



## TODD McMAHON INC

TRUSTEES IN BANKRUPTCY

525 – 744 West Hastings Street

Vancouver, B.C. V6C 1A5

Phone: 604 – 697 – 8800

Fax: 604 – 647 - 0265

### CONFIDENTIAL DETAILED APPLICATION

Before your interview please use the checklist below to ensure that your application is complete in order to avoid any delays in processing.

1. Complete ALL questions on the attached application form. If the question is not applicable to your situation please use N/A
  2. List all creditors with **account number**, complete **addresses, including postal codes**. Estimate the amount owned to the nearest dollar.
  3. Please bring the following to your interview.
    - Two pieces of personal identification;
    - All your credit cards;
    - Copy of your latest income tax return filed;
    - Last month's pay stub;
    - All stocks, bonds, RRSP's or other forms of marketable securities owned by you;
    - All documents relating to any legal actions you are involved in, such as writs, judgments, garnishees, wage assignments, separation agreements, etc;
    - Copy of your individual life insurance policy (if applicable)
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How did you hear about Todd McMahon Inc.?

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**CONFIDENTIAL PERSONAL INFORMATION - - SELF**

Full Name: \_\_\_\_\_

S.I.N.: \_\_\_\_\_ Birth-date: (MM-DD-YY) \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Common law \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Code \_\_\_\_\_ Home Telephone No.: \_\_\_\_\_

CELL Telephone No.: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Have you ever been bankrupt before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of Trustee: \_\_\_\_\_

Date Filed: (DD-MM-YY) \_\_\_\_\_

Place Filed: \_\_\_\_\_

Date Discharged: (DD-MM-YY) \_\_\_\_\_

For what year did you last file an income tax return? \_\_\_\_\_

Refund received: \$ \_\_\_\_\_ Refund to come: \$ \_\_\_\_\_ Amount owing: \$ \_\_\_\_\_

**CONFIDENTIAL PERSONAL INFORMATION - - SPOUSE**

Full Name: \_\_\_\_\_

S.I.N.: \_\_\_\_\_ Birth-date: (DD-MM-YY) \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Code \_\_\_\_\_ Home Telephone No.: \_\_\_\_\_

CELL Telephone No.: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Have you ever been bankrupt before? Yes  No

If yes, name of Trustee: \_\_\_\_\_

Date Filed: (DD-MM-YY) \_\_\_\_\_

Place Filed: \_\_\_\_\_

Date Discharged: (DD-MM-YY) \_\_\_\_\_

For what year did you last file an income tax return? \_\_\_\_\_

Refund received: \$ \_\_\_\_\_ Refund to come: \$ \_\_\_\_\_ Amount owing: \$ \_\_\_\_\_

**NOTE: Remainder of personal information on spouse to be completed only if spouse is also filing for bankruptcy.**

DEPENDANTS				
Full Names	Relationship	Birth-date MM-DD-YY	Address (if different)	Annual Income

**EMPLOYMENT - - SELF**

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

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Postal Code \_\_\_\_\_ Work Telephone No.: \_\_\_\_\_

Start Date: \_\_\_\_\_ Finish Date: \_\_\_\_\_

**EMPLOYMENT - - SPOUSE**

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

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Postal Code \_\_\_\_\_ Work Telephone No.: \_\_\_\_\_

Start Date: \_\_\_\_\_ Finish Date: \_\_\_\_\_

EMPLOYMENT HISTORY				
List ALL employers as well as periods in which you received E.I. benefits since the year of your last tax return files. If this is a joint bankruptcy application, list your spouse's employers E.I. and also mark with an "S" in the far right columns				
Employer's Name	Address	Started (MM-DD-YY)	Ended (MM-DD-YY)	Spouse

**MONTHLY INCOME**

	Bankrupt	Spouse/Family Member		
Net employment income	_____	_____	Child support payments	_____
Net pension/Annuities	_____	_____	Spousal support payments	_____
Net child support	_____	_____	Child care	_____
Net spousal support	_____	_____	Medical condition expenses	_____
Net employment insurance	_____	_____	Fines/penalties imposed by the Court	_____
Net social assistance	_____	_____	Expenses of condition of employment	_____
Self-employment income	_____	_____	Debts where stay has been lifted	_____
Child tax benefit	_____	_____	Other expenses	_____
Other net income	_____	_____		

