

# R. West & Associates Inc.

Licensed Insolvency Trustee



REFERRED BY \_\_\_\_\_

DATE \_\_\_\_\_

## Personal Financial Questionnaire

Before attending your free initial consultation with the licensed insolvency trustee, please complete this questionnaire. It will help you organize your financial information and help us give you the best possible advice.

1. List all your creditors and an estimate of the amounts owed. Please bring in the most recent statements or correspondence from your creditors.
2. Complete the attached inventory sheet in full.
3. Bring a copy of the following documents to your appointment:
  - two pieces of identification (photo ID such as a Driver's Licence)
  - your latest pay stub or proof of income
  - individual life insurance policies (if applicable)
  - your vehicle insurance, and any related car loan or lease documents
  - the last income tax return filed and the Notice of Assessment from the Canada Revenue Agency
  - any information (or tax slips) pertaining to unfiled tax returns
  - any credit cards in your possession, including those that may have a zero balance owing
  - documentation for any stocks, bonds, RRSPs, RESPs, or other forms of marketable securities that you own
  - all documents pertaining to any writs, judgements, or garnishment orders
  - all available mortgage documents, a recent Property Tax Assessment, and the balance currently owed on the mortgage(s)
  - Separation Agreement and/or Child Support Orders

**Surrey Head Office**  
#255, 15117 101 Avenue  
Surrey, BC  
604-591-7634

**Burnaby/Coquitlam\***  
BOSS Business Centres  
501-3292 Production Way  
Burnaby, BC  
604-420-6080

\*non-resident office

**Metrotown/East Vancouver\***  
Central Park Business Centre  
300-3665 Kingsway  
Vancouver, BC  
604-420-6080

\*non-resident office

**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: \_\_\_\_\_ Telephone (Cell) \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ At this address since \_\_\_\_\_  
 Education: \_\_\_\_\_ Email address \_\_\_\_\_

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 # \_\_\_\_\_

Occupation: \_\_\_\_\_ Birthdate: (D/M/Y) \_\_\_\_\_

Full address of spouse: \_\_\_\_\_

Number of people in the household family unit: \_\_\_\_\_

DEPENDANT NAME	RELATIONSHIP	BIRTHDATE	ADDRESS (if not the same as yours)

EMPLOYER'S NAME	EMPLOYER'S ADDRESS	START DATE	END DATE

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

Yes \_\_\_

No \_\_\_

	BUSINESS #1	BUSINESS #2	BUSINESS #3
Name & address			
Proprietorship, partnership, or Ltd.?			
# Months in operation?			
Closed date?			
What happened to business?			
GST #			
Number of Employees?			
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., WCB, or Disability Insurance?**

**Yes \_\_\_ No \_\_\_**

**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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b><u>MONTHLY INCOME</u></b>	<b><u>DEBTOR</u></b>	<b><u>OTHERS</u></b>
Net Employment Income		
Pensions/Annuities		
Child Tax Credits (Federal & Provincial)		
Alimony/Child support		
Employment Insurance Benefits		
Social Assistance		
Net Self-employment income		
Other Income (please specify		
<b><u>TOTAL MONTHLY INCOME</u></b>		

<b><u>MONTHLY NON-DISCRETIONARY EXPENSES</u></b>		
Child support Payments		
Spousal Support Payments		
Child Care Payments		
Health Related Expenses-Prescriptions-MSP		
Fines/Penalties being paid		
Employment related expenses		
Debts where stay has been lifted by Court		
<b><u>TOTAL MONTHLY NON-DISCRETIONARY EXPENSES</u></b>		

<b><u>HOUSEHOLD EXPENSE TOTALS</u></b>			
Rent/Mortgage		Food/Grocery	
Property Taxes/Condo Fees		Laundry & Dry cleaning	
Heating/Gas/Oil		Grooming/Toiletries	
Telephone/Cell		Clothing	
Cable/Internet		Other	
Hydro			
Water			
Furniture			

Other		Car Lease/Payments	
Other		Repair/Maintenance/Gas	
Other		Public Transportation	
Smoking		Other	
Alcohol			
Dining/Lunches/Restaurants		Vehicle Insurance	
Entertainment/Sports		House Insurance	
Gifts/Charitable donations		Furniture/contents Insurance	
Allowances		Life Insurance	
Miscellaneous		Other	
Dental			
		Payment to Secured Creditor	
Other		<b>Payment to Estate</b>	

**ASSETS** (please indicate which assets were used as collateral)

DESCRIPTION	DESCRIPTION/LOCATION	PRESENT VALUE
Cash (on hand in bank)		
Furniture		
Personal Effects – clothes & shoes		
Life Insurance Policy		
Life Insurance Policy		
RRSPs		
RESPs		
Savings Bonds		
Investments - Stocks		
Investments - Other		
Property: Condo/Townhouse		
Property: House		
Motor Vehicle		
Motor Vehicle		
Recreational Equipment		
Other Assets:		
Jewellery		
ICBC Claim		
Collectibles		
Pension/Superannuation		
Outstanding Tax Refunds		

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

Are CSB's, RRSP's, Shares, **or any other assets** 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 \_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**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, **in Canada or elsewhere**, 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, **in Canada or elsewhere**, have you made payments in excess of regular payments to any creditor? Yes \_\_\_ No \_\_\_

Whom? \_\_\_\_\_

4. Within the last twelve-(12) months, **in Canada or elsewhere**, 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? Yes \_\_\_ No \_\_\_

If YES, give details.

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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? Yes \_\_\_ No \_\_\_

If YES, give details.

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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 \_\_\_

*(please attach copy of court order)*

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 paid since January 1 = \$ \_\_\_\_\_

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

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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

