

CONFIDENTIAL DEBT ASSESSMENT FORM

NAME: _____

PLEASE SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR FORM:

1. Completed questionnaire;
2. Two pieces of identification (i.e. Photo ID and one other identification such as a MSP card or SIN card);
3. If filing Bankruptcy - all of your credit cards (*including those that have a "zero" balance*) as well as any supplementary credit cards in the possession of your spouse or others;
4. Your most recent credit card and other debt owing statements;
5. Copy of the last tax return filed by you or on your behalf or the tax assessment notice;
6. Your two most recent paystubs;
7. The three most recent statements for each of your bank accounts;
8. Motor vehicle registrations for all vehicles registered in your name;
9. Life insurance policies;
10. RRSP statements, bonds, stocks, RESP statement or other investments owned by you;
11. Property tax assessment of any real estate owned by you;
12. Documents relating to the sale of all real estate owned by you during the past 5 years;
13. Copy of your Separation Agreement and/or Divorce Order showing support to be paid;
14. All documents relating to any legal actions you are involved in (i.e. writs, judgments, garnishments, wage assignments, etc.).

Please indicate the source of your referral. _____

*(Lawyer, accountant, friend, yellow pages, internet, etc.)***OFFICE LOCATIONS****VANCOUVER**

Suite 1120, 625 Howe Street
Vancouver, BC V6T 2T6
Tel: 604-689-4255
Toll Free: 1-877-308-8877
Fax: 604-689-4277

SURREY

Suite 210, 5620 - 152nd Street
Surrey, BC V3S 3K2
Tel: 604-576-2262
Toll Free: 1-855-500-2262
Fax: 604-576-2268

VICTORIA

Suite 414 - 1207 Douglas Street
Victoria, BC V8W 2E7
Tel: 250-995-3122
Toll Free 1-866-995-3122
Fax: 250-483-1003

PRINCE GEORGE

401 Quebec Street
Prince George, BC V2L 1W5
Tel: 250-563-4635
Toll Free: 1-866-563-4635
Fax: 250-563-4659

VERNON

2900 - 31st Avenue
Vernon, BC V1T 2G4
Tel: 250-549-2922
Toll Free: 1-888-333-2922
Fax: 250-542-8300

TRUSTEES

George Abakhan CPA, CA • CIRP
Philip McCourt CPA, CGA • CIRP
Richard Robinson CA • CIRP

Office Use Only

Date of Assessment _____
Date of Sign Up _____

CONFIDENTIAL DEBT ASSESSMENT FORM

Please complete this form and return to Grant Thornton Limited in person, by mail, or by e-mail.
DO NOT OPEN THIS DIRECTLY FROM AN E-MAIL - SAVE THE FILE TO YOUR COMPUTER FIRST, THEN OPEN THE SAVED COPY.

Please answer all questions to the best of your knowledge. If you have any questions, please call us. When you have all your information ready, please call us to arrange a confidential, complimentary consultation.

(1) PERTINENT INFORMATION RELATING TO YOUR AFFAIRS

Surname _____ Given Names _____

Birth Date Day _____ Month _____ Year _____

Also known as _____

Address _____ City _____

Province _____ Postal Code _____ Social Insurance No. _____

At current address since Day _____ Month _____ Year _____ Sex _____

Present Employer Name & Address _____

Usual Occupation _____ Employment started Day _____ Month _____ Year _____

Unemployed since Day _____ Month _____ Year _____

Highest Level of Education _____

Telephone Numbers ex: 999-999-9999

Home _____ Work _____ Cell _____ Message _____

E-mail _____

Marital Status _____ Is this a Joint Filing? _____

Has your marital status changed in the past 5 years? _____ If yes, since: Day _____ Month _____ Year _____

If married, is there a contract? _____ Date of Contract: Day _____ Month _____ Year _____

SPOUSE:

Surname _____ Given Names _____

Birth Date Day _____ Month _____ Year _____

Also known as _____

Address _____ City _____

Province _____ Postal Code _____ Social Insurance No. _____

At current address since: Day _____ Month _____ Year _____ Sex _____

Name and address of spouse's employer _____

Usual Occupation _____ Employment started Day _____ Month _____ Year _____

Unemployed since Day _____ Month _____ Year _____

Highest Level of Education _____

LIST ALL DEPENDENTS THAT RELY ON YOU FOR FINANCIAL SUPPORT

	Full Name	Relationship	Date of Birth			Address (if different)	Annual Income
			D	M	Y		
1	_____	_____	_____	_____	_____	\$ _____	
2	_____	_____	_____	_____	_____	\$ _____	
3	_____	_____	_____	_____	_____	\$ _____	
4	_____	_____	_____	_____	_____	\$ _____	
5	_____	_____	_____	_____	_____	\$ _____	

If over 18 years old, explain why they are still dependent

Have you been self-employed in the past 5 years? _____

Name of Business # 1		Principal business activity		Type of Business
Date Business Started	Date Business Ended	No. of Employees on Payroll	Are payroll remittances owing?	GST Number
_____	_____	_____	_____	_____
Accounts Receivable	Accounts Payable	Are financial statements current?	% of Ownership	Still operating?
\$ _____	\$ _____	_____	_____	_____
Assets				

Name of Business # 2		Principal Business Activity		Type of Business
Date Business Started	Date Business Ended	No. of employees on Payroll	Are payroll remittances owing?	GST Number
_____	_____	_____	_____	_____
Accounts Receivable	Accounts Payable	Are financial statements current?	% of Ownership	Still operating?
_____	_____	_____	_____	_____
Assets				

(2) IN THE LAST 5 YEARS HAVE YOU: *(PROVIDE DATES OF TRANSACTIONS, NET PROCEEDS RECEIVED AND WHAT PROCEEDS WERE USED FOR)*

Disposed of/sold any of your assets (stocks, bonds, RRSPs, RESPs, vehicles, properties, houses, condos, vacation homes, jewellery, art, etc.)? *(If yes, please explain)*

Made payments larger than required regular payments? *(If yes, please explain)*

Had assets seized by a creditor? Wages garnisheed? Property foreclosed on? *(If yes, please explain)*

Made large gifts of \$500 or more to relatives or to others? *(If yes, please explain)*

Made any arrangements to continue to pay creditors? *(If yes, please explain)*

(3) BUDGET INFORMATION

Monthly Income

Personal Monthly Expenses

Net Employment Income	Applicant	_____
	Spouse	_____
Net Child Support	Applicant	_____
	Spouse	_____
Net Spousal Support	Applicant	_____
	Spouse	_____
Net EI Benefits	Applicant	_____
	Spouse	_____
Net Social Assistance	Applicant	_____
	Spouse	_____
Pension - CPP	Applicant	_____
	Spouse	_____
Pension - OAS	Applicant	_____
	Spouse	_____
Pension - Supplement	Applicant	_____
	Spouse	_____
Pension - WCB	Applicant	_____
	Spouse	_____
Pension - Disability	Applicant	_____
	Spouse	_____
Pension - Social Security	Applicant	_____
	Spouse	_____
Pension - Other	Applicant	_____
	Spouse	_____

Child Support Payments	_____
Spousal Support Payments	_____
Child Care	_____
Medical Condition Expenses	_____
Court Fines	_____
Expenses Condition of Employment	_____
Rent	_____
Mortgage	_____
Property Taxes	_____
Condo Fees	_____
Heating/Gas/Oil	_____
Telephone	_____
Cable	_____
Hydro	_____
Water	_____
Smoking	_____
Pet Care	_____
Dining/Lunches/Restaurants	_____
Entertainment/Sports	_____
Gifts/Charitable Donations	_____
Allowances	_____
Prescriptions	_____
Medical Service Plan Premiums	_____
Dental	_____

Self-employment Income (after taxes and expenses)	Applicant	_____
	Spouse	_____
Child Tax Benefit	Applicant	_____
	Spouse	_____
Universal Child Benefit	Applicant	_____
	Spouse	_____
Other Income (1)?	Applicant	_____
	Spouse	_____
Other Income (2)?	Applicant	_____
	Spouse	_____
Specify Other Income (1)?	Applicant	_____
	Spouse	_____
Specify Other Income (2)?	Applicant	_____
	Spouse	_____

