

CONFIDENTIAL DETAILED APPLICATION

Please bring the following to your consultation:

1. Completed questionnaire;
2. Two pieces of identification (i.e. Birth certificate and one other identification such as a driver's license or SIN card);
3. All of your credit cards (including those that have a "zero" balance) as well as any supplementary credit cards in the possession of your spouse or others;
4. Your most recent creditor statements & mortgage statement
5. Most Recent bank statements – 1 months
6. Copy of the last tax return filed by you or on your behalf;
7. Your most recent pay stub or proof of income for 2-3 months (i.e. bank statements)
8. Registrations & black book value (or appraisal) for all Assets (i.e. vehicles, boats, trailers, campers) registered in your name
9. Life insurance policies;
10. RRSP, bonds, stocks, pensions, RESP or other marketable securities owned by you
11. Property tax assessment, Comparative Market Analysis and Mortgage pay out amount of any real estate owned by you;
12. Documents relating to the sale of all real estate owned by you during the past 5 years;
13. Copy of your Separation Agreement and/or Divorce Order;
14. All documents relating to any legal actions you are involved in (i.e. writs, judgments, garnishments, wage assignments, etc.).
15. Proof of Expenses (i.e. Child care, Child support, Spousal Support, Prescriptions, etc.)
16. Please indicate the source of your referral:

- Open New Bank Account (if required)

DOUG LEE & ASSOCIATES INC.

104 – 732 Cormorant Street
Victoria, BC V8W 4A5
Tel: (250) 360-4003
Fax: (250) 360-4008

Date of Assessment: _____

Date of Sign Up: _____

Consumer Proposal or Bankruptcy

Payment Schedule: \$ _____

Douglas S. Lee – Trustee

PERSONAL DATA

APPLICANT'S SURNAME	SPOUSE'S SURNAME
GIVEN NAME	GIVEN NAME
MIDDLE NAMES	MIDDLE NAMES
S.I.N.	S.I.N.
DATE OF BIRTH (MM/DD/YY)	DATE OF BIRTH (MM/DD/YY)
MARITAL STATUS	MARITAL STATUS
Specify month and year of event if it occurred in the last five years (MM/DD/YY)	Specify month and year of event if it occurred in the last five years (MM/DD/YY)
HOME TELEPHONE	HOME TELEPHONE
WORK TELEPHONE	WORK TELEPHONE
CELL PHONE:	CELL PHONE:
HOME ADDRESS:	HOME ADDRESS:
AT ADDRESS SINCE:	AT ADDRESS SINCE:
P.O. BOX:	P.O. BOX:
CITY:	CITY:
POSTAL CODE:	POSTAL CODE:
EMAIL ADDRESS:	EMAIL ADDRESS:
OCCUPATION	OCCUPATION

DEPENDANTS

NAME	AGE	DATE OF BIRTH (MM/DD/YY)	RELATIONSHIP	Does dependant reside with you?

APPLICANTS EMPLOYERS FOR THE PAST TWO YEARS:

EMPLOYER'S NAME AND ADDRESS	DATE STARTED	DATE ENDED

SPOUSES EMPLOYERS FOR THE PAST TWO YEARS:

EMPLOYER'S NAME AND ADDRESS	DATE STARTED	DATE ENDED

HAVE YOU COLLECTED ANY OF THE FOLLOWING IN THIS CALENDAR YEAR? (PLEASE CHECK ONLY THOSE THAT APPLY)	UI	WSIB	SOCIAL ASSISTANCE
APPLICANT			
SPOUSE			

**BUSINESS OWNED BY APPLICANT
IN THE LAST FIVE YEARS**

APPLICANT OWNED BUSINESS?	YES	NO	(if no, go to next page)
BUSINESS NAME:			
ADDRESS:			
TYPE OF OWNERSHIP: (CIRCLE ONE) CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP			
TYPE OF BUSINESS:			
NAMES OF PARTNERS/DIRECTORS:			
WHEN STARTED:			
WHEN CEASED OPERATIONS:			
DEBTS INCURRED IN BUSINESS:			
ASSETS:			
% OF DEBTS FROM BUSINESS:			
THE FOLLOWING DOCUMENTS TO BE COMPLETED:			
FINANCIAL STATEMENTS/TAX RETURNS			
T4 RETURN AND SLIPS			
GST RETURN			
PST RETURN			
WSIB RETURN			
EHT RETURN			

SPOUSE OWNED BUSINESS?	YES	NO
BUSINESS NAME:		
ADDRESS:		
TYPE OF OWNERSHIP: (CIRCLE ONE) CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP		
TYPE OF BUSINESS:		
NAMES OF PARTNERS/DIRECTORS:		
WHEN STARTED:		
WHEN CEASED OPERATIONS:		
DEBTS INCURRED IN BUSINESS:		
ASSETS:		
% OF DEBTS FROM BUSINESS:		
THE FOLLOWING DOCUMENTS TO BE COMPLETED:		
FINANCIAL STATEMENTS/TAX RETURNS		
T4 RETURN AND SLIPS		
GST RETURN		
PST RETURN		
WSIB RETURN		
EHT RETURN		

CAUSE OF FINANCIAL DIFFICULTIES

(i.e. job loss, business failure, illness, mismanagement, addiction, gambling)

HAVE YOU BEEN BANKRUPT OR FILED A CONSUMER PROPOSAL BEFORE?

