

# APPLICATION FORM GOTH & COMPANY INC.

Suite 815 Centre 104, 5241 Calgary Trail  
Edmonton, AB T6H 5G8

Phone: (780) 435-5110  
Fax: (780) 435-3880  
Toll Free: 1 800 267-6015

(circle one) **BANKRUPTCY OR CONSUMER PROPOSAL INFORMATION FORM**

PERSONAL INFORMATION					
<b><u>Debtor</u></b>			<b><u>Spouse</u></b>		
_____ surname	_____ given name	_____ middle name	_____ surname	_____ given name	_____ middle name
_____ other names or alias		_____ sex: M or F	_____ other names or alias		_____ sex: M of F
_____ address		_____ city	_____ address (if different)		_____ city
_____ province	_____ postal code	_____ since? (yymmdd)	_____ province	_____ postal code	_____ since?(yymmdd)
_____ home phone #		_____ bus phone #	_____ home phone #		_____ bus phone #
_____ birthdate (yymmdd)		_____ SIN	_____ birthdate (yymmdd)		_____ SIN

<b><u>Marital Status &amp; Dates</u></b>		Month	Year	Month	Year	
_____	_____	_____	_____	_____	_____	# in Household (incl bankrupt)
<b><u>Dependants:</u></b>						
Full name	Relationship	Birthdate (yymmdd)	Age	Address (If different)	Income (monthly)	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
If over 18, why dependent? _____						

EMPLOYMENT INFORMATION					
<b><u>Debtor</u></b>			<b><u>Spouse</u></b>		
_____ usual occupation			_____ usual occupation		
_____ employer		_____ since? (yymmdd)	_____ employer		_____ since? (yymmdd)
_____ address (city, province, postal code)			_____ address (city, province, postal code)		
If unemployed, since when: _____			If unemployed, since when: _____		
E.I. Dates: _____ TO _____			E.I. Dates: _____ TO _____		

<b><i>For Office Use Only</i></b>				
Trustee # _____	Type of Insolvency	A R C O P	Deposit \$	Previously Bankrupt?
Referred by:	Type of Estate	B P C	Monthly pymt \$	Assessment Date:
Joint? Yes No	Type of Administration	S O		



**ASSETS:**

DESCRIPTION/DETAILS		ESTIMATED VALUE	EXEMPT	ENCUMBERED	LOCATION
BANK ACCT(S)	#	\$			
	#	\$			
HOUSEHOLD FURNISHINGS		\$			
PERSONAL EFFECTS	LIST: JEWELRY, FURS, COLLECTIONS, MUSICAL INSTRUMENTS	\$			
INVESTMENTS, BONDS, RRSP		\$			
INSURANCE CASH VALUE		\$			
REAL ESTATE	Legal Description:	\$			
TOOLS OF THE TRADE	LIST:	\$			
VEHICLES	Year _____ Make _____ Model _____ Serial # _____ Mileage _____ Owner _____	\$			
IS IT YOUR INTENTION TO KEEP YOUR VEHICLE AND CONTINUE THE PAYMENTS? YES _____ NO _____					
RECREATION VEHICLES	Year _____ Make _____ Model _____ Serial # _____ Owner _____	\$			
OTHER		\$			
TOTAL		\$			

**DETAILS OF PLEDGED (Encumbered) ASSETS**

ASSET	CREDITOR	DATE PLEDGED	PRESENT VALUE OF PROPERTY	PRESENT LOAN BALANCE

**TAX INFORMATION:**

YEAR LAST TAX RETURN FILED \_\_\_\_\_ AMOUNT OWED \$ \_\_\_\_\_ REFUND REC'D \$ \_\_\_\_\_ REFUND EXPECTED \$ \_\_\_\_\_

ADDRESS AT THE TIME YOU FILED RETURN? \_\_\_\_\_

HAVE YOU DISCOUNTED YOUR PREVIOUS YEAR'S RETURN? YES \_\_\_\_\_ NO \_\_\_\_\_

**BUSINESS INFORMATION:** Have you been self-employed or in business in the last 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_

NAME OF BUSINESS:	TOTAL DEBT DUE TO BUSINESS: \$ _____ %
TYPE OF BUSINESS:	STARTED (yy/mm/dd) _____ CLOSED (yy/mm/dd) _____
ADDRESS OF BUSINESS (including postal code):	PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____

**EMPLOYMENT HISTORY:** List all employers for the last two years. Include periods when drawing U.I.C.

EMPLOYER	ADDRESS Include postal code	START DATE yy/mm/dd	END DATE yy/mm/dd

**BRIEFLY DESCRIBE THE CIRCUMSTANCES WHICH HAVE CAUSED YOUR FINANCIAL PROBLEMS:** (choose one or more of the following)

- |   |  |
|---|--|
| <input type="checkbox"/> Business Failure             | <input type="checkbox"/> Marital breakdown/personal problems       |
| <input type="checkbox"/> Financial Mismanagement      | <input type="checkbox"/> Over-extension of credit                  |
| <input type="checkbox"/> Health-related problems      | <input type="checkbox"/> Unemployment or adverse employment change |
| <input type="checkbox"/> Other (please explain) _____ |  |

No Yes Details

Have you been bankrupt before?			Date of Bankruptcy/Proposal (yy/mm/dd):
Have you filed a proposal before?:			Date of Discharge (yy/mm/dd):
			Trustee location:

**HISTORICAL INFORMATION:** No Yes When What How much equity & how disposed

WITHIN THE LAST 12 MONTHS HAVE YOU:					
Disposed of or transferred any assets?					
Made payments to a creditor in excess of regular payments?					
Had any assets seized by a creditor?					
WITHIN THE LAST 5 YEARS HAVE YOU:					
Sold, disposed of, or transferred any real estate or other assets?					
Made any gifts in excess of \$500.00 to relatives or to others?					
HAVE YOU MADE ARRANGEMENTS TO CONTINUE TO PAY ANY CREDITORS?					