Food/Grocery	_____
Laundry/Dry Cleaning	_____
Grooming/Toiletries	_____
Clothing	_____
Car Lease or Purchase Payments	_____
Repair/Maintenance/Gas	_____
Public Transportation	_____
Vehicle Insurance	_____
House/Tenant Insurance	_____
Life Insurance	_____
Payment to Secured Creditor	_____
Payment to Trustee	_____
Other	_____
Specify Other	_____

Total Monthly Income \$ _____

Total Monthly Expenses \$ _____

Total Disposable Income (Income less Expenses) \$ _____

(4) STATEMENT OF AFFAIRS

Personal Assets	Description	Estimated Value
Cash	On hand	\$ _____
	Savings	Name of Bank _____ \$ _____
	Chequing	Name of Bank _____ \$ _____
Life Insurance Policy	Name of Company _____ Policy Number _____ Beneficiary _____	\$ _____
Stocks, Bonds, RRSP, RESP		\$ _____
Investments, GIC, TFSA		\$ _____
Pension/Superannuation		\$ _____

Real Property

1 Ownership _____ Joint Owner: _____ Type of Property _____
Mortgage Holder _____ Other Liens _____
RRSP for down payment? _____ If yes, what is the amount per year? _____ Resale Value \$ _____ Assessed Value \$ _____

2 Ownership _____ Joint Owner: _____ Type of Property _____
Mortgage Holder _____ Other Liens _____
RRSP for down payment? _____ If yes, what is the amount per year? _____ Resale Value \$ _____ Assessed Value \$ _____

Motorized and Recreational Vehicles

	Year	Make	Model	Value
Car (1)	_____	_____	_____	\$ _____
Car (2)	_____	_____	_____	\$ _____
Car (3)	_____	_____	_____	\$ _____
Truck	_____	_____	_____	\$ _____
Recreational (quad, snowmobile, etc.)	_____	_____	_____	\$ _____
Boat (power boats, kayak, etc.)	_____	_____	_____	\$ _____
Trailer (camping, utility)	_____	_____	_____	\$ _____
Motorcycle	_____	_____	_____	\$ _____

Other Assets

Expecting Tax Refund? \$ _____ Safe Deposit Box \$ _____
Safe Deposit Box Location _____

Safe Deposit Box Contents _____

FURNITURE AND HOUSEHOLD EFFECTS
Fair Market Values - NOT Replacement Values

Living Room

Furniture \$ _____
 Electronics \$ _____
 Other (Paintings, etc.) \$ _____

Dining Room

Table/Chairs \$ _____
 China/Silver \$ _____

Kitchen

Table/Chairs \$ _____
 Dishes/Pots & Pans \$ _____
 Small Appliances/Microwave \$ _____
 Fridge/Stove/Freezer \$ _____

Master Bedroom

Bedroom Suite \$ _____
 TV/Electronics \$ _____

Other Bedrooms/Office

Bedroom(s) Furniture \$ _____
 Office Furniture \$ _____
 Computers/TV/Electronics \$ _____

Recreation/Sporting Goods/Outdoor

Piano \$ _____
 Pool Table \$ _____
 Hot Tub \$ _____
 Barbeque/Patio Furniture \$ _____
 Lawn Mower/Yard Tools \$ _____
 Bicycles/Paddle Boards \$ _____
 Ski Equipment/Golf Clubs \$ _____
 Guns/Hunting Equipment \$ _____

Other Furniture/Tools

Washer/Dryer \$ _____
 Power Tools \$ _____

Clothing & Personal Effects

Clothing \$ _____
 Jewellery \$ _____
 Art/Antiques \$ _____
 Collectibles (stamps, coins, etc.) \$ _____

Tools of Trade (provide list with amounts)

Total Value of All Assets: \$ _____

(5) LIABILITIES - DEBTS (please write complete name, address and account numbers of all creditors, include Nil balance accounts)

