

D. Elinor Warner
Administrator

DEREK L. CHASE & ASSOCIATES LTD.
LICENSED INSOLVENCY TRUSTEE
DEREK L. CHASE, CPA, CIRP
400 Tenth Avenue
Campbell River, BC V9W 4E3

Shirley D. Tomyn
Administrator

TEL (250)287-8331 or Toll Free in BC (866)317-8331; FAX (250)287-7224

DETAILED APPLICATION

PRIOR TO OR FOLLOWING YOUR INTERVIEW WITH THE TRUSTEE OR TRUSTEE'S REPRESENTATIVE, PLEASE USE THE CHECKLISTS BELOW TO **ENSURE THAT YOUR APPLICATION IS COMPLETE** IN ORDER TO AVOID ANY DELAYS IN PROCESSING.

- ❑ Complete **ALL** questions and appendices in detail on the attached application.
- ❑ List **ALL** creditors with complete addresses, **including** postal codes. Include most recent credit statements or record best estimate of amount owed to the nearest dollar. Record **ALL** account numbers.
- ❑ Please ensure that you **sign and date the application**.

PLEASE SUBMIT THE FOLLOWING WITH YOUR COMPLETED APPLICATION

- ❑ Copy of your individual life insurance policies.
- ❑ Copy of your RRSP statements showing transactions for the past 12 months.
- ❑ Copy of your RESP and any other investment statements.
- ❑ Copy of your last Income Tax Return, Notice of Assessment and GST/HST Return filed by yourself or your accountant.
- ❑ Copy of your last paystub from your employer or the following information from ***January 1st of the current year to present***: Total gross income earned and ***all*** deductions paid and any other tax information for the current tax year.
- ❑ Credit cards not yet surrendered or destroyed, including those with a zero balance.
- ❑ Copy of all writs, judgments, garnishee orders or Canada Revenue Agency Requirements to Pay.
- ❑ Copy of any order or agreement relating to divorce, spousal or child support payments.
- ❑ *If you own a home*: Copy of letter of opinion from a local realtor as to fair market value for a quick sale and your current year property assessment notice on any real estate or mobile home. Please provide copies of insurance documentation on these assets as well.
- ❑ *If you own a vehicle*: Copy of the vehicle registration. Obtain and include the year, model and serial number/vehicle identification number as recorded on the vehicle, from the vehicle itself.
- ❑ Copy of Birth Certificate and one piece of photo identification.

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CONFIDENTIAL DETAILED APPLICATION

PERSONAL DATA

SIN: _____

Last Name _____ Salutation Mr. / Mrs. / Ms. / Miss _____

First and Middle Names _____ Birthdate (D/M/Y) _____

Maiden Name _____ Previous Names _____ Tel - Home _____

Street Address _____ - Work _____

Town/City _____ - Cell _____

Province _____ Postal Code _____ Email _____

When did you move to your present address? (D/M/Y) _____ Do you Own _____ Rent _____

How long have you resided in BC? From (D/M/Y) _____ To (D/M/Y) _____

Mailing Address (if different from above) _____

Education 0-8 Yrs _____ Some High School _____ High School Graduate _____ Some Post-Secondary _____
Post-Secondary Certificate or Diploma _____ University Degree _____

Present Occupation: _____ You have been employed since when? _____
(If unemployed, what was your last occupation: _____)

Full Name and Address of Employer (including postal code): _____

Marital Status - Specify day, month and year (D/M/Y) of event if it occurred within the last five years:

Common-law ___/___/___ Divorced ___/___/___ Married ___/___/___

Separated ___/___/___ Single ___/___/___ Widowed ___/___/___

Spouse or Common-law Partner Information: Salutation Mr. / Mrs. / Ms. / Miss SIN _____

Full Name _____ Birthdate (D/M/Y) _____

Maiden Name _____ Previous Names _____

Address _____

Education: 0-8 Yrs _____ Some High School _____ High School Graduate _____ Some Post-Secondary _____
Post-Secondary Certificate or Diploma _____ University Degree _____

Employer _____ Occupation _____

Has your spouse co-signed for any loans with you? _____ (If yes, what amount? \$ _____)

Number of dependants who rely on you for financial support: _____

Name of Dependant	Relationship	Birthdate (D/M/Y)	Address

List closest relative information, not living with you (emergency contact):

Name _____ Relationship _____
Address _____ Telephone _____

PERSONAL DATA - continued

List all of your employers for the past two years, showing dates started and terminated. If there were periods when you were drawing Employment Insurance (EI) or Social Assistance (S/A) benefits, show each period separately. Attach a separate page if space is insufficient.

