



NAME:

Referred By:

Date of Initial Assessment:.....

CONSUMER PROPOSAL APPLICATION

PLEASE SUBMIT THE FOLLOWING DOCUMENTATION WITH YOUR APPLICATION:

	<u>APPLICANT</u>	<u>SPOUSE</u>
PROVIDE COPIES OF STATEMENTS, LOAN AGREEMENTS, LEASE AGREEMENTS, MORTGAGE DETAILS (IF AVAILABLE), INSURANCE POLICES, REGISTERED RETIREMENT SAVINGS PLANS, CANADA SAVINGS BONDS, GIC'S, ETC.	_____	_____
PROVIDE ANY COURT DOCUMENTS YOU MAY HAVE (I.E. NOTICE OF GARNISHMENT, FAMILY COURT SETTLEMENTS, STATEMENTS OF CLAIM)	_____	_____
YOUR MOST RECENT PAY STUB	_____	_____
BRING YOUR IDENTIFICATION (I.E. BIRTH CERTIFICATE, CITIZENSHIP OR PASSPORT)	_____	_____
DEPOSIT REQUIRED \$ _____		
TERMS _____		

ABDC APPLICATION ASSESSMENT

APPLICANT'S NAM SPOUSE'S NAME:
GIVEN NAME: GIVEN NAMES:
AKA: AKA:
ADDRESS:
HOME TELEPHONE: Dependants: #

NAME	AGE	DATE OF BIRTH

Date of Birth: Date of Birth:
SIN Number: SIN Number:
Occupation: Occupation:
Employer: Employer:
Address: Address:
Work Telephone: Work Telephone:

MARITAL STATUS: (LAST 5 YEARS)
DATE:MONTH.....YEAR STATUS:M() W() D() Separated() CL() Single()
DATE:MONTH.....YEAR STATUS:M() W() D() Separated() CL() Single()
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CHECKLIST
DUTIES OF BANKRUPT

- CRITERIA
- CREDITOR MEETING
- TWO COUNSELLING SESSIONS
- DEFAULT CONSEQUENCES

CONSUMER PROPOSAL

- CRITERIA
- DEFAULT CONSEQUENCES
- TWO CONSELLING SESSIONS

MISCELLANEOUS INFORMATION

- GUARANSHEES / HARRASSMENT
- EFFECT ON BANK ACCOUNTS
- CREDIT RATING
- OTHER OPTIONS
- CREDIT COUNSELLING
- NEGOTIATION WITH CREDITORS
- COMMUNITY
- BUDGET COUNSELLING

DECISION:

Referred By: Consultation Done By: Date:

WITHIN THE 12 MONTHS PRIOR TO THE DATE OF THE INITIAL BANKRUPTCY EVENT, HAVE YOU EITHER IN CANADA OR ELSEWHERE:

Circle)

(Please

Applicant

**Spouse
Disposed of or transferred assets?**

Y	N	Y	N
---	---	---	---

Made any excess payments to creditors or have you repaid relatives for loans?

Y	N	Y	N
---	---	---	---

Had any assets seized by creditors?

Y	N	Y	N
---	---	---	---

**WITHIN FIVE YEARS PRIOR TO THE DATE OF THE INITIAL BANKRUPTCY EVEN, WHILE YOU KNOW YOURSELF TO BE INSOLVENT, HAVE YOU EITHER IN CANADA OR ELSEWHERE :
Sold/ disposed of/transferred real estate?**

Y	N	Y	N
---	---	---	---

Made gifts relatives over \$500.00 in the past 5 years?

Y	N	Y	N
---	---	---	---

Have you made arrangements to continue to pay any creditor?

Y	N	Y	N
---	---	---	---

Do you expect to receive any sums of money which are related to your normal income or any other property within the next twelve months?

Y	N	Y	N
---	---	---	---

Are you involved in civil litigation from which you may receive money / property?

Y	N	Y	N
---	---	---	---

Have you or will you receive an inheritance?

Y	N	Y	N
---	---	---	---

DEBTS

CREDITOR NAME AND ADDRESS

BALANCE

COMMENTS

9				
		<u>Joint</u>	<u>Applicant</u>	<u>Spouse</u>
	Account#			
10				
		<u>Joint</u>	<u>Applicant</u>	<u>Spouse</u>
	Account#			
11				
		<u>Joint</u>	<u>Applicant</u>	<u>Spouse</u>
	Account#			
12				
		<u>Joint</u>	<u>Applicant</u>	<u>Spouse</u>
	Account#			
13				
		<u>Joint</u>	<u>Applicant</u>	<u>Spouse</u>
	Account#			
14				
		<u>Joint</u>	<u>Applicant</u>	<u>Spouse</u>
	Account#			
15				
		<u>Joint</u>	<u>Applicant</u>	<u>Spouse</u>
	Account#			
16				
		<u>Joint</u>	<u>Applicant</u>	<u>Spouse</u>
	Account#			

LOANS CONIGNED BY APPLICANT

Borrower's Name:	Amount:
Address:	
Is the party bankrupt?	
Business or Personal Debt?	
Type of Business:	

LOANS COSINED BY SPOUSE

Borrower's Name:	Amount:
Address:	
Is the party bankrupt?	
Business or Personal Debt?	
Type of Business:	