CREDITOR NAMES AND ADDRESSES	AMOUNT OWING: APPLICANT	AMOUNT OWING: SPOUSE	CHECK IF JOINT	COMMENTS Business Debt?
1. Canada Revenue Agency Last year filed: _____ Any appeals ongoing? _____ Account Number _____	\$ _____	\$ _____	<input type="checkbox"/>	
2. Student Loans Last day registered as student: _____ Account Number _____	\$ _____	\$ _____	<input type="checkbox"/>	
3. _____ Account Number _____	\$ _____	\$ _____	<input type="checkbox"/>	
4. _____ Account Number _____	\$ _____	\$ _____	<input type="checkbox"/>	
5. _____ Account Number _____	\$ _____	\$ _____	<input type="checkbox"/>	
6. _____ Account Number _____	\$ _____	\$ _____	<input type="checkbox"/>	
7. _____ Account Number _____	\$ _____	\$ _____	<input type="checkbox"/>	
8. _____ Account Number _____	\$ _____	\$ _____	<input type="checkbox"/>	

CREDITOR NAMES AND ADDRESSES	AMOUNT OWING: APPLICANT	AMOUNT OWING: SPOUSE	CHECK IF JOINT	COMMENTS Business Debt?
9. _____ Account Number _____	\$ _____	\$ _____	<input type="checkbox"/>	
10. _____ Account Number _____	\$ _____	\$ _____	<input type="checkbox"/>	
11. _____ Account Number _____	\$ _____	\$ _____	<input type="checkbox"/>	
12. _____ Account Number _____	\$ _____	\$ _____	<input type="checkbox"/>	
13. _____ Account Number _____	\$ _____	\$ _____	<input type="checkbox"/>	
14. _____ Account Number _____	\$ _____	\$ _____	<input type="checkbox"/>	
15. _____ Account Number _____	\$ _____	\$ _____	<input type="checkbox"/>	
16. _____ Account Number _____	\$ _____	\$ _____	<input type="checkbox"/>	
Total of All Liabilities - Debts				\$ _____

(6) SUPPLEMENTARY INFORMATION

Employment History - Your employers for the past two years. Show each period when Employment Insurance was received.

Name of Employer	Address	Date Started			Date Ended		
_____	_____	D ___	M ___	Y ___	D ___	M ___	Y ___
_____	_____	D ___	M ___	Y ___	D ___	M ___	Y ___
_____	_____	D ___	M ___	Y ___	D ___	M ___	Y ___
_____	_____	D ___	M ___	Y ___	D ___	M ___	Y ___
_____	_____	D ___	M ___	Y ___	D ___	M ___	Y ___
_____	_____	D ___	M ___	Y ___	D ___	M ___	Y ___

Income Tax Information

Year last filed _____ Amount Owing \$ _____ Refund Received \$ _____ Refund Expected \$ _____

Do you have a separation agreement? _____ Through court? _____ Divorce Order? _____

Details of alimony or maintenance - indicate the amount paid and beneficiary

Name	Address	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Details of any present garnishments or attachments. Provide garnishee and payroll department details

Details of any wage deductions

Have you received or do you expect to receive an inheritance? _____

If yes, please explain

Have you obtained any credit in the last 3 months? _____

If yes, please explain

Have you ever been bankrupt before? _____

When? _____

Where? _____

Trustee _____

Discharged? _____

When? _____

Where? _____

Trustee _____

Discharged? _____

Have you ever filed a proposal before? _____

When? _____

Where? _____

Trustee _____

Discharged? _____

When? _____

Where? _____

Trustee _____

Discharged? _____

Has anyone co-signed or guaranteed some of your debts? _____ If yes, please explain

Empty rectangular box for explanation of co-signed debts.

Describe briefly the circumstances that caused your financial problems.

Large empty rectangular box for describing 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 as per the Superintendent of Bankruptcy Standards must be paid to the trustee for the general benefit of the creditors.

Signature of Applicant

Date

Please save a copy of this document to your computer and email that saved copy to:

kayla.hogue@ca.gt.com or yvonne.stewart@ca.gt.com

Save

SAVE and PRINT this form FIRST
Then email your saved copy.

Print Form