WHO REFERRED YOU TO US?

\_\_\_ Yellow Pages

\_\_\_ Lawyer

\_\_\_ Web page

\_\_\_ Former Client

\_\_\_ Other

\_\_\_ Consumer Tips

**INCOME AND EXPENSES**

<b>A. MONTHLY INCOME AFTER DEDUCTIONS</b>	Debtor	Spouse	<b>MONTHLY EXPENSES</b>	
10 NET EMPLOYMENT INCOME	\$		100 RENT/MORTGAGES	\$
15 PENSION			105 PROPERTY TAX	
30 CHILD SUPPORT			110 HEATING &/OR GAS	
35 CHILD TAX CREDIT			115 TELEPHONE	
40 SPOUSAL SUPPORT			117 CELL PHONE	
50 EMPLOYMENT INSURANCE BENEFITS			120 CABLE	
55 SOCIAL ASSISTANCE			125 ELECTRICITY/HYDRO	
60 RENTAL INCOME			130 WATER	
69 GROSS SELF EMPLOYMENT Net			150 SMOKING	
80 OTHER INCOME			155 ALCOHOL	
			160 DINING/LUNCHES/RESTAURANTS	
			165 ENTERTAINMENT/SPORTS	
			170 GIFTS/CHARITABLE DONATIONS	
<b>TOTAL</b>	\$		175 ALLOWANCES	
			200 PRESCRIPTIONS	
<b>B. MONTHLY NON-DISCRETIONARY EXPENSES</b>			205 DENTAL	
10 CHILD SUPPORT PAYMENTS	\$		220 FOOD/GROCERY	
20 SPOUSAL SUPPORT PAYMENTS			225 LAUNDRY/DRY CLEANING	
30 CHILD CARE			230 GROOMING/TOILETRIES	
40 HEALTH RELATED EXPENSES			235 CLOTHING	
50 FINES/PENALTIES BEING PAID			250 CAR LEASE/PAYMENTS	
60 EMPLOYMENT-RELATED EXPENSES			255 REPAIR/MAINTENANCE/GAS	
70 DEBTS WHERE STAY HAS BEEN LIFTED			260 PUBLIC TRANSPORTATION	
OTHER EXPENSES			280 VEHICLE INSURANCE	
<b>TOTAL</b>	\$		285 HOUSE INSURANCE	
			290 FURNITURE/CONTENTS INS.	
			295 LIFE INSURANCE	
			300 TO THE ESTATE (TRUSTEE PYMT)	
			310 TO SECURED CREDITOR	
			OTHER EXPENSES	
			<b>D. TOTAL MONTHLY EXPENSES</b>	\$
<b>C. TOTAL MONTHLY INCOME (A - B)</b>	\$		<b>DISPOSABLE INCOME (C - D)</b>	\$

\* Items to consider: babysitters, allowances, laundry, donations, lessons, entertainment, barber/beauty salon, cigarettes

**DETAILS OF ALIMONY OR MAINTENANCE PAID DURING THE PAST YEAR:**

PAID TO WHOM?	AMOUNT PAID
ADDRESS	CITY
	PROVINCE
	POSTAL CODE

**ADDITIONAL INFORMATION** (If more space is required for answers, please use bottom of page. For each "Yes answer, please give details):

Yes No

HAVE YOU APPLIED FOR ASSISTANCE THROUGH:

CREDIT COUNSELLING?

ORDERLY PAYMENT OF DEBT?

OTHER? (Please specify)

ARE YOU BONDED IN YOUR PRESENT POSITION?

HAVE YOU RECEIVED OR DO YOU EXPECT TO RECEIVE AN INHERITANCE, INSURANCE CLAIM OR OTHER SETTLEMENT?

WERE YOU OR ARE YOU INVOLVED IN CIVIL LITIGATION FROM WHICH YOU MAY RECEIVE MONIES OR PROPERTY? e.g. accident claim

ARE THERE ANY WRITS, JUDGEMENTS, GARNISHMENTS OR WAGE ASSIGNMENTS OUTSTANDING AGAINST YOU?

ARE YOU SUBJECT TO A GARNISHEE?

HAS ANYONE GUARANTEED A DEBT FOR YOU?

DO YOU HAVE A SAFETY DEPOSIT BOX?

HAVE YOU ANY CREDIT CARDS? (If yes, list below)

HAVE YOU OBTAINED ANY CREDIT OR USED YOUR CREDIT CARDS IN THE LAST 3 MONTHS?

ARE ANY APPRAISALS AVAILABLE TO SUPPORT YOUR VALUATION OF ASSETS?

ARE YOUR ASSETS INSURED?

DOES YOUR HUSBAND/WIFE OWN ANY ASSETS?

ARE YOU NOW IN POSSESSION OF OR STORING ANY PERSONAL PROPERTY WHICH DOES NOT BELONG TO YOU AND HAS NEVER BELONGED TO YOU (e.g. household goods, motor vehicles or other property)?

DETAILS OF ABOVE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE UNDERSTAND THAT A STATEMENT OF YOUR FINANCIAL AFFAIRS WILL BE PREPARED FROM THE INFORMATION SUPPLIED BY YOU ON THIS APPLICATION AND THAT STATEMENT MUST BE SWORN BY YOU UNDER OATH AS BEING, TO THE BEST OF YOUR KNOWLEDGE AND BELIEF, A FULL, TRUE AND COMPLETE STATEMENT OF YOUR FINANCIAL AFFAIRS.

I hereby certify that the information contained in the 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 a reasonable cost of living must be paid to the Trustee for the general benefit of the creditors.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_