Employer's Name	Employer's Full Address (including postal code)	Date Job or EI or S/A Benefits Commenced / Terminated

Have you ever been bankrupt? Yes: ___ No: ___ Or filed a proposal before? Yes: ___ No: ___

If yes, give: Name of Trustee: _____ Date of Proceeding: _____

Place of Assignment: _____ Date of Discharge: _____

Is a copy of discharge order available? (If yes, please provide copy.) Yes: ___ No: ___

Have you been self-employed in the last five (5) years? Yes: ___ No: ___

	Business #1	Business #2	Business #3
Business Name:			
Sole Proprietorship, Partnership or Corporation?			
Date operations began: Date operations ended: Or are operations ongoing? How many employees?			
Where are books and records?			
Business Number: Last GST/HST return filed? (You are required to file all returns.)			
Names of partners:			
Address of business (including postal code):			
Type of business:			

Are you an officer or a director of a limited company? Yes: ___ No: ___ (If yes give details: _____)

ASSETS

Description:	Location/Description:	Security: Bank/Amount	Best Estimate of Present Value:
Cash on Hand/in Bank			
Household Furniture: Per Appendix B			
Personal Effects/Jewellery			
Retirement Savings Plans			
Loans Due to You/Accounts Receivable			
Insurance Policies: Type/Company/Policy No.			
Investments/Savings Plans/Bonds			
Stocks/Shares			
Registered Education Savings Plans			
Collectibles: Stamps, Coins, etc.			
Automobile: Year ___ Kms _____ Serial No. (VIN)	Make Model		
Motorcycle: Year ___ Kms _____ Serial No. (VIN)	Make Model		
Other Motorized Vehicle: Year _____ Kms _____ Serial No. (VIN)	Make Model		
Recreational Vehicle/Boat/Motor/Trailer Year/Make/Model/Details			
Any Other Assets:			
Mobile Home: Year/Make/Model : Registry No. (MHR#)			Appraised/ Assessed Value:
House/Cottage/ Land: Civic Address: Legal Description: Title Holders: Are property taxes paid? Yes ___ No ___ Insurance coverage? Yes ___ No ___ Insured until: _____			Appraised/ Assessed Value:

Have any of the preceding debts arisen from your guarantee or co-signing of debts for another individual or corporation? Yes: ___ No: ___ (If yes, provide details below.) Is borrower bankrupt? Yes: ___ No: ___

Lender's Name:	Lender's Address:	Amount	Borrower's Name:	Borrower's Address:

GENERAL

1. Within the last twelve (12) months have you sold, disposed of or transferred any of your assets [eg. GIC's, RRSP'S (provide statements), stocks, bonds, vehicles, furniture]? Yes: ___ No: ___ (If yes, provide details below.)

Description of Asset	Date Disposed	To Whom	Proceeds	Disposition of Proceeds
			\$	
			\$	
			\$	

2. Within the last twelve (12) months have you made any payments in excess of regular payments to a creditor? Yes: ___ No: ___ (If yes, provide details.) _____

3. Within the last twelve (12) months have you had any assets seized by a creditor? Yes: ___ No: ___
Asset Seized: _____ Date Seized: _____
Name of Party Seized By: _____ Secured Creditor? Yes: ___ No: ___
Form of Security: _____

4. Within the last five (5) years have you sold disposed of or transferred any real estate? Yes: ___ No: ___ (If yes, provide details below.) Were you insolvent at the time? Yes: ___ No: ___

Description of Asset	Date Disposed	To Whom	Proceeds	Disposition of Proceeds

5. Within the last five (5) years have you made any gifts to relatives or others in excess of \$500? Yes: ___ No: ___ (If yes, give details.) Were you insolvent at the time? Yes: ___ No: ___

GENERAL - continued

6. Have you made any arrangements to continue to pay any creditors in the future (eg. post-dated cheques or automatic withdrawals)? Yes:___ No:___ (If yes, provide details.) _____

7. (a) List the banks that you are currently dealing with.

