



Crowe Soberman Inc.

Crowe Soberman Inc.
Licensed Insolvency Trustee
Member Crowe Global

2 St. Clair Avenue East, Suite 1100
Toronto, ON M4T 2T5
416 929 2500 Tel.
416 929 2555 Fax
1 877 929 2501 Toll Free
www.crowesobermaninc.com

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
Education: 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.: _____

2. SELF EMPLOYED INFORMATIONHave 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		TOTAL DISPOSABLE INCOME																																	
Net take home pay Applicant	\$	<table border="1"> <thead> <tr> <th colspan="2">MONTHLY EXPENSES</th> <th>\$</th> </tr> </thead> <tbody> <tr> <td>Housing</td> <td></td> <td>\$</td> </tr> <tr> <td>Food</td> <td></td> <td></td> </tr> <tr> <td>Utilities</td> <td></td> <td>\$</td> </tr> <tr> <td>Clothing</td> <td></td> <td>\$</td> </tr> <tr> <td>Medical</td> <td></td> <td>\$</td> </tr> <tr> <td>Transportation</td> <td></td> <td>\$</td> </tr> <tr> <td>Insurance</td> <td></td> <td>\$</td> </tr> <tr> <td>Other major expenses (specify)</td> <td></td> <td>\$</td> </tr> <tr> <td>Incidentals</td> <td></td> <td>\$</td> </tr> <tr> <td>TOTAL MONTHLY EXPENSES</td> <td></td> <td>\$</td> </tr> </tbody> </table>	MONTHLY EXPENSES		\$	Housing		\$	Food			Utilities		\$	Clothing		\$	Medical		\$	Transportation		\$	Insurance		\$	Other major expenses (specify)		\$	Incidentals		\$	TOTAL MONTHLY EXPENSES		\$
MONTHLY EXPENSES			\$																																
Housing			\$																																
Food																																			
Utilities		\$																																	
Clothing		\$																																	
Medical		\$																																	
Transportation		\$																																	
Insurance		\$																																	
Other major expenses (specify)		\$																																	
Incidentals		\$																																	
TOTAL MONTHLY EXPENSES		\$																																	
Net take home pay Spouse	\$																																		
Other income – other family members, and including Disability, WSIB, Pay Equity, Damages for Wrongful Dismissal	\$																																		
TOTAL NET INCOME	\$																																		

4. ASSET DISPOSITION

ASSETS DESCRIPTION	LOCATION/DESCRIPTION	
Cash on Hand In Bank		
Cash Surrender Value of Insurance Policies		
Savings Plans Bonds, Stocks, Shares, RRSP's, RESP's, RIF's		
Personal Effects		
Furniture		
Estimated Tax Refund		
Collectibles (Stamps, etc.)		
House/Cottage/Land		
Mobile Home		
Automobile/Model 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.	\$
Name of joint owners	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: _____

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