

APPLICATION CHECKLIST

1. Complete all the questions in detail
2. Provide copies of last statements/letters from creditors/collection agents
3. Bring in all credit cards, including those with 'nil' balances
4. Provide a copy of all vehicle registrations and insurance papers
5. Provide value of all real estate, usually obtainable at no cost from real estate agents who offer free market valuations; assessment notices; mortgage documents
6. Provide certificates and/or shares for all stocks, bonds and other securities as well as name and address of broker, account number and last statement received from broker.
7. Provide copies of all life insurance policies
8. Provide copies of Separation agreement, divorce papers, or family maintenance orders, sales contracts, judgements and other Court Orders, as well as copies of garnishees. If wages are being garnished, please provide name and address of employer, full name of payroll person, and fax number for the payroll department.
9. Provide copies of all pay stubs or last one issued if it shows "year-to-date" amounts. It will be necessary to provide this information for each employer you have had this year. Please also provide the same information for your spouse
10. Bring in last income tax return filed and assessment notice received from Canada Revenue Agency. If your returns are not up to date, bring in all information required to file the outstanding returns.
11. If you have been bankrupt before or have filed a Proposal to your creditors, provide all pertinent documents including the Absolute Order of Discharge, name and address of previous Trustee, date of Bankruptcy /Proposal, and reasons for that Bankruptcy/Proposal.
12. Two pieces of identification, one of which should have your photograph on it (birth certificate, social insurance card, driver's license, Canadian citizenship papers)

PERSONAL BANKRUPTCY INFORMATION

BANKRUPTCY is a legal process which provides immediate relief to an over-burdened debtor by putting a stop to legal actions by creditors. This includes garnishments, seizures, and lawsuits. Bankruptcy eliminates debts such as credit cards, overdrafts, lines of credit and personal taxes to name a few. There are debts that do not form part of the bankruptcy such Family Maintenance, Court imposed debts and secured creditors.

DUTIES OF THE BANKRUPT

- Attend the First & Second Counselling Session
- Submit Monthly Income & Expense Reports, (which are provided)
- Provide the necessary tax information so your taxes can be done
- Pay any established monthly fee to the Trustee

RESTRICTIONS

- During the Bankruptcy process, the bankrupt may not use credit, without disclosing who you are dealing with prior to obtaining credit in excess of \$500 that you are an undischarged bankrupt
- Can not sit on the Board of Directors of a limited company
- Can not go into business without disclosing the bankruptcy to all relative parties.
- Can not own or acquire any assets in excess of the laws of the Province of residence under the *Bankruptcy and Insolvency Act*.

HARASSMENT

The objective of the Act is to relieve you of pressure from your creditors. If you receive phone calls or letters from creditors, tell them you filed bankruptcy/proposal, and give them our telephone number. They will know not to call you again.

CREDIT BUREAU

The Trustee has no direct contact with the Credit Bureau. They update their records on a monthly basis according to the reports received from the Superintendent of Bankruptcy with respect to discharge dates. You need to contact them and fax them a copy of your Certificate of Discharge to make sure that all the debts prior to your date of bankruptcy should appear in the records of the Credit Bureau. Information on this is supplied at the Second Counselling Session.

GST CHEQUES

GST cheques get sent out on a quarterly basis from Canada Revenue Agency and are assets of your bankruptcy estate and will be mailed to our office. Pursuant to Rule 59, once we reach a certain amount, they will be forwarded back to you if you are entitled to it. Once the Trustee gets his discharge from your file (approximately 1 year from your discharge date) you should then be receiving them directly

G. Moroso & Associates Inc
241 Columbia Avenue
Castlegar, BC V1N 1G3.
P: (250) 365-1035 F: (250)365-6066

TO THE DEBTOR:

In order for us to discuss your financial situation and to review the options available to you, we require that this application be completed in detail.

A. PERSONAL DATA

Family Name _____ All Given Names _____

Are you known by another name? Yes No If yes, please state: _____

Address: _____
(Apartment, Street & Number)

(City) (Province) (Postal Code)

At this address since (yyyy/mn/dd) _____ In BC since: _____

Telephone: (home) _____ (business) _____ (other) _____

Email Address: _____

Social Insurance Number: _____ Date of Birth (yyyy/mm/dd) _____

MARITAL STATUS: Single Married Divorced Separated Common-law Widowed

Spouse's name: _____ Spouse's Occupation _____

Spouse's address, if different: _____

Spouse's SIN: _____ Spouse's Birthdate (yyyy/mm/dd) _____

Spouse's Telephone # (home) _____ (business) _____

If separated or divorced:

Date of marriage, separations or divorce (yyyy/mm/dd) _____

Are there any outstanding property settlement issues? Yes No

Marital Status Continued:

Are there any outstanding court orders restricting you from dealing with your property? Yes No
 If you answered yes above, please provide details:

Are you required to make alimony, maintenance or support payments? Yes No
 If yes, please specify: Amount Payable \$ _____ per _____

Are you in arrears? Yes No

Total arrears: \$ _____ for the period(s) (mm/dd/yy) _____ to (mm/dd/yy) _____

(if you have a written agreement or Court Order, please attach a copy)

Dependents (18 years or younger) who reside with you and who rely on you for financial support:

Name	Relationship	Date of Birth (yyy/mm/dd)	Income

B. EMPLOYMENT RECORD

Primary Occupation: _____

Are you currently unemployed: Yes No If yes, give last date worked (mm/dd/yy) _____

List all employers for the past two years, showing dates started and terminated. If there was a period during which you were collecting Employment Insurance benefits or Income Assistance, show each period separately, indicating the office where your file was held:

Employer & Position Held	Address	Date Started (mm/dd/yy)	Date Ended (mm/dd/yy)

(continue on another sheet if necessary)

C. BUSINESS INFORMATION

Are any of your debts related to your present or past involvement in a commercial activity (including self-employment)? If yes, what percentage? _____% Yes No

Have you owned or had an interest in a business in the last five (5) years? Yes No

If yes, please give the following details:

Corporation Proprietorship Partnership

Business Name: _____

Address: _____

Nature of Business: _____

Since when (mm/dd/yy)?: _____

Has the business ceased operations? Yes No If yes, when (mm/dd/yy)? _____

GST Registration Number: _____

Are GST Filings up to date? Yes No Last period filed (mm/dd/yy): _____

Payroll Remittance Number: _____

Do you owe for source deductions not remitted? Yes No If yes, how much? \$ _____

Location of books and records: _____

Accountant (name and address): _____

Lawyer (name and address): _____

Bank (name and address): _____

Last date workers were employed (mm/dd/yy): _____

Last calendar year for which T4s were filed: _____

Attach copies of most recent financial statements, corporate/business tax returns, and GST returns pertaining to any business(es) indicated above. If you have had multiple businesses, answer questions for each business separately.

NOTE: You are hereby notified that under the Canada Corporations 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.

**SELF-EMPLOYED
STATEMENT OF BUSINESS INCOME AND EXPENSES**
For the Month of _____

Name: _____

Total Business Income (ATTACH PROOF OF INCOME)
(i.e., Invoices, bank statements, copies of cheque received, etc.) (a)

Less: Business Expenses (PROVIDE RECEIPTS FOR EXPENSES)

- Material expenses _____
- Automobile expenses _____
- Interest & Insurance _____
- Marketing Expense _____
- Supplies _____
- Professional Fees _____
- Depreciation Expense _____
- Utilities _____

Total Business Expenses (b)

Income less expenses [(a) minus (b)] = (c)

less: Tax and CPP withholdings [See (e) below for amount] (d)

Net Business Income to be reported on reverse [(c) minus (d)] =

*NOTE: your income tax payment should be remitted to Revenue Canada on a quarterly basis. We suggest you put monthly, the calculated amount, in a separate account. Also, ensure you are completing your H. S. T. returns and remitting payment if applicable. The tax calculation should be based on the amount at line (c). Please contact Revenue Canada Taxation for assistance.

Tax Table (estimate)

If your income on line (c) is:

- less than \$2,988 monthly, multiply (c) by 20% _____
- \$2,988 to \$5,977 monthly, multiply (c) by 30% _____
- \$5,977 to \$8,862 monthly, multiply (c) by 36% _____
- \$8,863 to \$8,332 monthly, multiply (c) by 38% _____
- \$8,332 and greater monthly, multiply (c) by 42% _____

CPP payment

CPP Payment withholding (c) by 9.9% _____

Income tax + CPP payment = _____ Total to be used on line (d)

G. Moroso & Associates Inc.
 241 Columbia Ave.,
 Castlegar, BC V1N 1G3
 P: (250) 365-1035 F: (250)365-6066

- Income & Expenses for the month of

Name: _____
 Address: _____

 Home Phone _____
 Marital Status: _____

Employer: _____
 Work Phone: _____
 Occupation: _____
 Spouse's Name: _____
 # of Members in Household: _____

Proof of income required

* MONTHLY FAMILY INCOME (NET)	Bankrupt	Spouse
Employment income.....	_____	_____
Pension/Annuities.....	_____	_____
Child support.....	_____	_____
Spousal support.....	_____	_____
Employment insurance benefits.....	_____	_____
Social assistance.....	_____	_____
Self-employment income.....	_____	_____
Child Tax Benefit.....	_____	_____
Other net income.....	_____	_____
Total	_____	_____

MONTHLY FAMILY NON-DISCRETIONARY EXPENSES

Child support payments.....	_____
Spousal support payments.....	_____
Child care.....	_____
Medical condition expenses.....	_____
Fines/Penalties imposed by the court.....	_____
Expenses as a condition of employment.....	_____
Debts where stay has been lifted.....	_____
Other Expenses.....	_____
Total	_____

*** PRESCRIPTION RECEIPTS REQUIRED**

MONTHLY FAMILY DISCRETIONARY EXPENSES

Housing expenses	
Rent/Mortgage.....	_____
Property taxes/Condo fees.....	_____
Heating/Gas/Oil.....	_____
Telephone.....	_____
Cable.....	_____
Hydro.....	_____
Water.....	_____
Furniture.....	_____
Other.....	_____
Personal expenses	
Smoking.....	_____
Alcohol.....	_____
Dining/Lunches/Restaurants.....	_____
Entertainment/Sports.....	_____
Gifts/Charitable donations.....	_____
Allowances.....	_____
Other.....	_____
Non-recoverable medical expenses	
Prescriptions.....	_____
Dental.....	_____
Other.....	_____

Living expenses	
Food/Grocery.....	_____
Laundry/Dry cleaning.....	_____
Grooming/Toiletries.....	_____
Clothing.....	_____
Other.....	_____
Transportation expenses	
Car lease/Payments.....	_____
Repair/Maintenance/Gas.....	_____
Public transportation.....	_____
Other.....	_____
Insurance expenses	
Vehicle.....	_____
House.....	_____
Furniture/Contents.....	_____
Life insurance.....	_____
Other.....	_____
Payments	
To the estate.....	_____
To secured creditor.....	_____
(Other than mortgage and vehicle).....	_____
Other.....	_____
Total	_____

Income Total: _____
 Expense Total: _____
 Difference: _____

I hereby certify that the above information is complete and accurate to the best of my knowledge.

_____ Date

LIABILITES continued

Student Loan Obligations:

Canada Student Loans Outstanding: \$ _____ Provincial Loans Outstanding: \$ _____

Please list location and dates of all post-secondary studies for which you carried student loans:

School	From (mm/dd/yy)	To (mm/dd/yy)

When did you cease to be a full-time or part-time student (mm/dd/yy) ? _____

Did you complete your studies? Yes No

If yes, what degree(s)/ diploma(s) did you earn? _____

Are you working in your field of studies? Yes No

Debts Guaranteed:

Have you co-signed or guaranteed any debts for anyone? Yes No If yes, complete the following:

1. Lender's name: _____
Lender's Address: _____
Borrower's Name: _____
Borrower's Address: _____
Amount Owng: \$ _____

2. Lender's name: _____
Lender's Address: _____
Borrower's Name: _____
Borrower's Address: _____
Amount Owng: \$ _____

F. ASSETS

You are required to fully disclose and describe ALL assets in your possession or under your control.

CASH & BANKING INFORMATION:

Case on hand: \$ _____

Name of Bank	Address	Account Number	Balance

REAL ESTATE:

Legal Description	Address	Estimated Realizable Value
House		
Cottage		
Land		
Other		

Note: If you own property, you must provide the Trustee with all legal documents regarding ownership and mortgages (Deed, Insurance, Tax Assessment, recent appraisal, if any).

Name of Mortgagee(s)	Address	Total Outstanding Balance
1 st		
2 nd		
3 rd		
Property Taxes Outstanding:		
Strata Fees outstanding:		

PERSONAL EFFECTS:

Personal Effects	Description	Estimated Value
Clothing	_____	
Jewellery, stamp collections books, coins, etc.	_____	
Cameras and related equipment	_____	
Musical Instruments	_____	
Sporting and Camping Equipment	_____	
Tools that you use to earn your living	_____	
Paintings, Sculptures and other valuable Artwork	_____	
Safety Deposit Box (please describe contents and location)	_____	
Estimated Total Value		

HOUSEHOLD FURNITURE & APPLIANCES

Check the following description of items in your possession. The estimated value is calculated at a "quick sale" price (e.g. by auction) instead of what you actually paid for the item.

No.	Description	Estimated Value	No.	Description	Estimated Value
	Stove			Hutch	
	Refrigerator			Freezer	
	Dishwasher			Washer	
	Microwave Oven			Dryer	
	Kitchen table & chairs			Stereo & Speakers	
	Dishes/Post & Pans			Television(s)	
	Sofa			Computer	
	Armchair(s)			Antiques	
	Recliner			Silver	
	End Table(s)			China	
	Coffee Table(s)			Pool Table	
	Love Seat			Shop Tools	
	Lamp(s)			Air Conditioner	
	Area Rug(s)			Barbecue	
	Book Cases			Snow Blower	
	Bed(s)			Power Mower	
	Bunk Beds			Patio Furniture	
	Dresser(s)			VCR/DVD Player	
	Night Table(s)			Other (please list):	
	Armoires				
	Desk(s)				
	Cedar Chest				
	Dining Room Table				
	Dining Room Chairs			TOTAL VALUE	
	China Cabinet				

For office use only: Exempt value \$ _____ Non-exempt value \$ _____

MOTORIZED AND RECREATION VEHICLES (Attach copy of vehicle registration for each item):

Description	Year and Model	Serial Number	Estimated Value
Cars & Trucks	1. _____	_____	_____
	2. _____	_____	_____
	3. _____	_____	_____
Motorcycles			
Boat			
Snowmobile			
Trailer or Camper			
Motor Home			
Other (specify)			
For office use only: Exempt value \$ _____ Non-exempt value \$ _____			

LIFE INSURANCE POLICIES (list all policies, including employee policies that you hold through your employer):

Company	Address	Policy No.	Name and Relationship of Beneficiary	Cash Surrender Value

SECURITIES:

Description		Address	Estimated Realizable Value
Stocks	1.		
	2.		
	3.		
Bonds	1.		
	2.		
	3.		
Other			

PENSIONS, SUPERANNUATIONS, AND RRSPs (provide copies):

If you are a member of a Pension Plan, Superannuation, or have an RRSP, please provide the following information:

Pension Plan	Plan Number	Amount

Superannuation	Plan Number	Amount

Registered Retirement Savings Plan	Plan Number	Amount

Are any of your assets held as security by a creditor? Yes No

If yes, please specify:

Are you now, or have you been involved in any matrimonial dispute which restricts your ability to deal with your assets? Yes No
If yes, please give details:

G. TRANSFER OF ASSETS

a) Have you sold, disposed of, or transferred any of your assets in the past twelve months? Yes No
If yes, please give details: _____

b) Have you made payments in excess of regular payments (minimum required) to a creditor in the past twelve months? Yes No
If yes, please give details, including dates: _____

c) Have you had any assets seized or wages garnisheed by any creditors? Yes No
If yes, please give details, including dates: _____

d) Within the past five years, have you sold or transferred any real estate? Yes No
If yes, please give details, including dates: _____

e) Within the past five years, have you given any gifts in excess of \$500? Yes No
If yes, please give details, including dates: _____

f) Have you made any arrangements to continue to pay your creditors? Yes No
If yes, please give details: _____

H. INCOME TAXES

When did you last file an income Tax Return: _____

At what address? _____

Do you owe any income taxes? Yes No \$ _____

Do you expect a refund? Yes No \$ _____

If you have been self employed since filing your last income tax return, do you have accounting records, receipts and vouchers, payroll records, bills for the purchase of gasoline, bank statements and cancelled cheques?
Yes No

Please provide a copy of the last income tax return filed and the Notice of Assessment received from Canada Revenue Agency.