	YES	NO
APPLICANT		
SPOUSE		

APPLICANT

SPOUSE

TRUSTEE’S NAME	TRUSTEE’S NAME
CY DATE (MM/DD/YY)	CY DATE (MM/DD/YY)
PLACE FILED	PLACE FILED
DISCHARGE DATE (MM/DD/YY)	DISCHARGE DATE (MM/DD/YY)

TRANSACTIONS

	APPLICANT		SPOUSE	
	YES	NO	YES	NO
<p>HAVE YOU DISPOSED OF / TRANSFERRED ASSETS IN THE LAST 12 MONTHS? (I.E. RRSP, INCOME TAX REFUNDS, VEHICLES, REMORTGAGE OF PROPERTY, ETC.)</p> <p>DETAILS (INDICATE DATE OF TRANSACTION, AMOUNT SOLD FOR, AND HOW PROCEEDS USED)</p>				
<p>HAVE YOU MADE ANY EXCESS PAYMENTS TO CREDITORS IN THE LAST 12 MONTHS?</p> <p>DETAILS</p>				
<p>HAVE YOU HAD ANY ASSETS SEIZED BY CREDITORS IN THE LAST 12 MONTHS?</p> <p>DETAILS</p>				
<p>HAVE YOU SOLD / DISPOSED OF / TRANSFERRED REAL ESTATE IN PAST 5 YEARS?</p> <p>DETAILS (INDICATE DATE OF TRANSACTION, AMOUNT SOLD FOR, AND HOW PROCEEDS USED)</p>				
<p>HAVE YOU GIFTED ANY ASSETS TO RELATIVES OVER \$500.00 IN PAST 5 YEARS?</p> <p>DETAILS</p>				
<p>DO YOU EXPECT TO RECEIVE EXTRA SUMS OF MONEY IN THE NEXT 12 MONTHS? (I.E. SEVERANCE, INHERITANCE, BUYOUTS, ETC.)</p> <p>DETAILS</p>				
<p>HAVE YOU MADE ARRANGEMENTS TO CONTINUE TO PAY ANY EXISTING CREDITORS?</p> <p>DETAILS</p>				
<p>HAVE YOU BEEN OR ARE YOU INVOLVED IN CIVIL LITIGATION FROM WHICH YOU MAY RECEIVE MONIES OR PROPERTY?</p> <p>DETAILS</p>				

DEBTS

(including mortgages, leases, family members, etc.)

CREDITOR NAMES AND ADDRESSES	AMOUNT OWING	AMOUNT OWING		COMMENTS (DEBTS GUARANTEED)
	APPLICANT	SPOUSE	JOINT	
1.				
ACCOUNT NO.				
2.				
ACCOUNT NO.				
3.				
ACCOUNT NO.				
4.				
ACCOUNT NO.				
5.				
ACCOUNT NO.				
6.				
ACCOUNT NO.				
7.				
ACCOUNT NO.				
8.				
ACCOUNT NO.				
TOTALS				

DEBTS

(including mortgages, leases, family members, etc.)

CREDITOR NAMES AND ADDRESSES	AMOUNT OWING	AMOUNT OWING		COMMENTS
	APPLICANT	SPOUSE	JOINT	
9.				
ACCOUNT NO.				
10.				
ACCOUNT NO.				
11.				
ACCOUNT NO.				
12.				
ACCOUNT NO.				
13.				
ACCOUNT NO.				
14.				
ACCOUNT NO.				
15.				
ACCOUNT NO.				
16.				
ACCOUNT NO.				
TOTALS				

HAS THE APPLICANT OR SPOUSE ANY DEBTS ARISING FROM:

	APPLICANT		SPOUSE	
	YES	NO	YES	NO
FINE OR PENALTY IMPOSED BY COURT?				
RECOGNIZANCE OR BAIL BOND?				
ALIMONY?				
MAINTENANCE OF AFFILIATION ORDER?				
MAINTENANCE OF SUPPORT OF SEPARATED FAMILY?				
FRAUD?				
EMBEZZLEMENT?				
MISAPPROPRIATION?				
DEFALCATION WHILE ACTING IN A FIDUCIARY CAPACITY?				
PROPERTY OBTAINED BY FALSE MEANS/FRAUD?				
STUDENT LOANS? If Yes, When did you graduate (MM/DD/YYYY) _____/_____/_____				
AWARD FOR DAMAGES?				

