTHER (SPECIFY)	\$	\$		

REASONS FOR FINANCIAL DIFFICULTY (please check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Over extension of credit | <input type="checkbox"/> Loss/Sporadic/Seasonal Income | <input type="checkbox"/> Financial Mismanagement |
| <input type="checkbox"/> Reduction in income | <input type="checkbox"/> Unpaid/Unfiled Income Tax | <input type="checkbox"/> Marital separation/relationship breakdown |
| <input type="checkbox"/> Health Related Problems | <input type="checkbox"/> Gambling/Alcohol/Substance Abuse | <input type="checkbox"/> Insolvency of co-signor |
| <input type="checkbox"/> Legal Action | <input type="checkbox"/> Creditor Garnishee | <input type="checkbox"/> Business Failure |
| <input type="checkbox"/> OTHER (Specify) | | |

DESCRIBE IN YOUR OWN WORDS WHY YOU NEED FINANCIAL HELP:

DEBTS - Mortgages, Vehicle Loans, Credit Cards, Line of Credit, Overdrafts, Student Loans, Income Tax, ICBC, Collection Agencies, Family Maintenance & Enforcement, Revenue Services-MSP, E.I., etc.

CREDITOR NAME AND ADDRESS	BALANCE			Debt Type	
	APPLICANT	SPOUSE	JOINT	Consumer	Business
1.	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Secured by:					
Account # / Comments:					
2.				<input type="checkbox"/>	<input type="checkbox"/>
Secured by:					
Account # / Comments:					
3.				<input type="checkbox"/>	<input type="checkbox"/>
Secured by:					
Account # / Comments:					
4.				<input type="checkbox"/>	<input type="checkbox"/>
Secured by:					
Account # / Comments:					
5.				<input type="checkbox"/>	<input type="checkbox"/>
Secured by:					
Account # / Comments:					
6.				<input type="checkbox"/>	<input type="checkbox"/>
Secured by:					
Account # / Comments:					
7.				<input type="checkbox"/>	<input type="checkbox"/>
Secured by:					
Account # / Comments:					

CREDITOR NAME AND ADDRESS	BALANCE			Debt Type	
	APPLICANT	SPOUSE	JOINT	Consumer	Business
8.	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Secured by:					
Account # / Comments:					
9.				<input type="checkbox"/>	<input type="checkbox"/>
Secured by:					
Account # / Comments:					
10.				<input type="checkbox"/>	<input type="checkbox"/>
Secured by:					
Account # / Comments:					
11.				<input type="checkbox"/>	<input type="checkbox"/>
Secured by:					
Account # / Comments:					
12.				<input type="checkbox"/>	<input type="checkbox"/>
Secured by:					
Account # / Comments:					
13.				<input type="checkbox"/>	<input type="checkbox"/>
Secured by:					
Account # / Comments:					
14.				<input type="checkbox"/>	<input type="checkbox"/>
Secured by:					
Account # / Comments:					
15.				<input type="checkbox"/>	<input type="checkbox"/>
Secured by:					
Account # / Comments:					
16.				<input type="checkbox"/>	<input type="checkbox"/>
Secured by:					
Account # / Comments:					
17.				<input type="checkbox"/>	<input type="checkbox"/>
Secured by:					
Account # / Comments:					

OTHER DEBT INFORMATION

LOANS CO-SIGNED OR GUARANTEED BY APPLICANT

LENDER'S NAME

ADDRESS

BORROWERS NAME

ADDRESS

IS THE PARTY BANKRUPT?

BUSINESS OR PERSONAL DEBT?

TYPE OF BUSINESS:

LOANS CO-SIGNED OR GUARANTEED BY SPOUSE

LENDER'S NAME

ADDRESS

BORROWERS NAME

ADDRESS

IS THE PARTY BANKRUPT?

BUSINESS OR PERSONAL DEBT?

