

# Information Form

<b>Debtor</b>	<b>Spouse</b>
Last Name	Last Name
Given Name(s) (as they appear on your birth certificate)	Given Name(s) (as they appear on your birth certificate)
Birth date (Y/M/D)	Birth date (Y/M/D)
Address: Street City/Province Postal code	Address: Street City/Province Postal code
Resided at address since:	Resided in Alberta since:
Home Phone	Home Phone
Work Phone	Work Phone
Mobile/Other	Mobile/Other
Email	Email
Emergency contact (Name and phone #):	
Occupation	Occupation
Employer	Employer
Employer address	Employer address
Date started at company	Date started at company
Are you bonded in present position? Y N Do you anticipate that bankruptcy would impact your employment in any way?	
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 <input type="checkbox"/> undisclosed	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 <input type="checkbox"/> undisclosed

Married  
  Widowed  
  Divorced  
  Single  
  Common-law  
  Separated  
 date of change: \_\_\_\_\_

# of persons in household family unit including the Debtor: \_\_\_\_\_

Name of Dependent	Age	Date of Birth	Relationship

**Reasons for financial difficulty** (please check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Over extension of credit | <input type="checkbox"/> Inconsistent employment | <input type="checkbox"/> Mismanagement of finances                 |
| <input type="checkbox"/> Reduction in income      | <input type="checkbox"/> Job-loss                | <input type="checkbox"/> Marital separation/relationship breakdown |
| <input type="checkbox"/> Medical related issues   | <input type="checkbox"/> Gambling                | <input type="checkbox"/> Insolvency of co-signor                   |
| <input type="checkbox"/> Other (Specify)          |  |  |
|   |  |  |
|   |  |  |

**Have you ever been bankrupt or filed a consumer proposal before in Canada or elsewhere? (Specify)**

**DEBTOR**

Yes    No

**SPOUSE**

Yes    No

Name of Trustee	Name of Trustee
Filing Date	Filing Date
Discharge/Proposal completion date	Discharge/Proposal completion date
City/Town of filing	City/Town of filing
Estate No.	Estate No.
Cause of previous insolvency	Cause of previous insolvency

Additional Notes:

<b>Debts</b>					
<b>Name of Creditor</b>	<b>Creditor address (including postal code)</b>	<b>Amount owed (Debtor)</b>	<b>Amount owed (Spouse)</b>	<b>Secured?</b>	<b>Details - account number, description of collateral, note if co-signed or guaranteed</b>

<b>Do you have any debts arising from:</b>	Debtor		Spouse	
Fine or penalty imposed by the Court	<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 or affiliation order	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintenance and 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 for any marked Yes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Employers, Pensions, and Employment Insurance (EI) payors for the past two years:**

Debtor			Spouse		
EMPLOYER'S NAME AND ADDRESS	DATE STARTED	DATE ENDED	EMPLOYER'S NAME AND ADDRESS	DATE STARTED	DATE ENDED

Debtor	Spouse
S.I.N.	S.I.N.
Year last return filed	Year last return filed
Amount owing	Amount owing
Refund received	Refund received
Refund pending	Refund pending
RRSP's cashed in past year	
RRSP Home Buyer Plan information	
RRSP/LLLP	

Did you pay or receive child or spousal support during the past year? <b>(ATTACH A COPY OF THE COURT ORDER)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, To/From whom?		
Address:		
Amount paid/received:		
Date of separation (DD/MM/YY)		

<b>Assets</b>					
Description	Value (Debtor)	Value (Spouse)	Exempt?	Encumbered?	Details
Cash on hand					
Cash in bank <small>(Provide Statement)</small> Banks:					Account #s:
Household Furniture & Effects					
Jewellery and personal effects					
Loans owed to you / Accounts receivable					Party owing:
INSURANCE POLICIES- cash surrender value <small>(Provide Policy Docs.)</small> Insurer:					Policy #: Beneficiary:
RRSPs / RRIF / LIRA <small>(Provide Statements)</small> Company:					Beneficiary: Plan name: Plan #: Contributions last 12 Months (\$)
RESPs <small>(Provide Statements)</small> Company:					Beneficiary: Plan name: Plan #: Contributions last 12 Months (\$)
TFSAs <small>(Provide Statements)</small> Company:					Account #:
Shares / Bonds / Investments/ Mutual funds <small>(Provide Statements)</small> Company:					Investment account: Account #: # shares/units: Value per share/unit:
House <small>(Provide Deed &amp; Mortgage)</small> Location:					Title Holder(s): Secured Creditor(s):
Land / Cottage /Other <small>(Provide Deed &amp; Mortgage)</small> Location:					Title Holder(s): Secured Creditor(s):
Motor Vehicles <small>(Provide Ownership &amp; Security Docs)</small> VIN: Secured Creditor:					Year      Make      Model  Trim      Style      KM
Motor Vehicles <small>(Provide Ownership &amp; Security Docs)</small> VIN: Secured Creditor:					Year      Make      Model  Trim      Style      KM

Snowmobile / Motorcycle/ Boat <small>(Provide Ownership &amp; Security Docs)</small> VIN/SN: Secured Creditor:					Year	Make	Model
					Trim	Style	KM
Trailer / Camper <small>(Provide Ownership &amp; Security Docs)</small> VIN/SN: Secured Creditor:					Year	Make	Model
					Trim	Style	KM
Recreational Equipment / ATV <small>(Provide Ownership &amp; Security Docs)</small> VIN/SN: Secured Creditor:					Year	Make	Model
					Trim	Style	KM
Tax refunds					Year(s):		
Business Assets							
Secured Creditor:							
Tools of the trade							
Secured Creditor:							
Computers/electronics							
Other <small>(Specify)</small>							

**Bank Information (complete for each account)**

**Bank name**

Bank address \_\_\_\_\_  
 Account # \_\_\_\_\_  Joint - with whom? \_\_\_\_\_

Is the account in overdraft?  Yes - By how much? \_\_\_\_\_  No \_\_\_\_\_  
 Do you own a safety deposit box?  Yes - list contents \_\_\_\_\_  No \_\_\_\_\_

**Bank name**

Bank address \_\_\_\_\_  
 Account # \_\_\_\_\_  Joint- with whom? \_\_\_\_\_

Is the account in overdraft?  Yes - By how much? \_\_\_\_\_  No \_\_\_\_\_  
 Do you own a safety deposit box?  Yes - list contents \_\_\_\_\_  No \_\_\_\_\_

**Bank name**

Bank address \_\_\_\_\_  
 Account # \_\_\_\_\_  Joint - with whom? \_\_\_\_\_

Is the account in overdraft?  Yes - By how much? \_\_\_\_\_  No \_\_\_\_\_  
 Do you own a safety deposit box?  Yes - list contents \_\_\_\_\_  No \_\_\_\_\_

<b>Income and Expenses</b>			
	<b>Debtor</b>	<b>Other family members</b>	<b>Total family</b>
<b>Monthly Income</b>			
Net employment income (after tax and other deductions)			
Net pension / annuities			
Net child support			
Net spousal support			
Net employment insurance benefits			
Net social assistance			
Self-employment income			
- Gross			
- Net			
Other net income			
<b>Total monthly net income</b>			
<b>Monthly Non-discretionary Expenses</b>			
Child support payments			
Spousal support payments			
Child care			
Medical/prescription expenses			
Expenses as a condition of employment			
Other			
<b>Total Monthly Non-Discretionary Expenses</b>			
<b>Monthly Discretionary Expenses of the Family Unit</b>			
	Amount		Amount
Rent/Mortgage		Laundry/Dry cleaning	
Property taxes		Grooming/Toiletries	
Condo fees		Clothing	
Heating		Dining out	
Electricity		Entertainment/Sports	
Water		Smoking	
Telephone		Alcohol	
Cable/internet		Other personal expenses	
Furniture		Gifts/Donations	
Other housing expenses		Allowances	
Car payments		Non-recoverable medical/dental	
Repairs/Maintenance/Gas		Bank fees	
Public transportation		Pmts to other secured creditors	
Other transportation expenses		Debtor's payments to the estate	
Vehicle insurance		Spouse's payments to estate	
House/contents insurance		Other payments	
Life insurance		<b>Total Monthly Discretionary</b>	
Other insurance		<b>Total monthly surplus (actual)</b>	
Food/Groceries		Superintendent's Standard	
		<b>Family Surplus income per BIA</b>	

**Transactions** (Please provide details for any marked Yes)

	<b>Debtor</b>	<b>Spouse</b>
Within the last 12 months, have you sold, disposed or transferred any assets, cashed in RRSPs for changed the named beneficiary on a life insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within the last 12 months, have you made payments in excess of the regular amount to any creditors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within the last 12 months, have you had any assets seized or garnisheed by a creditor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within the last 5 years, have you sold, disposed or transferred any assets, cashed in RRSPs for changed the named beneficiary on a life insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you insolvent at the time? YES / NO		
Within the last 5 years, have you made any gifts to relatives or others in excess of \$500	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you 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 any inheritance)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been or are you involved in any civil litigation from which you may receive monies or property?	<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 a proposal or for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you made any voluntary assignment of wages?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any creditor commenced Court action against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you co-signed or guaranteed any other debts for an individual or business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any payday loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied under the Orderly Payment of Debts Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you purchasing Canada Savings Bonds or stocks on payroll deductions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



<b>Businesses</b>	<b>Debtor</b>	<b>Spouse</b>
Have you owned or operated a business within the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had self-employed income within the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Name		
Address		
Business Number		
Type of ownership		
Type of business		
Are you a director?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you personally guaranteed any business debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Names of partners/directors		
Date Started (DD/MM/YY)		
Date operations ceased (DD/MM/YY)		
Is the corporation bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the corporation's tax filings up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the business :		
• Have employees or sub-contractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Owe any wages to employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Owe any source deductions on wages?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Owe any income taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Owe any GST?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other details:		

**How did you hear about us?** \_\_\_\_\_

**I hereby certify that this information is true, correct, and complete to the best of my knowledge in every respect and fully discloses the state of my assets and liabilities**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(by signing I am not committing to filing a Proposal or Bankruptcy)