Bank	Complete Address (including postal code)	Account #	Account Balance

7. (b) Do you have a safety deposit box? Yes:___ No:___ If yes, which bank? _____
Provide details of contents: _____

8. Do you have or did you have any credit cards? Yes:___ No:___ (If yes, complete the following table and if you need more space, please use separate sheet.):

Credit Card Grantor	Account Number	Destroyed?	
		Yes	No
		/	
		/	
		/	
		/	

9. Please provide details of monthly household income and expenses on Appendix "A" attached hereto.

10. Are you a beneficiary of a Will or will you receive an inheritance? Yes:___ No:___ (If yes, provide details.) _____

11. 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:___ (If yes, provide details.) _____

12. Were you, or are you, involved in civil litigation from which you may receive monies or property? Yes:___ No:___ (If yes, provide details.) _____

GENERAL - continued

13. Have you signed a wage assignment? Yes: ___ No: ___ (If yes, provide details) _____

14. Has anyone started legal proceedings against you? Yes: ___ No: ___ (If yes, provide details) _____

15. Do any of your debts arise from:

- (a) A fine or penalty imposed by Court. Yes: ___ No: ___
- (b) A recognizance or bail bond. Yes: ___ No: ___
- (c) Alimony or maintenance payments. Yes: ___ No: ___
- (d) Fraud, embezzlement or misappropriation. Yes: ___ No: ___
- (e) Defalcation while acting in a fiduciary capacity. Yes: ___ No: ___
- (f) Obtaining property by false pretences/fraudulent misrepresentation. Yes: ___ No: ___
- (g) Damages awarded by a Civil Court regarding bodily harm, sexual assault or wrongful death resulting therefrom. Yes: ___ No: ___
- (h) Student loans relating to studies discontinued within the last 7 years. Yes: ___ No: ___
If yes, when did you cease your studies? (D/M/Y): _____

16. For which year did you file your last income tax return? _____

- Did you receive a refund? Yes: ___ No: ___
- Are there arrears owing? Yes: ___ No: ___
- Has the Canada Revenue Agency issued a Requirement to Pay or other attachment to your income or bank account? (If yes, provide a copy.) Yes: ___ No: ___
- Is there a copy available? (Please provide) Yes: ___ No: ___

17. Are you required to pay any spousal or child support? Yes: ___ No: ___ If yes, to whom: _____

_____ Through FMEP?: Yes: ___ No: ___ Date of agreement: (D/M/Y): _____

Amount payable per month: \$ _____ Total paid since Jan 1st: \$ _____

Are you receiving spousal or child support? Yes: ___ No: ___ If yes, from whom: _____

_____ Through FMEP?: Yes: ___ No: ___ Date of agreement: (D/M/Y): _____

Amount receivable per month: \$ _____ Total received since Jan. 1st: \$ _____

(Provide copy of Court Order or Separation Agreement.)

18. Please give approximate date and details of circumstances which led to your financial problems:

- Unemployment
- Business failure
- Poor money management
- Overuse of credit
- Marital separation
- Gambling
- Health Problems(Specify)
- Reduced income
- Other (Specify)

Provide Details: _____

GENERAL – continued

19. When did you first become aware of your insolvency? (State details of occurrences which caused you to believe that you were insolvent.) _____

20. Have you incurred any debts since the date given in Question 18 above? _____

21. How did you find us? Telus Yellow Pages _____ CanPage Yellow Pages _____ Lawyer/Accountant _____
Friend/Family _____ Internet _____ Other _____ (Specify _____)

I HEREBY CERTIFY THAT THE INFORMATION IN THIS FORM AND IN THE DOCUMENTS ATTACHED HERETO IS TRUE, CORRECT AND COMPLETE IN EVERY RESPECT AND FULLY DISCLOSE THE STATE OF MY ASSETS AND LIABILITIES AND, SPECIFICALLY, **THAT I HAVE NO OTHER ASSETS OTHER THAN THOSE STATED IN THIS APPLICATION.** I HEREBY AUTHORIZE DEREK L. CHASE & ASSOCIATES LTD., LICENSED INSOLVENCY TRUSTEE, TO COLLECT, USE AND DISCLOSE MY PERSONAL INFORMATION, SUCH AS MY NAME, ADDRESS AND FINANCIAL INFORMATION, TO THE SUPERINTENDENT OF BANKRUPTCY, MY FINANCIAL INSTITUTIONS, MY CREDITORS AND ANY OTHER APPLICABLE GOVERNMENT AGENCIES AND PARTIES AS MAY BE PERMITTED OR REQUIRED UNDER THE BANKRUPTCY AND INSOLVENCY ACT (CANADA) FOR THE PURPOSE OF PERMITTING DEREK L. CHASE & ASSOCIATES LTD., TRUSTEE IN BANKRUPTCY, TO FULFILL THE DUTIES AND OBLIGATIONS UNDER THE BANKRUPTCY AND INSOLVENCY ACT (CANADA) AND THIS AGREEMENT.

