

For each source of income earned/received since January 1 of the current year, please complete the following:

Employer/UIC/Welfare Pension/WCB, etc.	Period From-To	Total Gross Income Earned/Received	Total Withholdings		
			CPP	UIC	Income tax

When was the last year you filed an income tax return? _____
 (Provide us with a copy of your last return and any notice received from Canada Customs and Revenue Agency)

Total due to Canada Customs and Revenue Agency for income tax arrears \$ _____

Are you receiving/paying any child support/alimony payments pursuant to a Court Order or written agreement? **If Yes – date of Order/Agreement** _____ Yes No

If yes, total received/paid January 1 to current date \$ _____.

Name and address of recipient/payor _____

Is child support paid/received included as income/deduction for tax purposes? Yes No

HAVE YOU BEEN BANKRUPT OR FILED A PROPOSAL BEFORE? Yes No

If yes:

Name of Trustee	_____	Date of Proposal	_____
Date of Bankruptcy	_____	Place Proposal filed	_____
Place Assignment filed	_____	Date Proposal completed	_____
Date of Discharge	_____		
Causes of bankruptcy	_____		

HAVE YOU BEEN SELF-EMPLOYED IN THE LAST FIVE YEARS? Yes No

If yes, Occupation _____

(Provide details for all self employment in the last two years) _____

HAVE YOU OWNED A BUSINESS IN THE LAST FIVE YEARS? Yes No

If yes, complete the following: (if there is more than one, attach a separate sheet)

Business name _____

Address _____

Primary business activity _____

Type of Ownership Ltd. Company / Sole Proprietorship / Partnership

Name of partner(s)/shareholder(s) _____

% of ownership/shareholding _____

Date business commenced _____ Date business ceased _____

Was business placed in bankruptcy or receivership? No Bankruptcy Receivership

Canada Customs payroll deduction # _____ GST # _____

Social Services Tax Remittance # _____ WCB # _____

Last GST return filed: Period _____ to _____

(Provide a copy of the last remittance filed for each of the above)

PLEASE NOTE THAT YOU ARE REQUIRED TO FILE ALL OUTSTANDING RETURNS

FORM 65

(Must be completed as part of the application)

INCOME AND EXPENSE STATEMENT FOR THE MONTH OF _____

NET MONTHLY INCOME

Net Salary (attach copies of your payslips) _____
Pensions/ Annuities _____
Spousal income _____
Child Tax Benefit _____
Alimony/Child Support _____
Employment Insurance Benefits _____
Social Assistance _____
Rental Income _____
Other Income (specify) _____

TOTAL NET MONTHLY INCOME \$ _____

MONTHLY EXPENSES

Non-discretionary expenses (attach receipts)

Child Support Payments _____
Spousal Support Payments _____
Child care _____
Health-related expenses _____
Fines/Penalties being paid _____
Debts where stay has been lifted by Court _____

Discretionary expenses (do not attach receipts)

Rent/Mortgage _____
Property Taxes _____
Electricity _____
Heating and/or Gas _____
Telephone _____
Cable _____
Car Maintenance / Gas _____
Transportation Costs / Public Transport _____
Vehicle Insurance _____
House Insurance _____
Life Insurance _____
Food and Meals _____
Hygiene Products _____
Clothing _____
Aesthetics Services _____
Other specify: _____

TOTAL MONTHLY EXPENSES \$ _____

SURPLUS OR DEFICIT \$ _____

The above is an accurate statement of my income and expenses as witnessed by my signature. The Trustee has made me aware of my obligations to contribute a portion of my surplus income to the estate for the general benefit of my creditors until I am discharged from bankruptcy.

NAME (please print) _____ TOTAL # IN FAMILY _____

ADDRESS _____ PHONE # _____

SIGNATURE _____ DATE _____

(Please type your name if filling in the form electronically)

LIST OF CREDITORS (all personal debts including every credit card, mortgages, leases, etc.)

[illegible]

Have you guaranteed or co-signed any corporate or individual debts? Yes No

If yes, complete the following:

Name of Corp. or Individual	Nature of Business	Creditor's Name	Complete Address and Postal Code	Amount Guaranteed

Note: Indicate whether the corporation(s) is/are in bankruptcy (B) and/or receivership (R), as well as listing the name of the Trustee and/or Receiver handling the Estate. _____

Amounts owed to you, including accounts receivable (attach list if necessary)

Name of Debtor _____
Address _____
Nature of debt _____
Amount: Good _____ Bad _____ Doubtful _____
Estimated to Produce _____

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

- **Disposed of any of your property?** If yes, provide details: Yes No
(Include any RRSP's, GIC's, CSB's or term deposits that you cashed and provide statement showing date of redemption)

Description _____ When (DD/MM/YY) _____
Funds received _____ Funds used for _____

Description _____ When sold _____
Funds received _____ Funds used for _____

- **Made any payments in excess of regular payments to creditors?** Yes No

Details: _____

- **Had any assets seized by a creditor?** Yes No

Details: _____

WITHIN THE LAST 5 YEARS PRIOR TO THE DATE OF THE INITIAL BANKRUPTCY EVENT, HAVE YOU EITHER IN CANADA OR ELSEWHERE:

- **Sold or transferred any property?** If yes, provide details: Yes No

Description _____ When sold _____
Funds received _____ Funds used for _____

Description _____ When sold _____
Funds received _____ Funds used for _____

- **Made any gifts to relatives or others in excess of \$500?** Yes No

Details: _____

- **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

Details: _____

- **Have you made any arrangements to continue paying any creditors?** Yes No

Details: _____

- **Do you have or did you have any credit cards?** Yes No
Destroyed To Trustee (please select one and initial) _____

- **Do you have any debts arising from a student loan?** Yes No

If yes, date you ceased to be a full time student? _____

ASSETS	Details	Exempt?	Amount/Value
Cash on hand or in bank _____			
Household furniture and appliances – approximately fair market value (up to \$4,000 exempt)			
Livingroom _____	Dining Room _____		
Kitchen _____	Bedroom #1 _____		
Bedroom #2 _____	Bedroom #3 _____		
Antiques _____	Paintings _____		
Outside _____	Tools _____		
Miscellaneous _____	Study _____		
Encumbered? Name of secured creditor: _____			
Jewellery _____			
Life insurance policies: (attach separate list if necessary)			
Insurance Company _____			
Policy Number _____			
Cash surrender value _____			
Beneficiary _____			
Stocks/shares/savings bonds/investments _____			
RRSP's/annuities _____			
Date of last contribution to RRSP: _____			
Vehicles: (up to \$5,000 exempt, only \$2,000 if alimony or child support are in arrears)			
Make, model and year _____			
Serial Number _____			
Approximate value _____			
Encumbrances (name of secured creditor) _____			
Make, model, and year _____			
Serial Number _____			
Approximate value _____			
Encumbrances (name of secured creditor) _____			
Tools of Trade – (up to \$10,000 exempt) – attach list _____			
Recreational equipment _____			
Pensions entitlement _____			
Collections _____			
Other Assets _____			
Do you expect to receive an inheritance or a financial settlement? Yes No			
Details: _____			
Real Estate: (up to \$12,000 exempt for principal residence in Victoria-\$9,000 elsewhere)			
Civic Address _____			
Share of ownership _____			
Property owners _____			
Appraised value _____	Are taxes paid? Yes No		
Vacant _____	Occupied _____	Insurance coverage? Yes No	
Mortgage owed \$ _____ (name of creditor) _____			
Has any government agency registered a charge, lien or judgement against your property? Yes No			
If rented, please provide name of tenant and amount of monthly rent _____			

PROVIDE A SEPARATE LISTING OF ANY OTHER ASSETS THAT YOU OWN.

Are you involved in civil litigation from which you may receive monies or property?

Details: _____ Yes No

Do any of your debts arise from....?

Fine or penalty imposed by Court	Yes	No
Civil fines for sexual assault or causing bodily harm	Yes	No
Recognizance or bail bond	Yes	No
Fraud/embezzlement/misappropriation	Yes	No
Defalcation while acting in fiduciary capacity	Yes	No
Obtaining property by false pretences or fraudulent misrepresentation	Yes	No
Student loans less than 7 years old	Yes	No

If yes, provide details: _____

Are there any writs, judgments, garnishee orders or wage assignments outstanding against you at this time?

Yes No

If yes, provide details: _____

When did you first become aware of your insolvency? _____

Please provide details of circumstances which caused your bankruptcy.

Max 500 characters

Have you incurred any debts since becoming aware of your insolvency?

Yes No

If yes, provide details: _____

Any other pertinent information

Max 500 characters

I HEREBY CERTIFY THAT THE INFORMATION IN THIS FORM AND IN DOCUMENTS ATTACHED THERETO IS TRUE, CORRECT AND COMPLETE IN EVERY RESPECT AND FULL DISCLOSE THE STATE OF MY ASSETS AND LIABILITIES AND **SPECIFICALLY THAT I HAVE NO OTHER ASSETS OTHER THAN THOSE STATED IN THIS CONSULTATION INTERVIEW RECORD.**

Signature (Please type your name if filling in the form electronically)

Date

ABBREVIATED LIST OF ITEMS THAT BANKRUPT MUST PROVIDE

- A copy of all vehicle registrations and insurance.
- A copy of every life insurance policy.
- A copy of the last Income Tax Return filed and earnings info for year to date.
- All credit cards in your possession.
- All stocks, bonds or other forms of marketable securities owned by you.
- List of Tools of Trade.
- All writs, judgments or garnishee orders.
- A copy of house insurance if owner of residence.
- Copy of BC Assessment of real property. (i.e. your house)
- Separation and/or divorce agreement.
- Copy of maintenance/child support agreement.
- Piece of identification with a photograph.
- Most recent paystub.
- Copy of Discharge Order if previously bankrupt.

GLOVER-DRENNAN INC.

Licensed Insolvency Trustees

Suite 402, 612 View Street Victoria,
BC V8W 1J5

Reception: (250) 380-2407

Fax: (250) 380-1004

Direct Lines:

Ken Glover	(250) 380-2407
Lesley Bentley	(250) 995-4233
Ruby Cajuguiran	(250) 995-4209
Carole Ellis	(250) 995-4208
Mike Stutzel	(250) 995-4203

Email: trustees@glover.ca **Website:** <http://www.glover-drennan.com>

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