I. BACKGROUND

Describe what, in your opinion, caused your current financial problem(s) :

Have you previously been bankrupt or made a Proposal to your creditors? Yes No

If yes, please provide:

Name of Trustee: _____

Date of bankruptcy/Proposal (mm/dd/yy) _____

City in which assignment was filed: _____

For Bankruptcy: Date of Discharge (mm/dd/yy) _____ Type of Discharge: _____
(please provide a copy of the Order of Discharge)

For Proposal: Date of Full Performance: _____ (please provide copy of Certificate)

What was the reason for your previous Bankruptcy/Proposal? _____

J. ADDITIONAL LIABILITY INFORMATION

Do any of your liabilities arise from:

- a) Fine or penalty imposed by the Court? Yes No
- b) Recognizance of bail bond? Yes No
- c) Alimony? Yes No
- d) Maintenance/Support of separated family? Yes No
- e) Fraud? Yes No
- f) Embezzlement? Yes No
- g) Misappropriation? Yes No
- h) Defalcation while acting in a fiduciary capacity? Yes No
- i) Obtaining property by false pretences/fraudulent misrepresentation? Yes No

SUPPLEMENTARY PERSONAL DATA

a) Have you changed your designated beneficiary on your life insurance within the last 12 months? Yes No
If yes, please give details (including dates): _____

b) Are you involved in civil litigation from which you may receive monies or property? Yes No
If yes, please give details: _____

c) Will you receive an inheritance within the year? Yes No
If yes, please give details: _____

d) Have you signed an agreement whereby a creditor can take monies from your pay cheque? Yes No
If yes, please give details: _____

e) Are there any writs or judgements outstanding or criminal charges against you at this time? Yes No
If yes, please give details: _____

f) Have you given out any post-dated cheques? Yes No
If yes, please give details: _____

g) Do you bank with a financial institution to which you owe money? Yes No

If yes, please give details: _____

h) Are any pre-authorized payments being withdrawn from your bank account? Yes No

If yes, please give details: _____

i) Have you contributed to or withdrawn money from an RRSP in the past year? Yes No

If yes, please give details: _____

j) Have you seen another Trustee in the past six months and/or paid for these services? Yes No

If yes, please give details: _____

Did anyone advise you to file bankruptcy? Yes No

If yes, please provide name: _____

K. DECLARATION

I hereby certify that to the best of my knowledge and belief the information contained in this application is true, correct, and complete in every respect and fully discloses my assets and liabilities. I understand that I will be expected to co-operate with the Trustee in dealing with my affairs, and that I will also be expected to make payment to my bankruptcy estate, based on my ability to pay.

Applicant's Signature

Date

SUPERINTENDENT'S STANDARDS

NORMES DU SURINTENDANT

2016

Personnes Persons	N (\$) S (\$)	FAMILY UNITS AVAILABLE MONTHLY INCOME (\$) REVENU MENSUEL DISPONIBLE DE L'UNITÉ FAMILIALE (\$)															
		2289	2489	2689	2889	3089	3289	3489	3689	3889	4089	4289	4489	4789	5089	5389	5689
1	2089	200	400	600	800	1000	1200	1400	1600	1800	2000	2200	2400	2700	3000	3300	3600
2	2601	0	0	0	288	488	688	888	1088	1288	1488	1688	1888	2188	2488	2788	3088
3	3197	0	0	0	0	0	0	292	492	692	892	1092	1292	1592	1892	2192	2492
4	3882	0	0	0	0	0	0	0	0	0	207	407	607	907	1207	1507	1807
5	4403	0	0	0	0	0	0	0	0	0	0	0	0	386	686	986	1286
6	4965	0	0	0	0	0	0	0	0	0	0	0	0	0	0	424	724
7+	5528	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

The Superintendent's Standards ("S") are derived from the Low Income Cutoffs (LICO) released by Statistics Canada. The Superintendent uses the before-tax LICO for urban areas with 500,000 people and over. The 2016 standards are updated by adding to the 2014 LICO, the 2015 Consumer Price Index (CPI) (1.12%) plus a 1.9% adjustment reflecting the 2016 CPI expectation.

Les normes du surintendant (« N ») sont dérivées à partir des seuils de faible revenu (SFR) publiés par Statistiques Canada. Le surintendant utilise les SFR avant impôt pour les régions urbaines de 500 000 habitants et plus. Les normes de 2016 sont mises à jour en ajoutant aux SFR de 2014 l'Indice des prix à la consommation (IPC) de 2015 (1,12%) plus un ajustement de 1,9% qui représente l'IPC anticipé pour 2016.