**MONTHLY DISCRETIONARY EXPENSES: (Family unit)**

**Housing expenses**

Rent/mortgage/hypothec	_____
Property taxes/condo fees	_____
Heating/gas/oil	_____
Telephone	_____
Cable	_____
Hydro	_____
Water	_____
Furniture	_____
Other	_____

**Personal expenses**

Smoking	_____
Alcohol	_____
Dining/lunches/restaurants	_____
Entertainment/sports	_____
Gifts/charitable donations	_____
Allowances	_____
Other	_____

**Non-recoverable medical expenses**

Prescriptions	_____
Dental	_____
Other	_____

**Living expenses**

Food/grocery	_____
Laundry/dry cleaning	_____
Grooming/toiletries	_____
Clothing	_____
Other	_____

**Transportation expenses**

Car lease/payments	_____
Repair/maintenance/gas	_____
Public transportation	_____
Other	_____

**Insurance expenses**

Vehicle	_____
House	_____
Furniture/contents	_____
Life insurance	_____
Other	_____

**Payments**

Payments to the estate	_____
To secured creditor	_____
(Other than mortgage and vehicle)	_____
Other	_____

## BUSINESS INVOLVEMENT

If you have been self-employed in the last five years, please complete the following:

Business #1

Name of business: \_\_\_\_\_

Address of business: \_\_\_\_\_

Start Date: \_\_\_\_\_ Finish Date; \_\_\_\_\_

Type of business: Sole Proprietorship?  Partnership?  Corporation?

Percentage share of ownership: \_\_\_\_\_

If a corporation did you guarantee debts personally? Yes  No

If partnership provide names and addresses of partners \_\_\_\_\_

Is the business still operating Yes  No

Location of books and records: \_\_\_\_\_

Fiscal year end for tax purposes: \_\_\_\_\_

Revenue Canada Employer # : \_\_\_\_\_

Last date workers employed: \_\_\_\_\_ Last calendar year T'4's issued: \_\_\_\_\_

Name & address of accountant: \_\_\_\_\_

Name & address of lawyer: \_\_\_\_\_

Business' bank and branch: \_\_\_\_\_

Is this business registered with GST? Yes  No  If Yes, Registration Number: \_\_\_\_\_

If available, please provide the most recent copies of the following for each business:

Financial Statements	WCB Returns	Accounts Receivable Listing
Income Tax Returns	GST Returns	T4 Returns
Leases	PST Returns	

NOTE: If you had more than one business in the last five years, please attach a list providing the same information for the other businesses.

Please be sure to adequately describe your assets, and indicating in right hand column whether asset is owned by applicant, spouse, or jointly by inserting "A", "S" or "J".

Asset	Description/Location	Current Market Value	Owned by "A" "S" "J"
Furniture / Appliances / Personal Effects			
Life Insurance			
R.E.S.P.'s			
R.R.S.P.'s			
Bonds			
Shares			
Real Estate			
Vehicles	Year                      Make                      Model		
	Year                      Make                      Model		
	Year                      Make                      Model		
Recreation Vehicle			
Tools			
Other Assets			
Accounts Receivable			

Are any of the above assets pledged to a creditor as security?      Yes       No   
 If yes, complete section below.

Asset	Creditor to Whom Pledged	Type of Loan	Total Debt	Value of Asset

Do you have funds on deposit with a bank or other institution where you also have a credit card or loan?      Yes       No   
 If yes, please provide details:

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Are there any Court actions, Writs, Judgments, Garnishee Orders, etc. currently outstanding against you?      Yes       No   
 If yes, please list here and bring copies to your interview.

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**LIST OF CREDITORS**

Please provide **COMPLETE** information and indicate in appropriate column whether debt belongs to Applicant, Spouse or is Joint by inserting "A", "S" or "J".

[NOTE: Should space below be insufficient to list all creditors, please attach a list showing the same information.]