HAS THE APPLICANT OR SPOUSE DEBTS ARISING FROM:	(PLEASE CIRCLE)			
	Applicant		Spouse	
Fine or penalty imposed by the court?	Y	N	Y	N
Recognizance or bail bond?	Y	N	Y	N
Alimony or support?	Y	N	Y	N
Fraud, embezzlement, or misappropriation?	Y	N	Y	N
Student Loans?	Y	N	Y	N
Damages awarded by court for bodily harm or sexual assault?	Y	N	Y	N
Defalcation while acting in a fiduciary capacity?	Y	N	Y	N
Obtaining property by false misrepresentation?	Y	N	Y	N

PREVIOUS BANKRUPTCY / PROPOSAL IN CANADA OR ELSEWHERE:

Applicant	Y	N	Spouse	Y	N
Trustee Name:			Trustee Name:		
Date of Bankruptcy / proposal:			Date of Bankruptcy / proposal:		
Place Filed:			Place Filed:		
Discharge or Certificate of Compliance Date:			Discharge or Certificate of Compliance Date:		
Proposal Successful?	Y	N	Proposal Successful?	Y	N

INCOME AND EXPENSE STATEMENT WORKSHEET

NET MONTHLY INCOME	BANKRUPT	OTHER MEMBERS
NET SALARY	_____	_____
PENSION / ANNUITIES	_____	_____
CHILD SUPPORT	_____	_____
SPOUSAL SUPPORT	_____	_____
CHILD TAX CREDIT	_____	_____
E I B / WCB	_____	_____
SOCIAL ASSISTANCE	_____	_____
EMPLOYMENT GROSS-----NET	_____	_____
OTHER INCOME	_____	_____
TOTAL NET MONTHLY INCOME	1 <input type="text"/>	2 <input type="text"/>
TOTAL FAMILY INCOME	3 _____	

MONTHLY EXPENSES		
NON-DISCRETIONARY EXPENSES		
CHILD SUPPORT PAYMENTS	_____	_____
SPOUSAL SUPPORT PAYMENTS	_____	_____
CHILD CARE	_____	_____
ON GOING MEDICAL	_____	_____
FINES /PENALTIES	_____	_____
EMPLOYMENT RELATED EXPENSE	_____	_____
DEBT NOT STAYED	_____	_____
TOTAL NON DISCRETIONARY	4 <input type="text"/>	5 <input type="text"/>

TOTAL FAMILY NON DISCRETIONARY 6 _____

DISCRETIONARY EXPENSES

HOUSING	
RENT, MORTGAGE OR BOARD	_____
PROPERTY TAXES	_____
WATER	_____
HYDRO	_____
NATURAL GAS / OIL	_____
TELEPHONE	_____
CABLE	_____
HOSEHOLD MAINTENACE	_____
OTHER (SPECIFY)	_____
SUB TOTAL	<input type="text"/>
LIVING	
FOOD / GROCERIES	_____
CLOTHING	_____
LAUNDRY / DRY CLEANING	_____
GROOMING / TOILETRIES	_____
ROUTINE MEDICAL	_____
OTHER (SPECIFY)	_____
SUB TOTAL	<input type="text"/>
INSURANCE	
DISABILITY /LIFE	_____
AUTOMOBILE	_____
HOUSEHOLD	_____
SUB TOTAL	<input type="text"/>

TRANSPORTATION	
GASOLINE / OIL	_____
PUBLIC TRANSIT/ TAXI	_____
PARKING / CAR POOL	_____
CAR REPAIRS / LICENSE	_____
CAR LEASE	_____
OTHER (SPECIFY)	_____
SUB TOTAL	<input type="text"/>

PERSONAL	
ALCOHOL	_____
CIGARETTES	_____
DINING OUT /LUNCHES / COFFEE	_____
SPORTS /HOBBIES	_____
MOVIE RENTALS	_____
RECREATION /LEISURE	_____
NEWSPAPERS / MAGAZINES	_____
ALLOWANCES	_____
OTHER (SPECIFY)	_____
SUB TOTAL	<input type="text"/>

PAYMENTS	
ESTATE	_____
SECURED CREDITOR	_____
OTHER	_____
SUB TOTAL	<input type="text"/>

COMMENTS:

TOTAL DISCRETIONARY EXPENSES

SURPUS OR DEFICIT 3-6-10=

Applicant owned or operated a business within the last five years:

Y N

Business name:
Address:
Type of Ownership:
Type of business:
Name(s) of Partner(s):
Date Started:
Date Ceased:
Debts Incurred in business:
% of debts from Business:

Spouse owned or operated a business within the last five years?

Y N

Business name:
Address:
Type of Ownership:
Type of business:
Name(s) of Partner(s):
Date Started:
Date Ceased:
Debts Incurred in business:
% of debts from Business:

FOR BUSINESS BANKRUPTCY ONLY:

Previously in Receivership?					
Applicant	Y	N	Spouse:	Y	N
Date of Receivership:	Y	N	Date of Receivership:		
Agent (Receivership)			Agent (Receivership):		

BANK ACCOUNT INFORMATION

Name of Bankrupt: _____

Bank :	Account Number:
Address:	
	Joint
	Single(Name)

Bank :	Account Number:
Address:	
	Joint
	Single(Name)