

A. Clarke & Associates Inc.

Providing Options for Debt Relief

Debtor Profile

To help us assess your situation, the attached form (all sections that apply to you) should be completed. The completion of this form does ***not*** commit you to any of the options that will be explained to you.

Please bring with you, or attach, as much as possible of the following information:

- A copy of bills or statements for your debts including any loan documents
- Copy of your mortgage statement, recent property or mobile home assessments or tax assessment and house insurance.
- Any documents with reference to any legal action such as judgments, garnishees.
- Copy of your separation agreement to verify child maintenance payments.
- All charge cards, even if there is \$0 balance on the card.
- A copy of your most recent pays stub, employment insurance slip, or other proof of income; a copy of the assessment (or return) for the last tax return you filed
- A copy of vehicle(s) registration for all vehicles, boats, motor homes etc.
- A copy of your most recent bank statement or up to date savings passbook and a current ATM transaction record, in order that we can verify funds and credit union shares.
- A copy of statements for life insurance policies, Registered Retirement Savings Plan, Superannuation Plans, Registered Education Saving Plans – for children.
- A copy of your driver's license or picture identification with your full legal name.

< To assist you, we can copy these documents at our office. >

Ann Clarke, CIRP– Trustee

(NEW ADDRESS) 250 - 546 St. Paul Street, Kamloops, BC V2C 5T1

Tel: (250) 377-3255 Toll Free: 1-866-387-3255 Fax: (250) 314-1775

[Website: www.helpwithmoney.ca](http://www.helpwithmoney.ca)

[Email: AnnHelps@shawbiz.ca](mailto:AnnHelps@shawbiz.ca)

Applicant Surname		Spouse/Partner Surname	
First & Middle names		First & Middle names	
Also Known as or previous name:		Also known as or previous name:	
SIN #		SIN#	
Date of Birth(D/M/Yr)		Date of Birth(D/M/Yr)	
Marital Status <input type="checkbox"/> Married – Date (D/M/Yr) _____ <input type="checkbox"/> Separated – Since? (D/M/Yr) _____ <input type="checkbox"/> Divorced - When (D/M/Yr) _____ <input type="checkbox"/> Common Law – Since? (D/M/Yr) _____ <input type="checkbox"/> Single <input type="checkbox"/> Widow/Widower _____		Marital Status <input type="checkbox"/> Married – Date (D/M/Yr) _____ <input type="checkbox"/> Separated – Since? (D/M/Yr) _____ <input type="checkbox"/> Divorced - When (D/M/Yr) _____ <input type="checkbox"/> Common Law – Since? (D/M/Yr) _____ <input type="checkbox"/> Single <input type="checkbox"/> Widow/Widower _____	
Home Tel#	Cell#()	Home Tel#	Cell ()
Work# ()	Email	Work# ()	Email
Home Address		Address (if different)	
Postal Code		Postal Code	
Date moved in:		Date moved in:	
CHILD SUPPORT/Alimony		CHILD SUPPORT/Alimony	
Do you pay alimony or child support ? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do you pay alimony or child support ? <input type="checkbox"/> YES <input type="checkbox"/> NO	
To whom? _____ \$ _____ /month		To Whom? _____	
Is there an agreement of Court Order? <input type="checkbox"/> YES <input type="checkbox"/> NO		Is there an agreement of Court Order? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Children /Dependents living with you			
Full Name(s)		Date of Birth (Day/Month/Year)	
1.			
2.			
3.			
4.			