TYPE OF BUSINESS:

DO YOU HAVE ANY DEBTS ARISING FROM:

	APPLICANT		SPOUSE	
FINE OR PENALTY IMPOSED BY COURT? (INCLUDING ASSAULT)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
RECOGNIZANCE OR BAIL BOND?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ALIMONY?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MAINTENANCE OF AFFILIATION ORDER?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MAINTENANCE OF SUPPORT OF SEPARATED FAMILY?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
FRAUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
EMBEZZLEMENT?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MISAPPROPRIATION?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DEFALCATION WHILE ACTING IN A FIDUCIARY CAPACITY?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PROPERTY OR SERVICES OBTAINED BY FALSE MEANS/FRAUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
STUDENT LOANS OUTSTANDING (indicate last day of program)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PLEASE PROVIDE DETAILS: _____

STUDENT LOAN INFORMATION

Course(s) Taken: _____

Date of last course/withdrawal: _____

Education Institution: _____

Have you used your education in your employment or business? _____

If not completed, why? _____

HAVE YOU PREVIOUSLY FILED A BANKRUPTCY OR PROPOSAL IN CANADA OR ELSEWHERE? (SPECIFY)

APPLICANT

Yes No

SPOUSE

Yes No

TRUSTEE'S NAME	TRUSTEE'S NAME
BANKRUPTCY DATE	BANKRUPTCY DATE
BANKRUPT DISCHARGE DATE	BANKRUPT DISCHARGE DATE
PROPOSAL DATE	PROPOSAL DATE
RESULT OF PROPOSAL	RESULT OF PROPOSAL
PLACE FILED	PLACE FILED
ESTATE NO.	ESTATE NO.

TRANSACTIONS

	APPLICANT	SPOUSE
HAVE YOU SOLD, DISPOSED OR TRANSFERRED ANY ASSETS, CASHED RRSP'S OR CHANGED THE NAMED BENEFICIARY ON A LIFE INSURANCE POLICY IN THE LAST 12 MONTHS? (Provide Details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HAVE YOU MADE PAYMENTS IN EXCESS OF THE REGULAR AMOUNT TO CREDITORS IN THE LAST 12 MONTHS? (Provide Details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HAVE YOU HAD ANY ASSETS SEIZED OR GARNISHEED BY A CREDITOR IN THE LAST 12 MONTHS? (Provide Details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HAVE YOU SOLD, DISPOSED OR TRANSFERRED ANY REAL PROPERTY OR OTHER ASSETS IN THE PAST FIVE YEARS? (Provide Details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
INSOLVENT AT THE TIME: YES / NO		
HAVE YOU MADE ANY GIFTS TO RELATIVES OR OTHERS IN EXCESS OF \$500.00 IN PAST 5 YEARS WHILE YOU KNEW YOURSELF TO BE INSOLVENT? (Provide Details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
INSOLVENT AT THE TIME: YES / NO		
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 (INCLUDING INHERITANCE)? (Provide Details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HAVE YOU BEEN OR ARE YOU INVOLVED IN CIVIL LITIGATION FROM WHICH YOU MAY RECEIVE MONIES OR PROPERTY? (Provide Details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HAVE YOU MADE ARRANGEMENTS TO CONTINUE TO PAY ANY CREDITORS AFTER FILING? (Provide Details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

INCOME TAX INFORMATION

APPLICANT'S EMPLOYERS AND EMPLOYMENT INSURANCE (EI) PERIODS FOR THE PAST TWO YEARS:

EMPLOYER'S NAME AND ADDRESS	DATE STARTED	DATE ENDED

SPOUSE'S EMPLOYERS AND EMPLOYMENT INSURANCE (EI) PERIODS FOR THE PAST TWO YEARS:

EMPLOYER'S NAME AND ADDRESS	DATE STARTED	DATE ENDED

APPLICANT'S TAX INFORMATION

SPOUSE'S TAX INFORMATION

YEAR LAST RETURN FILED	YEAR LAST RETURN FILED
AMOUNT OWING	AMOUNT OWING
REFUND RECEIVED	REFUND RECEIVED
REFUND PENDING	REFUND PENDING

