

R WEST & ASSOCIATES INC.
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Surrey, B.C. V3W 5A3
Ph. (604) 591-7634 (Surrey) Ph. (604) 420-6080 (Burnaby)
Fax (604) 591-9168

TERMS _____

DATE _____

REFERRED BY _____

HOLD _____

REQUI RED PERTI NENT I NFORMATI ON

BEFORE YOUR INTERVIEW WITH THE TRUSTEE'S REPRESENTATIVE, PLEASE USE THE CHECKLIST BELOW TO ENSURE THAT YOUR APPLICATION IS COMPLETE IN ORDER TO AVOID ANY DELAYS IN PROCESSING.

1. Bring in a copy of your latest pay stub, or proof of income.
2. Bring in a copy of Car Insurance.
3. List all creditors with complete address, **i ncl udi ng** postal codes. Record estimate of amount owed to the nearest dollar. Record all account numbers. Bring in a recent statement.
4. Bring a copy of your individual life insurance policies (if applicable).
5. **Complete the attached inventory sheet in full.**
6. **Bring a copy of the last income tax return filed.**
7. Bring in any **credit cards** in your possession, including those which may have a zero balance owing.
8. Bring in any stocks, bonds, or other forms of marketable securities owned by you.
9. Bring in all writs, judgements, or garnishee orders.
10. Bring in a copy of Separation Agreement and/or Child Support Orders.
11. Bring two pieces of identification. (Photo I.D. e.g. Drivers Licence).

PLEASE ANSWER ALL QUESTI ONS ON THE ATTACHED QUESTI ONNAI RE

PLEASE COMPLETE THIS FORM IN FULL BEFORE RETURNING IT TO THE TRUSTEE

PERSONAL DATA

Surname: _____	SIN#: _____
Given Name(s): _____	Birthdate: (D/M/Y) _____
Street Address: _____	Telephone (Home) _____
Town/City: _____	Telephone (Bus) _____
Province: _____	At this address since _____
Postal Code: _____	
Mailing Address (if different): _____	
How long have you lived in the Lower Mainland? _____	
Present Occupation: _____	
Full Name of Present Employer _____	
How long with present employer? _____	
You have been unemployed since when? _____	
Marital Status: Married _____ / _____ / _____	Widowed _____ / _____ / _____
(D/M/Y): Common-Law _____ / _____ / _____	Separated _____ / _____ / _____
Single _____ / _____ / _____	Divorced _____ / _____ / _____
Full name of spouse: _____ SIN # _____	
Birthdate: (D/M/Y): _____	Occupation: _____
Full address of spouse: _____	
Number of people in the household family unit: _____	

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 U.I.C. benefits, show each period separately.

EMPLOYER'S NAME	EMPLOYER'S FULL ADDRESS (including postal code)	DATE JOB OR UIC BENEFITS	
		Commenced	Terminated

Have you been self-employed in the last five-(5) years?

Yes _____ No _____

	BUSINESS #1	BUSINESS #2	BUSINESS #3
Name			
Proprietorship, partnership, or limited company?			
Ended When?			
What happened to business?			
Why did business fail?			
Where are the books and records of the company?			
Place of business (city)?			
Nature of business?			

Are you an officer or a director of a limited company?

Yes _____ No _____

If YES, give details. _____

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

Did you receive a refund?

Yes _____ No _____

Are there arrears?

Yes _____ No _____

Is there a copy available?

Yes _____ No _____

Since January 1st of this year have you collected E.I., VCB, or Disability Insurance?

Since January 1st of this year have you liquidated any RRSP's or other securities? Yes ____
No ____

Have you ever been bankrupt before or filed a Proposal? Yes _____ No _____

If Yes, give: Name of Trustee: _____

Date of Bankruptcy/Proposal: _____

Place of Assignment: _____

Date of Discharge/Completion : _____

Is there a copy of order available? Yes _____ No _____ (please provide copy)

Reason for Insolvency:

MONTHLY INCOME

		DEBTOR	OTHERS
Net Employment Income	A \$	B \$	
Pensions/Annuities			
Child Tax Credits (Federal & Provincial)			
Alimony/Child Support			
Employment Insurance Benefits			
Social Assistance			
Net self-employment Income			
Other Income (Please Specify _____)			
TOTAL MONTHLY INCOME: \$ _____	A \$	B \$	

MONTHLY EXPENSES:

Child Support Payments	A \$	B \$	
Spousal Support Payments			
Child Care Payments			
Health Related Expenses-Prescriptions			
Fines/Penalties being paid			
Employment Related expenses			
Debts where Stay has been lifted by Court			
Total Monthly Non-Discretionary Expenses - \$ _____	A \$	B \$	

Rent/Mortgage		
Property Taxes/ Condo Fees		
Heating / Gas/Oil		
Telephone		
Cable		
Hydro		
Water		
Furniture		
Smoking		
Alcohol		
Dining/Lunches/Restaurants		
Entertainment/Sports		
Gifts/Charitable donations		
Allowances		
Miscellaneous		
Dental		
Food/Grocery		
Laundry and Dry cleaning		
Grooming /Toiletries		
Clothing		
Car lease/Payments		
Repair/Maintenance/Gas		
Public Transportation		
Vehicle Insurance		
House Insurance		
Furniture/Contents Insurance		
Life Insurance		
Payment to the Estate		
Payment to Secured Creditor		