EMPLOYMENT:	EMPLOYMENT:
Applicant	Spouse/Partner
Occupation _____ <input type="checkbox"/> Full Time <input type="checkbox"/> PT/Seasonal <input type="checkbox"/> Retired <input type="checkbox"/> Social Assistance <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Not working	EMPLOYMENT: Occupation _____ <input type="checkbox"/> Full Time <input type="checkbox"/> PT/Seasonal <input type="checkbox"/> Retired <input type="checkbox"/> Social Assistance <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Not working
Current Employer: Name _____ Date started: Day/Month/Year: _____	Current Employer Name _____ Date started: Day/Month/Year: _____
Education – Please indicate highest level completed	Education
<input type="checkbox"/> Grade 1-8 <input type="checkbox"/> Some high school <input type="checkbox"/> High School <input type="checkbox"/> Some Secondary <input type="checkbox"/> Trade School <input type="checkbox"/> Some college <input type="checkbox"/> College degree/Diploma <input type="checkbox"/> Some university <input type="checkbox"/> University Degree	<input type="checkbox"/> Grade 1-8 <input type="checkbox"/> Some high school <input type="checkbox"/> High School <input type="checkbox"/> Some Secondary <input type="checkbox"/> Trade School <input type="checkbox"/> Some college <input type="checkbox"/> College degree/Diploma <input type="checkbox"/> Some university <input type="checkbox"/> University Degree

During the last 5 years, have you owned or had an interest in any business(s)? Yes No
 Proprietorship Partnership Corporation

Name of business(s): _____

Date started: Day/Month/Year: _____ Date operation ceased: Day/Month/Year: _____

Business/GST or HST number _____ Last Yr Tax return was filed _____

Have you personally guaranteed any business loans? Yes No _____

What does / did the business do? _____

Name of your Accountant? _____ Tel# _____

NOTES

ASSETS / Possessions	\$Value	Exempt Status	Financed?
<p>Property Primary Residence (address) _____ <input type="checkbox"/> Single family home <input type="checkbox"/> 1/2 duplex <input type="checkbox"/> Twnhse <input type="checkbox"/> Condo <input type="checkbox"/> Mfg Home</p> <p>Cottage / 2nd Home (address) _____ <input type="checkbox"/> Single family home <input type="checkbox"/> 1/2 duplex <input type="checkbox"/> Twnhse <input type="checkbox"/> Condo <input type="checkbox"/> Mfg Home</p> <p>Other (e.g. time share, acreage) _____</p>			
<p>Household – Please estimate the “garage sale” value of all your household items- including appliances, furniture, decorative ware, tools, electronics, etc</p>			
<p>Collections – antiques, coins, art, etc estimated liquidation value - Please Describe</p>			
<p>Home Office Equipment / Tools of Your Trade –Please describe</p>			
<p>Vehicles (Make, Model, Year, Mileage, Condition) 1) _____ 2) _____</p>			
<p>Recreational Equipment (Make/Size/Year/Condition)</p>			
<p>Motorbike(s)</p>			
<p>All Terrain vehicles (ATV)</p>			
<p>Boats/ Motor(s) /Jet Skis</p>			
<p>Trailers</p>			
<p>Motor Homes/travel trailer</p>			
<p>Snow Mobile(s)</p>			
<p>Other items (e.g. Sporting goods)</p>			

ASSETS (cont'd)	\$Value	Exempt Status	Financed?
Cash on Hand - Bank Accounts			
Savings/Investments – GIC's, Canada Savings Bonds/Tax Free Savings Acct			
Investments - Please list name & where they are i.e. Royal Bank, Investors Group, etc			
RRSPs (Applicant)			
(last 12 months)			
RRSPs (Spouse/Partner)			
RIFs /Pension (Applicant)		-	
RIFs Pensions (Spouse/Partner)			
RESPs			
Insurance Policies (Applicant)			
Insurance Policies (Spouse/Partner)			
Stocks/Shares/Other			
ASSET BUY BACK (Office use only)			
1.			
2.			

TAXES/ TAX RETURNS	
Applicant	Spouse/Partner
What is the last year you filed your income tax return? _____	What is the last year you filed your income tax return? _____
What years have you not filed? _____	What years have you not filed? _____
NOTES:	