DID YOU PAY CHILD OR SPOUSAL SUPPORT DURING THE PAST YEAR?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES, TO WHOM?		
ADDRESS:		
AMOUNT PAID:		
IF CHILD OR SPOUSAL SUPPORT PAYMENTS ARE BEING PAID ATTACH A COPY OF THE COURT ORDER		
DATE OF SEPARATION (DD/MM/YY)		

BANK ACCOUNT INFORMATION

BANK

ADDRESS

ACCOUNT NUMBER

JOINT

Additional Information:

Next of Kin:

Name

Relation

Address

Phone #

Office Use Only:

In the last 6 months, was advice regarding the financial situation received other than the assessment Yes___ No___

If yes, Advice received from _____

Indicate Amount paid \$ _____

BUSINESSES**APPLICANT OWNED BUSINESS
WITHIN THE LAST 5 YEARS?** Yes No

BUSINESS NAME

ADDRESS

TYPE OF OWNERSHIP

TYPE OF BUSINESS

ARE YOU A DIRECTOR?

 Yes No

NAMES OF PARTNERS / DIRECTORS

WHEN STARTED (DD/MM/YY)

WHEN CEASED OPERATIONS (DD/MM/YY)

IS THE CORPORATION BANKRUPT?

 Yes No

DOES THE BUSINESS :

- HAVE EMPLOYEES OR SUB-CONTRACTORS? Yes No
- OWE ANY WAGES TO EMPLOYEES? Yes No
- OWE ANY SOURCE DEDUCTIONS ON WAGES? Yes No

Other details:

**SPOUSE OWNED BUSINESS WITHIN
THE LAST 5 YEARS?** Yes No

BUSINESS NAME

ADDRESS

TYPE OF OWNERSHIP

TYPE OF BUSINESS

ARE YOU A DIRECTOR?

 Yes No

NAMES OF PARTNERS / DIRECTORS

WHEN STARTED (DD/MM/YY)

WHEN CEASED OPERATIONS (DD/MM/YY)

IS THE CORPORATION BANKRUPT?

 Yes No

DOES THE BUSINESS :

- HAVE EMPLOYEES OR SUB-CONTRACTORS? Yes No
- OWE ANY WAGES TO EMPLOYEES? Yes No
- OWE ANY SOURCE DEDUCTIONS ON WAGES? Yes No

Other details:

MONTHLY INCOME AND EXPENSES STATEMENT

MONTHLY INCOME (NET)	APPLICANT	SPOUSE	OTHER HOUSEHOLD MEMBERS
NET EMPLOYMENT INCOME			
NET PENSION/ANNUITIES			
NET CHILD SUPPORT			
NET SPOUSAL SUPPORT			
NET EMPLOYMENT INSURANCE			
NET SOCIAL ASSISTANCE			
SELF EMPLOYMENT INCOME GROSS \$ _____	Net		
RENTAL INCOME			
UNIVERSAL CHILD CARE			
CHILD TAX BENEFITS			
RENTAL/OTHER NET INCOME - (Specify)			
SUB TOTAL			
TOTAL COMBINED INCOME			

HOUSING EXPENSES	
RENT/MORTGAGE PAYMENT ROOM & BOARD/PAD RENT	
PROPERTY TAXES / CONDO FEES	
HEATING/GAS/OIL	
TELEPHONE/CELL	
CABLE/INTERNET	
HYDRO / ELECTRICITY	
WATER	
FURNITURE	
HOUSEHOLD MAINTENANCE	
OTHER (Specify)	
SUB TOTAL	

PERSONAL EXPENSES	
SMOKING	
ALCOHOL	
DINING/LUNCHES/RESTAURANTS	
ENTERTAINMENT / SPORTS SCHOOL FEES	
GIFTS/CHARITABLE DONATIONS	
ALLOWANCES	
NEWSPAPERS/MAGAZINES	
OTHER (Specify)	
SUB TOTAL	