TOTAL MONTHLY EXPENSES

ASSETS (please indicate which assets were used as collateral)

DESCRIPTION	ACCT/ SERIAL NUMBER	LOCATION	ORIGINAL COST	PRESENT VALUE
Cash (on hand in bank)				
Furniture (exempt/fully/partially pledged)				
Personal Effects – clothes & shoes				
Life Insurance Policy (cash surrender value)				
Stocks, Savings Bonds, Investments & RRSP's RESP's				
Property (legal description/street address) House (sole/joint/part) Cottage (fully/partially/pledged) Land				
Motorized Vehicles * Automobile (Model _____) Motorcycle (Serial _____)				
Recreational Equipment *				
Other Assets (e.g. - Retro Pay, Pay Equity, ICBC claims, etc) Collectibles (stamps, coins, art, antiques, etc.)				
Value of Company Pension Plan/Superannuation Fund				
Estimated Income Tax Refund From Previous Year Not Yet Filed				

Did you give any of the above assets as security or collateral? _____

Are Savings Bonds, RRSP's, Shares, **or any of her asset s** being purchased on a payroll savings plan? 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? Yes _____ No _____

DEBTS

List all creditors/debts including secured creditors. If insufficient space is provided here, complete the list on a separate page. **Please indicate which debts are co-signed or are joint and indicate with whom**

[illegible]

(If you have been self-employed, consider GST, WCB, SST, and Payroll Remittance, Employee's wages, Landlord)

Do you owe any payroll loans?

Yes _____ No _____

Have any of the above debts arisen from your guarantee or co-signing of debts from another individual or corporation? Yes No

Yes No

Is borrower bankrupt?

Yes _____ No _____

GENERAL

1. Please list the banks that you currently deal with:

BANK	ADDRESS	CITY	POSTAL CODE	AMOUNT CURRENTLY IN ACCOUNT

Do you have a safety deposit box?

Yes _____ No _____

If YES, which bank? _____

Please provide details of contents: _____

2. Within the last twelve (12) months, **i n Canada or el sewhere**, have you sold, disposed of, or transferred any of your assets? (car, RRSP, etc.) Yes _____ No _____

DESCRIPTION OF ASSET	DATE DISPOSED	TO WHOM	PROCEEDS	DISPOSITION OF PROCEEDS

3. Within the last twelve-(12) months, **i n Canada or el sewhere**, have you made payments in excess of regular payments to any creditor? Yes _____ No _____

Whom? _____

4. Within the last twelve-(12) months, **i n Canada or el sewhere**, have you had any assets seized by a creditor? Yes _____ No _____

#	Asset Seized	Date Seized	Name of Party Seized By

Was party who made seizure a secured creditor?

Yes _____ No _____

Form of security? _____

GENERAL

5. Within the last five (5) years, have you sold, disposed of, or transferred any assets, at a time when you were insolvent? Yes _____ No _____

DESCRIPTION OF ASSET	DATE OF DISPOSED	TO WHOM	PROCEEDS	DISPOSITION OF PROCEEDS

6. Within the last five (5) years, have you made any gifts to relatives or others in excess of \$500.00 at a time when you were insolvent? Yes _____ No _____

Please specify _____

7. Have you made any arrangements to continue to pay any creditors in the future? Yes _____ No _____

Please specify who _____

8. Does anyone owe you any money? Provide details. Yes _____ No _____

(a) Personal Loans _____

(b) Accounts Receivable _____

(c) Agreement for Sale _____

(d) Other _____

9. Are you a member of a registered pension plan? Yes _____ No _____

(a) Plan _____

(b) Employer _____

(c) Years of Contribution _____

10. Life Insurance Policies: Policy No. 1 Policy No. 2

(a) Life Insurance Company _____

(b) Beneficiary _____

(c) Cash surrender Value _____

11. Have you been served with a garnishee order? Yes _____ No _____
If YES, give details.

GENERAL

12. Are you involved in civil litigation from which you may receive money or property?
If YES, give details. Yes _____ No _____

13. Are you a beneficiary of a will or will you receive an inheritance? Yes _____ No _____

14. Are there any Writs or Judgements outstanding against you at this time?
If YES, give details. Yes _____ No _____

15. Do any of your debts arise from:

A fine or penalty imposed by court Yes _____ No _____

A recognisance or bail bond Yes _____ No _____

Alimony or maintenance payments Yes _____ No _____

Fraud, embezzlement, misappropriation Yes _____ No _____

Defalcation while acting in a fiduciary capacity Yes _____ No _____

Obtaining property by false pretences/fraudulent misrepresentation Yes _____ No _____

16. Are you paying any alimony or maintenance? Yes _____ No _____

If YES, to whom? _____

Amount since January 1 = \$ _____

17. Please describe briefly, the circumstances which have caused your financial difficulties.

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND ATTACHED INVENTORY SHEET IS A TRUE, CORRECT, AND COMPLETE STATEMENT THAT FULLY DISCLOSES THE STATE OF MY ASSETS AND LIABILITIES.

YOUR SIGNATURE

DATE

INVENTORY OF ASSETS

HOUSEHOLD FURNITURE AND EFFECTS

Name: _____

Address: _____

[illegible]