MONTHLY INCOME		Applicant	Spouse/Partner
Net Employment Income			\$
Net pension income			
Net child support			
Net Child Tax Benefit			
Net Spousal Support			
Net EI (Employment Insurance)			
Net Social Assistance			
Self Employment Income	Gross Net	_____	_____
Other net income			
TOTAL Net Income\$			
EXPENSES (Non Discretionary)		Applicant	Spouse/Partner
Child Support Payments			
Child Care			
Medical Condition Expenses			
Fines/Penalties Imposed By the Court			
Debts were stay has been lifted			
Expenses as condition of Employment			
Other Expense (describe)			
TOTAL\$		TOTAL\$	\$
EXPENSES (Discretionary) Household/Personal			
Housing	\$	Living Expenses	\$
Rent/Mortgage		Food/Grocery	
Property Taxes/Condo Fees		Grooming/Toiletries	
Heating-Gas/Oil		Clothing	
Telephone –Land line/Cell		Other	
Cable		Transportation	
Hydro		Car lease/finance payments	
Water		Repair/maintenance/Fuel	
Furniture		Public transportation	
Other (describe)		Other	
Personal Expenses		Insurance Expenses	
Smoking		House	
Dining/Meal out		Furniture/contents	
Entertainment (i.e. sports)		Life insurance	
Gifts/charitable donations		Vehicle	
Other		Payments	
Medical Expenses (not reimbursed)		Secured Creditors(mortgage)	
Prescriptions		Secured Creditor (vehicles)	
Dental		Creditors (unsecured)	
Other		Other	
TOTAL ❶		TOTAL ❷	
		TOTAL Expenses - ❶&❷	

Please Answer ALL of the following questions:

1. In the last 12 months have you sold, given away or disposed of, in any way, any of your property including houses, cottages, land, RRSPs, household items e.g. antiques, vehicles, or jewelry? Yes No

What item(s)? / When?	How much \$ did you receive?	What did you do with the money?
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

2. In the last 12 months have you made extra payments to any creditor? Yes No
To Whom? _____ How Much? _____ When? _____

3. In the last 12 months, have you had any property, vehicles or bank accounts seized by a creditor?
 Yes No
What? _____ When? _____

4. Within the past 5 years, have you given any gifts or property, valued more at \$500 or more, knowing you were insolvent? Yes No
What? _____ When? _____ To Whom? _____
What? _____ When? _____ To Whom? _____

5. Within the past 5 years, have you sold or disposed on any property knowing you were insolvent?
 Yes No What assets/property? _____
When? _____

6. Do you have any debts arising from the following?

a. Fines or penalties imposed by the Court?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Recognizance of bail bond	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Alimony or family maintenance arrears? How much? \$ _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Fraud, embezzlement, misappropriation of funds or property Defalcation while acting in a fiduciary capacity	Yes <input type="checkbox"/>	No <input type="checkbox"/>

7. Do you expect to receive, within the next 12 months, any sums of money such as an inheritance, holiday pay, WCB settlement, personal injury settlement or any other property which is not related to your normal income. Yes No
If yes, please explain _____

8. Have your wages or bank account(s) been garnished? Yes No
Please explain? _____

9. Please tell us the reasons for your financial difficulties (Check all that apply)

Unemployment Marital Breakdown Over Extension of Credit Health Problems
 Financial Mismanagement Business Failure Gambling Other _____

Previous Bankruptcy/Consumer Proposals/Credit consolidation/Credit Counseling?	
Applicant	Partner/Spouse
Have you ever been?: (check all that apply) <input type="checkbox"/> Bankrupt <input type="checkbox"/> Filed a Consumer Proposal <input type="checkbox"/> Consolidated Your Debts?	Have you ever been?: (Check all that apply) <input type="checkbox"/> Bankrupt <input type="checkbox"/> Filed a Consumer Proposal <input type="checkbox"/> Consolidated Your Debts?
When? Day/ Month/Year _____	When? Day/ Month/Year _____
Cause? _____	Cause? _____
Agency / Trustee? _____	Agency / Trustee? _____

How did you find us?

- Referral from a friend / family Lawyer Yellow Pages (Telus? or Infotel?) Accountant
 Internet (circle one) - Bankruptcy Canada Google search-Web site
 Other _____

Emergency Contact(s)	Emergency Contact(s)
Name _____	Name _____
Address _____ _____	Address _____ _____
Telephone (____) _____	Telephone (____) _____
Relationship? _____	Relationship? _____

I (we) hereby certify that the information contained in this application is true and complete in every respect and fully discloses the state of my (our) affairs.

X Signature _____

Date _____

X Signature _____

Date _____