MEDICAL EXPENSES	
PRESCRIPTIONS	
DENTAL	
OTHER (Specify)	
SUB TOTAL	

MONTHLY NON-DISCRETIONARY EXPENSES	AMOUNT
CHILD SUPPORT PAYMENTS	
SPOUSAL SUPPORT PAYMENTS	
CHILD CARE / DAY CARE EXPENSES	
MEDICAL CONDITION EXPENSES/BC MECIAL PREMIUM - (Describe Condition)	
FINES/PENALTIES IMPOSED BY COURT	
EXPENSES AS A CONDITION OF EMPLOYMENT	
DEBTS WHERE STAY HAS BEEN FILED/LIFTED	
BUSINESS RELATED EXPENSES	
OTHER EXPENSES - (Specify)	
SUB TOTAL	

LIVING EXPENSES	
FOOD/GROCERY	
LAUNDRY/DRY CLEANING	
GROOMING/TOILETRIES	
CLOTHING	
OTHER (Specify)	
SUB TOTAL	

TRANSPORTATION EXPENSES	
CAR LEASE/ FINANCE PAYMENTS	
REPAIR/MAINTENANCE/GAS	
PUBLIC TRANSPORTATION	
OTHER (Specify)	
SUB TOTAL	

INSURANCE EXPENSES	
VEHICLE	
HOUSE	
FURNITURE/CONTENTS	
LIFE INSURANCE	
OTHER (Specify)	
SUB TOTAL	

PAYMENTS	
VOLUNTARY PAYMENTS	
SURPLUS INCOME PAYMENTS	
SETTLEMENT ON ASSETS	
SPOUSE'S PAYMENT TO THE ESTATE	
TO SECURED CREDITOR	
OTHER (Specify)	
SUB TOTAL	

TOTAL EXPENSES	
SURPLUS / DEFICIENCY (Total Combined Income Less Total Expenses)	

To prepare for your meeting, the attached form must be completed for the sections that apply to your circumstance. In addition, we require the following information to review and assist with the assessment of your financial status.

We can copy documents at our office.

The completion of this form does not commit you to any of the options that will be explained to you during this meeting.

A copy of all bills or statements for your debts including any loan documents;

Copy of your mortgage statement, recent property or mobile home assessments or tax assessment and house insurance;

Any documents with reference to any legal action such as judgments, garnishees;

Copy of your separation agreement or court order to verify child maintenance payments;

All charge cards, even if no balance on the card;

A copy of your most recent pays stub, employment insurance slip, or other proof of income;

A copy of vehicle(s) registration for all vehicles, boats, motor homes etc;

A copy of your most recent bank statement or up to date savings passbook and a current ATM transaction record, in order that we can verify funds and credit union shares;

A copy of statements for Life Insurance Policies, Registered Retirement Savings Plan, Pension Plans, Registered Education Saving Plans – for children;

A copy of your driver's license or identification with your full legal name;

The last 2 years of your personal tax returns for our review and if you owned a corporation, the last 2 years of financial statements;

If you have a bank account where you owe money such as an overdraft, visa or loans, please discuss with our office immediately.

If you have legal action or a garnishee, please advise our office immediately.

Thank you.

Questions -Notes

OFFICE USE ONLY

BANKRUPT'S NAME: _____

SPOUSE'S NAME: _____

BUSINESS NAME: _____

Type of Bankruptcy: Summary/Ordinary	Type of Proposal: Consumer/Division I
Sign Up Date:	Sign Up Date:
OSB Guide: \$	First Payment Commencing:
Monthly Payment: \$	Monthly Payment: \$
Minimum Fee: \$	Number of Months:
Monthly Asset Payment: \$	Total: \$
Monthly Surplus Payment: \$	Lump Sum Payment
Monthly Fee Payment: \$	
Other:	

Date of First Counselling _____ @ _____ a.m./p.m.

Date of Second Counselling _____ @ _____ a.m./p.m.

NOTES:
