

DETAILED CONFIDENTIAL APPLICATION

The following documentation should be brought in at your appointment with the Trustee. This will ensure that all information relevant to your financial situation is considered by the Trustee in the assessment of your options.

1. Last personal income tax return filed and Notice of Assessment received.
2. All contracts/agreements; including but no limited to, separation, wage assignments, court issued fines or judgments, pawn shop slips, co-signed loans, accounts receivable, etc.
3. Any security documents, such as Mortgages, Chattel Mortgages, Sales Contracts, Lease Contracts, Financial Statements of any businesses owned, etc.
4. BC Assessment for any property owned.
5. All credit cards in your possession whether active or not.
6. Most recent pay stub.
7. Statements for all investments (Stock, RRSP, RESP, GIC, etc.)
8. Vehicle registration.
9. Photo ID.
10. Please ensure that you sign and date the application on the last page (Page 11).
11. Initial filing fee of \$_____
12. Additional documents: _____
13. **Change bank account (if applicable)**

MacKay & Company Ltd.
1100 – 1177 West Hastings Street
Vancouver, BC V6E 4T5

Telephone: (604) 697-5223
Facsimile: (604) 687-5617

For additional information about your
options visit our website at:

www.MacKayCo.ca

Trustee in Bankruptcy

Russell Law

Estate Manager

Susan De Jong

Detailed Confidential Application Form

PERSONAL DATA

Surname: _____ S.I.N. _____
 Given and Middle Names: _____ Birthdate: (D/M/Y) _____
 Are you known by any other name(s): _____
 Street Address: _____ Telephone: (Home) _____
 Town/City: _____ Telephone: (Bus.) _____
 Province: _____ Telephone: (Cell) _____
 Postal Code _____ E-mail: _____

I have resided at the above address since: Year _____ Month _____ Day _____

Mailing Address (if different): _____

Present Occupation: _____

Full Name and Address of Present Employer: _____
 (including postal code) _____

You have been employed since when? _____

Marital Status: Married _____ Widowed: _____
 Common-law: _____ Separated: (as of _____)
 Single: _____ Divorced: (as of _____)

Full name and address of spouse: _____

Birthdate of spouse (D/M/Y): _____ Spouse's occupation: _____

Spouse's S.I.N.: _____

Number of dependents who rely on you for financial support:

Name	Relationship	Birthdate	Address

List all of your employers, showing dates started and terminated, for the past two years. If there were periods when you were drawing E.I. benefits, show each period separately.

Employer's Name	Employer's Address	Date of Job or E.I. Benefits	
		Commenced	Terminated

BUSINESS

Have you operated or owned a business in the last five (5) 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 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 Deductions account with Canada Revenue: 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 Statements.

PARTNERSHIP

Percentage for each Partner: Self: _____% Partner #1: _____% Partner #2: _____%

List names of Partners: _____

Name 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: _____

Note: You are hereby notified that under the Canada Corporation Act and the Company Act of British Columbia, you may not be a director of a limited company while an undischarged bankrupt. Therefore, you must resign your position by notifying the Registrar of Companies.

PREVIOUS INSOLVENCIES

Have you ever been Bankrupt before? Yes _____ No _____

If Yes, Give: Name of Trustee: _____

Date of Bankruptcy: _____

Place of Assignment: _____

Date of Discharge: _____

Cause of Previous Bankruptcy:

Have you ever filed a Proposal or made a Settlement Arrangement with any of your creditors? If yes, provide details. Yes _____ No _____

How were you referred to MacKay & Company Ltd.?

Yellow Pages _____ Internet _____

Previous client _____

Lawyer _____ OPD _____

Other, please specify _____

INCOME TAX INFORMATION

For which year did you file your last income tax return? _____

Did you receive a refund? Yes _____ No _____

Are there arrears owing? Yes _____ No _____

STUDENT LOANS

Have you had any debts arising from loans under the Canada Student Loan Program or similar Student Loan Programs? Yes _____ No _____

Did you receive a Degree or Certificate? Yes _____ No _____

If Yes, what type? _____

Attended school from _____ to _____
(Day/Month/Year) (Day/Month/Year)

Institution attended: _____

Level of education completed: _____

Last date received student funding: _____

Are you working in your field of study?: Yes _____ No _____

If No, please provide reasons: _____

EDUCATION

Highest level of education completed:

0 – 8 years _____ some high school _____ high school graduate _____ some post-secondary _____

post-secondary certificate/diploma _____ university degree _____

INCOME AND EXPENSES

MONTHLY INCOME

Your net income (take home pay)..... _____
 Net income of spouse (if living together) _____
 Social Assistance _____
 Pensions _____
 Child Tax Benefit _____
 Alimony or Child Support _____
 Employment Insurance _____
 Rents received from tenants or boarders _____
 Self-employment income: Gross _____ Net _____
 Earnings from other sources _____
TOTAL MONTHLY INCOME _____

MONTHLY EXPENSES

Non-discretionary expenses

Child support payments Tax Deductible? Yes or No _____
 Spousal support payments _____
 Child care _____
 Health-related expenses _____
 Fines/penalties being paid _____
 Employment-related expenses _____
 Debts where stay has been lifted by Court _____

Discretionary expenses

Housing
 Rent/mortgage _____
 Property taxes..... _____
 Utilities (gas, water, etc.)..... _____
 Telephone/Cellular..... _____
 Cablevision _____
 Hydro..... _____

Personal
 Cigarettes _____
 Alcohol _____
 Entertainment/sports/dining _____
 Gifts/charitable donations..... _____
 Allowances..... _____
 Other..... _____

Health
 Dental..... _____

Living Expenses
 Food/grocery..... _____
 Laundry/dry cleaning/grooming _____
 Clothing..... _____
 Other _____

Transportation
 Car lease/loan payments..... _____
 Repairs/maintenance/gas..... _____
 Public transportation..... _____

Insurance expenses
 Vehicle..... _____
 House..... _____
 Furniture/contents..... _____
 Life Insurance..... _____

Payments
 To secured creditor..... _____
 Payment being made to Trustee _____
 Other (specify: _____)..... _____

TOTAL MONTHLY EXPENSES _____

GENERAL

- (1) Within the last twelve (12) months, have you sold, disposed of or transferred any of your assets? Yes _____ No _____
(e.g. vehicles, RRSP's, stocks/bonds, furniture)

If Yes, please provide details: (e.g. What? When? How much? What was the 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: (e.g. 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: (e.g. What? When? How much? What was the 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: (e.g. To whom? Value of gift? When gifted?)

- (6) Do you expect to receive any sums of money, or any other property within the next twelve (12) months not related to your normal income? (e.g. 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:

(9) Have you made or do you wish to make any arrangements to continue to pay any secured creditors during or after the bankruptcy? Yes _____ No _____

If Yes, please provide details:

(10) 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 _____

(11) 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 co-signer bankrupt? Yes _____ No _____

(12) Are you in possession of or storing any personal property which does not belong to you? (e.g. household goods, motor vehicle, other property) Yes _____ No _____

If Yes, please provide details:

(13) Do you have a safety deposit box? Yes _____ No _____

If Yes, please provide details (e.g. location and contents):

(14) 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 (e.g. insurance claim, divorce settlement, etc.) Yes _____ No _____

If Yes, please provide details:

(15) Have you been party to any insurance or marital settlements? Yes _____ No _____

If Yes, please provide details:

(16) Have you obtained any new credit in the last three (3) months? Yes _____ No _____

If Yes, please provide details:

(17) Do any of your debts arise from:

A fine or penalty imposed by court? Yes _____ No _____

A recognizance of 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 _____

(18) Are you paying / receiving any alimony or child support? Yes _____ No _____

If Yes, please provide details and attach a copy of the Court Order or Separation Agreement.

Who are you paying or receiving money from? _____

Amount paid / received since January 1 of this year: _____

(19) Does anyone owe you any money? Provide details: Yes _____ No _____

A. Personal loans _____

B. Accounts receivable _____

C. Other _____

(20) Are you a member of a registered pension plan? Yes No Locked in? _____

If pension is locked in, please provide proof by way of a letter from your Employer.

Plan _____ Employer _____ Years of Contribution _____

(21) Do you have any credit cards? Yes _____ No _____

As indicated in Unsecured Debts Section

Credit Card	Account No.	Credit Card	Account No.

* Use back of the page if more room needed

ASSETS

TYPE	LOCATION	PRESENT VALUE
Cash on Hand		
Cash in Bank		
Household Goods \$4,000 personal exemption		
Cash Surrender Value of Life Insurance Policies Provider: _____ Beneficiary: _____ Type of Policy: _____		
Jewellery or Personal Effects		
Clothing		
Medical Aids		
Stocks, Credit Union Shares Employment Profit Shares Pension RRSP/Canada Savings Bonds Financial Institution: _____		
Property - Legal Description and Civic Address Please provide a copy of the property tax assessment for the current year \$12,000 of equity for personal exemption in GVRD or Capital Regional District; \$9,000 equity elsewhere in province of BC House: Land:		
Motor Vehicle – Indicate if Owned or Leased \$5,000 of equity in one vehicle for personal exemption or \$2,000 if you are a maintenance debtor Automobile: _____ Make _____ Serial #: _____ Condition: _____ Owner: _____ Automobile: _____ Make _____ Serial #: _____ Condition: _____ Owner: _____		
Tools of the Trade Please provide list \$10,000 personal exemption		
Other: Boat, Trailer, Snowmobile, Motorcycle, Bicycles, Recreational Equipment, etc.		

