

Office use only:

- Bankruptcy: Summary Ordinary
 Proposal: Consumer Division I
 Alberta: Calgary Edmonton Airdrie
 Camrose Fort McMurray Wetaskiwin
 Garnishee letter needed
 Urgent asset follow-up: _____
Papers to be signed:

Information Form

Full Legal Name: _____

Do creditors know you by any other name? If yes, _____

Fax Number: _____ Email Address: _____

Telephone: (home) _____ (work) _____ ext# _____ (cell) _____

Mailing Address: _____

 City Province Postal Code
 You have resided at this address since: ____/____/____ Best way to contact you between 8 AM & 5PM?
 Day/Month/ Year Email Cell phone Work phone Home phone

Employment Information

Employed Full-time Employed Part-time Not Employed Self-employed Retired

Name of Employer: _____ Regular Occupation: _____

Address of Employer: _____

Your work email address: _____ Employed/Unemployed since: ____/____/____
 Day / Month / Year

Gender Male Female

Spousal/Partner Information, if applicable

Full Legal Name: _____

Address (if different from applicant): _____

Employed Full-time Employed Part-time Not Employed Self-employed Retired

Regular occupation: _____ Employer name: _____

Work phone #: _____ (cell) _____ Employed/Unemployed since: ____/____/____
 Day / Month / Year

Previous Bankruptcy or Proposal

Have you been bankrupt before? Yes No

Have you filed a proposal before? Yes No

If yes for either above, what was the reason for previous filing: _____

Referral Source - Please tell us how you heard of Grant Thornton Limited.?

YP, specify below

- Which ad: _____
- Why ours: _____

Money Mentors / Counsellors

- Name: _____

Internet

- Bankruptcy Office: _____
- www.gt.alger.ca: _____
- Internet search: _____

Lawyer

- Name/Firm: _____

Friend / Previous Bankrupt

Accountant / Trustee

- Name/Firm: _____

Other (please specify)

- OSB _____
- Staff _____
- Garbage Can/ Bus Bench
Where? _____
- CRA _____
- Other:: _____
- Why Grant Thornton Limited? _____

Monthly Income and Expenses

| Income | Monthly | Non-Discretionary Expenses | Monthly |
|--|---------|--|---------|
| Net employment income | | Child support payments | |
| Net employment income of spouse | | Spousal support payments | |
| Net pensions/annuities | | Child care | |
| Net child/spousal support | | Medical condition expenses | |
| Net child tax /universal child care benefits | | Fines/penalties existing at date of bankruptcy | |
| Net EI benefits/ social assistance | | Interest on student loans | |
| Net self-employment income | | | |
| Other income – describe * | | | |
| Total monthly income | | Total monthly non-discretionary expenses | |

| Discretionary Expenses | Monthly | | Monthly |
|---|---------|--------------------------------------|---------|
| Housing Expenses | | Living Expenses | |
| Rent/Mortgage(s) | | Food/Grocery | |
| Property taxes/Condo fees | | Laundry/Dry Cleaning | |
| Heating/Gas/Oil | | Grooming/Toiletries | |
| Telephone/Cell | | Clothing | |
| Cable/Internet | | Bank Charges/Newspaper | |
| Other Utilities | | Other – | |
| Home Maintenance | | Transportation Expenses | |
| Other – | | Car Lease/Payments | |
| | | Repair/Maintenance/Gas | |
| Personal Expenses | | Public Transportation | |
| Smoking | | Other – | |
| Alcohol | | Insurance Expenses | |
| Lunches/Beverages/Snacks | | Vehicle | |
| Entertainment/Sports | | House | |
| Gifts/Charitable Donations | | Furniture/Contents | |
| Allowances | | Life Insurance | |
| Education | | Other – | |
| Other – | | Payments | |
| Non-recoverable Medical Expenses | | To the Trustee | |
| Prescriptions | | To secured creditor | |
| Dental/Optical | | Other – | |
| Blue Cross | | | |
| Other – | | | |
| | | Total Monthly Discretionary Expenses | |

If you are unemployed, or your expenses exceed your income, how are your living expenses being covered?

* Such as amounts received as damages for wrongful dismissal, as pay equity settlements or that relate to workers' compensation

Assets (What you own?)

| | Value | Exempt (Trustee use) |
|--|----------------------|-------------------------|
| • Cash on hand? _____ | \$ _____ | _____ |
| • Are you maintaining any bank accounts at present? Where? _____ Are any of your accounts joint? If so, with whom _____ | \$ _____ \$ _____ | _____ |
| • Resale value Household furnishings and appliances? – Please complete list below | \$ _____ | _____ |
| • Clothing and personal effects (garage sale or second-hand store value only)? | \$ _____ | _____ |
| • Does anyone owe you money? _____ | \$ _____ | _____ |
| • Life insurance policies _____ | \$ _____ | _____ |
| • Investments (RRSP, Employee Profit Sharing Plan, GIC, Mutual funds, Stocks and Shares, Canada Savings Bonds and Tax Free Savings Account (TFSA)) Describe _____ | \$ _____ \$ _____ | _____ |
| • Registered Education Savings Plan (RESP) _____ | \$ _____ | _____ |
| • Co-op Membership Number _____ | \$ _____ | _____ |
| • Real estate – record address _____ | \$ _____ | _____ |
| • Vehicles/Recreational(including cars, trucks, boats, campers, trailers, snow machines, etc) Make & Model: _____ Year: _____ Serial Number: _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |
| • Personal property used to earn income (tools of trade) Describe _____ | \$ _____ | _____ |
| • Other assets (including any asset you may have paid over \$1,000.00 for or insure separately under your insurance policy) Describe _____ | \$ _____ \$ _____ | _____ |

Furniture/Appliances

(Please check items you presently have in your possession. Estimated value is calculated as if sold at an auction or garage sale today)

| # | Item | Value | # | Item | Value | # | Item | Value |
|---|--------------------|-------|---|------------------------|-------|---|--------------------|-------|
| | Stove/Oven | | | Desk/chairs | | | Sculptures | |
| | Fridge | | | Cedar Chest | | | Antiques | |
| | Dishwasher | | | Dining Room suite | | | Paintings | |
| | Microwave | | | China Cabinet/Hutch | | | China/Crystal | |
| | Kitchen set | | | Area Rug | | | Silver/Silverware | |
| | Sofa/Loveseat | | | Freezer | | | Pool Table | |
| | Armchair | | | Washer | | | Shop Tools | |
| | Recliner | | | Dryer | | | Air Conditioner | |
| | Coffee/End Table | | | Piano/Organ | | | BBQ | |
| | Entertainment Ctr. | | | Other musical instrum. | | | Snow Blower | |
| | Vacuum | | | DVD/VCR | | | Lawn Mower | |
| | Book Case | | | Stereo/Speaker | | | Patio Furniture | |
| | Bed | | | Other electronics | | | Hot Tub/Pool | |
| | Dresser/Highboy | | | Television | | | Bicycle | |
| | Night Table | | | Computer | | | Exercise equipment | |
| | Bedroom suite | | | Printer/Scanner/Fax | | | Other | |
| | Sewing machine | | | Jewellery | | | | |

Total Estimated Resale Value: \$ _____