SIGNATURE _____ DATE _____

INCOME AND EXPENSE SUMMARY

NET MONTHLY INCOME (after deductions/provide slips)

**Net Employment Income	\$ _____
Spousal Net Income	_____
Pension Income	_____
Child Tax Benefit/UCCB	_____
Spousal/Child Support Payments Received	_____
Employment Insurance Benefits	_____
Welfare Benefits	_____
Other Earnings: _____	_____

TOTAL NET MONTHLY INCOME FOR HOUSEHOLD > > > \$ _____

MONTHLY EXPENSES

NON-DISCRETIONARY EXPENSES:

Child support payments	_____
Spousal support payments	_____
Child care	_____
Medical condition expenses*	_____
Fines/penalties imposed by court	_____
Expenses as a condition of employment	_____
Debts where stay has been lifted	_____
Other (provide details) _____	_____

DISCRETIONARY EXPENSES:

Housing	Rent/mortgage	_____
	Property taxes/condo fees	_____
	Heating/gas/oil	_____
	Telephone	_____
	Cable	_____
	Internet	_____
	Hydro	_____
Personal	Tobacco products	_____
	Alcohol	_____
	Entertainment/sports Allowances	_____
Medical	Prescriptions*	_____
	Dental*	_____
	MSP premiums	_____
Living	Food/grocery	_____
	Laundry/drycleaning	_____
	Grooming/toiletries	_____
	Clothing	_____
Transportation	Vehicle lease/loan payments	_____
	Vehicle repair/maintenance/gas	_____
	Public transportation	_____
Insurance	Vehicle	_____
	House/contents	_____
	Life	_____
Other (provide details)	_____	_____

*Are you insured by a private medical plan?
Yes: ____ No: ____ (If yes, provide details)

** Are you paid: Weekly _____
: Every 2 weeks _____
: Twice a month _____
: Once a month _____

TOTAL MONTHLY EXPENSES FOR HOUSEHOLD \$ _____

SURPLUS OR (DEFICIT) \$ _____

HOUSEHOLD FURNISHINGS, APPLIANCES AND PERSONAL EFFECTS

Household Furnishings, Appliances (Check items in your possession and indicate the estimated value calculated at **auction, bailiff or garage sale** prices.)

___ Stove	\$ _____	___ Beds	\$ _____	___ Computer	\$ _____
___ Refrigerator	_____	___ Water beds	_____	___ Swimming pool	_____
___ Dishwasher	_____	___ Desk	_____	___ Video recorder	_____
___ Microwave	_____	___ Night tables	_____	___ Stereo	_____
___ Table/chairs	_____	___ Dresser	_____	___ Television	_____
___ Chesterfield	_____	___ Highboy	_____	___ Paintings	_____
___ Lazy-boy	_____	___ Freezer	_____	___ Silverware	_____
___ Living room set	_____	___ Washer	_____	___ China	_____
___ Cedar chest	_____	___ Dryer	_____	___ Pool table	_____
___ Living rm. tables	_____	___ Dining rm. set	_____	___ Games (over \$25)	_____
___ Coffee tables	_____	___ Book cases	_____	___ Household Tools	_____
___ Lamps	_____	___ Hutch	_____	___ Sculptures	_____
___ Air conditioner	_____	___ Patio furniture	_____	___ Antiques	_____
___ Power mower	_____	___ Typewriter	_____	___ Carpets/Rugs	_____
Location _____			Total estimated value \$ _____		

Personal Effects (Please provide detailed descriptions below or attach lists where space is insufficient.)

Musical instruments _____	\$ _____	Collections (stamps, coins, etc.) _____	\$ _____
Fur _____	\$ _____	Jewellery _____	\$ _____
Tools of trade (Attach Detailed List) _____	\$ _____	Cameras & related equipment _____	\$ _____
Sporting equipment _____	\$ _____	Camping equipment _____	\$ _____
Other _____	\$ _____	Other _____	\$ _____
Location, if other than home _____		Total estimated value \$ _____	