



Crowe Soberman Inc.

Crowe Soberman Inc.  
Licensed Insolvency Trustee  
Member Crowe Global

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I was referred by: \_\_\_\_\_

### 1. PERTINENT INFORMATION RELATING TO YOUR AFFAIRS

Surname/Family Name: \_\_\_\_\_ S.I.N. \_\_\_\_\_  
Given Names: \_\_\_\_\_ Birthdate: Y/M/D) \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt.# \_\_\_\_\_ Telephone: (Home) \_\_\_\_\_  
Town/City: \_\_\_\_\_ Telephone: (Bus.) \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Cell Tel: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Present Occupation: \_\_\_\_\_

| Full Name and Address of Present Employer:           | Employment started | Y | M | D |
|--|--------------------|---|---|---|
|  |                    |   |   |   |
| Unemployed since                                     | Y                  | M | D |   |
|  |                    |   |   |   |
| <b>Education:</b> Highest Level Completed by Debtor: |                    |   |   |   |

Marital Status:  
(Date \_\_\_\_\_)

|          |            |
|----------|------------|
| Married: | Separated: |
| Common-  | Divorced:  |
| Single:  | Widower:   |

Full name and address of spouse:

\_\_\_\_\_

\_\_\_\_\_

**Tel#:** \_\_\_\_\_

**Cell#:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

Occupation: \_\_\_\_\_

Birth date of spouse(Y/M/D): \_\_\_\_\_ Spouse's S.I.N.: \_\_\_\_\_

|  |                           |   |   |   |
|--|---------------------------|---|---|---|
| <b>Full Name and Address of Spouse's Present Employer:</b> | <b>Employment started</b> | Y | M | D |
|  |                           |   |   |   |
| <b>Education:</b> Highest Level Completed by Debtor:       | <b>Unemployed since</b>   | Y | M | D |
|  |                           |   |   |   |

## List Dependents

**2. SELF EMPLOYED INFORMATION**Have you been self-employed in the last five-(5) years?

Yes \_\_\_\_\_

No \_\_\_\_\_

IF yes complete:

|   | Business #1 | Business #2 |
|---|-------------|-------------|
| Name  |             |             |
| Proprietorship, Partnership or Incorporated Company |             |             |
| Principal business activity                         |             |             |
| Number of years in operation                        |             |             |
| Where are the Books and Records?                    |             |             |

Have you ever owned a corporation?

Yes/No

Have you ever been a Director, Officer or Shareholder of a Corporation?

Yes/No

**Note:** Under the Canada Corporation Act and the Corporations Act of Ontario, you may not be a director of a limited company while an undischarged bankrupt. You must resign as a director, and provide proof of resignation to the Trustee.

| Within the last 5 years, have you                                | Yes | No | Explanation |
|--|-----|----|-------------|
| (a) sold, disposed of or transferred any real estate?            |     |    |             |
| (b) made any gifts in excess of \$500 to relatives or to others? |     |    |             |

| Within the last 12 months, have you  | Yes | No | Explanation |
|--|-----|----|-------------|
| (a) disposed of or transferred any of your assets (i.e. vehicles, furniture, jewellery, stocks, bonds, RRSP's, GIC's, etc.)? |     |    |             |
| (b) made payments to a creditor in excess of regular payments?   |     |    |             |
| (c) had any assets seized by any creditor?   |     |    |             |

## 3. BUDGET INFORMATION

| MONTHLY INCOME  |           |
|---|-----------|
| Net take home pay<br>Applicant  | \$        |
| Net take home pay<br>Spouse   | \$        |
| Other income – other family<br>members, and including<br>Disability, WSIB, Pay<br>Equity, Damages for<br>Wrongful Dismissal | \$        |
| <b>TOTAL NET INCOME</b>   | <b>\$</b> |

TOTAL DISPOSABLE INCOME \$ \_\_\_\_\_

| MONTHLY EXPENSES                  | \$        |
|-----------------------------------|-----------|
| Housing                           | \$        |
| Food                              | \$        |
| Utilities                         | \$        |
| Clothing                          | \$        |
| Medical                           | \$        |
| Transportation                    | \$        |
| Insurance                         | \$        |
| Other major expenses<br>(specify) | \$        |
| Incidentals                       | \$        |
| <b>TOTAL MONTHLY EXPENSES</b>     | <b>\$</b> |

## 4. ASSET DISPOSITION

| ASSETS DESCRIPTION   | LOCATION/DESCRIPTION |  |
|--|----------------------|--|
| Cash on Hand<br>In Bank  |                      |  |
| Cash Surrender Value of<br>Insurance Policies                    |                      |  |
| Savings Plans<br>Bonds, Stocks, Shares,<br>RRSP's, RESP's, RIF's |                      |  |
| Personal Effects   |                      |  |
| Furniture  |                      |  |
| Estimated Tax Refund   |                      |  |
| Collectibles (Stamps, etc.)                                      |                      |  |
| House/Cottage/Land   |                      |  |
| Mobile Home  |                      |  |
| Automobile/Model<br>Serial No. _____                             |                      |  |
| Other Motorized Vehicle  |                      |  |
| Any Other Assets   |                      |  |

**5. CREDITOR INFORMATION**

| Creditor's Name | Address, and postal code | Account # | Amount Owing |
|-----------------|--------------------------|-----------|--------------|
|                 |                          |           |              |
|                 |                          |           |              |
|                 |                          |           |              |
|                 |                          |           |              |
|                 |                          |           |              |
|                 |                          |           |              |
|                 |                          |           |              |
|                 |                          |           |              |

**6. SUPPLEMENTARY INFORMATION**

(1) **Employment History** – Your employers for the last two (2) years. Show each period when E.I. Benefits was received.

| Name of Employer | Address | Date Started |   |   | Dated Ended |   |   |
|------------------|---------|--------------|---|---|-------------|---|---|
|                  |         | D            | M | Y | D           | M | Y |
|                  |         |              |   |   |             |   |   |
|                  |         |              |   |   |             |   |   |

**(2) Income Tax Return Information:**

Year last filed \_\_\_\_\_

Amount owing \_\_\_\_\_ \$ \_\_\_\_\_

Refund received \$ \_\_\_\_\_

Refund expected \$ \_\_\_\_\_

**Details of Alimony or Child Support payments – indicate the amount paid and to whom:**

| Amount | Name | Address |
|--------|------|---------|
|        |      |         |

(3) Details of any present garnishments: \_\_\_\_\_

\_\_\_\_\_

(4) Details of any wage deduction: \_\_\_\_\_

\_\_\_\_\_

(5) Have you any credit cards (please specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(6) Have you received or do you expect to receive an inheritance? (please explain): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(7) Are you bonded in your present position? (please explain): \_\_\_\_\_

\_\_\_\_\_

(8) 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: \_\_\_\_\_

Have you obtained any credit in the last 3 months? (if yes, please explain): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(9) Has anyone guaranteed some of your debts? (if yes, please explain): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**You own property or are on title to a property, or guarantor of the mortgage on a property:**

| Approximate retail value    | Name of mortgage holder(s) | Amount owing |
|-----------------------------|----------------------------|--------------|
| \$                          | 1.                         | \$           |
| <b>Name of joint owners</b> | 2.                         | \$           |
|                             | 3.                         | \$           |
|                             | 4.                         | \$           |

**(10) If you rent: do you live alone? \_\_\_\_\_ With your family? \_\_\_\_\_ Have a roommate? \_\_\_\_\_**

| Address of main residence | # Of Months | Rent paid | Name of Landlord |
|---------------------------|-------------|-----------|------------------|
|                           |             |           |                  |
|                           |             |           |                  |
|                           |             |           |                  |
|                           |             |           |                  |

**(13) Are you involved in any lawsuits? \_\_\_\_\_ If yes, give details \_\_\_\_\_**

**(14) Describe briefly the circumstances that caused your financial problems: \_\_\_\_\_**

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**Certification**

I hereby certify that the information contained in this application is true and complete in every respect and fully discloses the state of my affairs. In addition, I recognize that any income in excess of reasonable cost of living must be paid to the Trustee for the general benefit of the creditors.

|                        |      |
|------------------------|------|
| Signature of Applicant | Date |
|                        |      |