**YOU MUST PROVIDE POSTAL CODES AND ACCOUNT NUMBERS**

Complete Name of Creditor	Complete Address of Creditor	Code	Business Related?	Account Number	Total Debt	"A" "S" "J"
<b>TOTALS \$</b>						

**CREDIT CARDS**

List all credit cards and include liabilities in the list of creditors.

**NOTE: Your Spouse will be liable for supplementary cards**

Card Name	Account Number

**SUPPLEMENTARY INFORMATION**

WITHIN THE LAST 12 MONTHS, HAVE YOU.....

Disposed or transferred any of your assets? Yes  No

If Yes: What? \_\_\_\_\_ To whom? \_\_\_\_\_

When (DD-MM-YY) \_\_\_\_\_ Amount rec'd \$ \_\_\_\_\_ Value at disposal date: \$ \_\_\_\_\_

What? \_\_\_\_\_ To whom? \_\_\_\_\_

When (DD-MM-YY) \_\_\_\_\_ Amount rec'd \$ \_\_\_\_\_ Value at disposal date: \$ \_\_\_\_\_

Made payments in excess of regular payments to a creditor? Yes  No

If Yes: What \_\_\_\_\_ When (DD-MM-YY) \_\_\_\_\_ Amount paid: \$ \_\_\_\_\_

What \_\_\_\_\_ When (DD-MM-YY) \_\_\_\_\_ Amount paid: \$ \_\_\_\_\_

Had any assets seized by a creditor? Yes  No

What \_\_\_\_\_ When (DD-MM-YY) \_\_\_\_\_ By whom? \$ \_\_\_\_\_

What \_\_\_\_\_ When (DD-MM-YY) \_\_\_\_\_ By whom? \$ \_\_\_\_\_

Given any security to any creditors? Yes  No

What \_\_\_\_\_ When (DD-MM-YY) \_\_\_\_\_ To whom? \$ \_\_\_\_\_

Why? \_\_\_\_\_

What \_\_\_\_\_ When (DD-MM-YY) \_\_\_\_\_ To whom? \$ \_\_\_\_\_

Why? \_\_\_\_\_

**WITHIN THE LAST FIVE YEARS, HAVE YOU.....**

Sold, disposed of or transferred any real estate?

Yes  No

If Yes, Address: \_\_\_\_\_

To Whom? \_\_\_\_\_ When (DD-MM-YY) \_\_\_\_\_ Amount paid \$ \_\_\_\_\_

What did you do with the money? \_\_\_\_\_

Address: \_\_\_\_\_

To Whom? \_\_\_\_\_ When (DD-MM-YY) \_\_\_\_\_ Amount paid \$ \_\_\_\_\_

What did you do with the money? \_\_\_\_\_

Made gifts to relatives or others in excess of \$500?

Yes  No

If yes, What \_\_\_\_\_ When (DD-MM-YY) \_\_\_\_\_ To whom? \_\_\_\_\_

Value of Gift: \$ \_\_\_\_\_ Why? \_\_\_\_\_

What \_\_\_\_\_ When (DD-MM-YY) \_\_\_\_\_ To whom? \_\_\_\_\_

Value of Gift: \$ \_\_\_\_\_ Why? \_\_\_\_\_

Do you have debts that arise from the following?					
	Yes	No		Yes	No
Court fines or penalties			Fraud?		
Child support or maintenance			Misappropriation of funds?		
Alimony			Embezzlement?		
Obtaining property by false pretences or fraudulent misrepresentation?					

Have you co-signed or guaranteed a loan for anyone or for a business?

Yes  No

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you signed a wage assignment, that is, given a creditor a right to a portion of your continuing salary?

Yes  No

If Yes, provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you received or do you expect to receive an inheritance:

Yes  No

If Yes, provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you involved in any lawsuits currently where you may be the recipient of any monies?

Yes  No

If Yes, provide details:

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When did you first become aware of your insolvency?

Describe the circumstances that caused your financial problems:

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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 TO THE BEST OF MY KNOWLEDGE. IN ADDITION, I RECOGNIZE THAT A PORTION OF MY INCOME IN EXCESS OF AN AMOUNT SET OUT BY STATUTE MUST BE PAID TO THE TRUSTEE FOR THE GENERAL BENEFIT OF MY CREDITORS.

Signature

Date

Signature

Date