ASSETS

	APPLICANT	SPOUSE	DESCRIPTION OF ASSET
CASH ON HAND/IN BANK			
HOUSEHOLD FURNITURE AND EFFECTS			(SEE PAGE 10)
JEWELLERY OR PERSONAL EFFECTS			
LIFE INSURANCE Provider: Cash Surrender Value			Whole or Term Plan #
STOCKS/BONDS/INVESTMENTS Provider:			Plan # :
R.R.S.P. Provider: Plan #			Amount deposited in last 12 months: \$
R.E.S.P. Provider:			Cash surrender value: \$ Plan #
PENSION Provider: Plan #			
1 st AUTOMOBILE Make / Model Year:			VIN # KM:
2 nd AUTOMOBILE Make / Model Year:			VIN # KM:
3 rd AUTOMOBILE Make / Model Year:			VIN # KM:
MOTORCYCLE Make / Model Year:			VIN # KM:
SNOWMOBILE			
OTHER MOTORIZED VEHICLE			
RECREATIONAL EQUIPMENT, i.e. boat, trailer, etc.			
ESTIMATED TAX REFUND			
MACHINERY, EQUIPMENT AND PLANT			
PRINCIPLE RESIDENCE Address:		CMA Value	
OTHER REAL ESTATE			
LAND			
ACCOUNTS RECEIVABLE			
TOOLS OF THE TRADE			Please provide a list of the tools
OTHER ASSETS			

ASSETS

Furniture, appliances, household effect: Check items in your possession and indicate estimated garage sale value:

APPLIANCES		
√		Value
	stove	\$
	refrigerator	
	dishwasher	
	microwave	
	freezer	
	washer	
	dryer	
	air conditioner	
	small appliances (over \$25)	
	other	
TOTAL		\$

ENTERTAINMENT & LEISURE		
√		Value
	television	\$
	stereo	
	DVD	
	VCR	
	video camera	
	player	
	video games (over \$25)	
	piano/organ	
	pool table	
	CD player	
	CDs	
	camera	
	other	
TOTAL		\$

FURNITURE		
√		Value
	kitchen table/chairs	\$
	livingroom suite	
	coffee/end tables	
	wall unit	
	lamps	
	bedroom suite	
	waterbed	
	dining room suite	
	china cabinet	
	other	
TOTAL		\$

MISCELLANEOUS		
√		Value
	china	\$
	silverware	
	antiques	
	artwork	
	lawnmower	
	snowblower	
	patio furniture	
	barbecue	
	tools	
	other	
TOTAL		\$

OFFICE EQUIPMENT		
√		Value
	file cabinet	\$
	desk	
	computer	
	printer	
	scanner	
	fax machine	
	photocopier	
	computer software	
	adding machine	
	other	
TOTAL		\$

TOTAL ESTIMATED VALUE OF ASSETS
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\$	
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ESTIMATED MONTHLY INCOME STATEMENT

MONTHLY INCOME (NET)	APPLICANT	OTHER MEMBERS OF FAMILY UNIT
Net employment income		
Net pension/Annuities		
Net child support		
Net spousal support		
Net employment insurance benefits		
Net social assistance		
Self-employment income		
Gross _____ Net		
<i>Other net income</i> (Provide details _____)		
TOTAL MONTHLY INCOME	(1)	(2)
TOTAL MONTHLY INCOME OF FAMILY UNIT - (1) + (2)		(A)

MONTHLY NON-DISCRETIONARY EXPENSES	APPLICANT	OTHER MEMBERS OF FAMILY UNIT
Child support payments		
Spousal support payments		
Child care		
Health condition expenses		
Fine/penalties imposed by the court		
Expenses as a condition of employment		
Debts where stay has been lifted		
TOTAL MONTHLY NON-DISCRETIONARY EXPENSES	(3)	(4)
TOTAL MONTHLY NON-DISCRETIONARY EXPENSES OF FAMILY UNIT - (3) + (4)		(B)

ESTIMATED MONTHLY EXPENSES STATEMENT
MONTHLY DISCRETIONARY EXPENSES

HOUSING EXPENSES	
Rent/mortgage	
Property taxes/condo fees	
Heating/gas/oil	
Telephone	
Cable	
Hydro	
Water	
Furniture	
Other	
TOTAL	

LIVING EXPENSES	
Food/grocery	
Laundry/dry cleaning	
Grooming/Toiletries	
Clothing	
Other	
TOTAL	

TRANSPORTATION EXPENSES	
Car lease/payments	
Repair/maintenance/gas	
Public transportation	
Other	
TOTAL	

PERSONAL EXPENSES	
Smoking	
Alcohol	
Dining/lunches/restaurant	
Entertainment/sports	
Gifts/charitable donations	
Allowances	
Other	
TOTAL	

INSURANCE EXPENSES	
Vehicle	
House	
Furniture/contents	
Life	
Other	
TOTAL	

NON-RECOVERABLE MEDICAL EXPENSES	
Prescriptions	
Dental	
Other	
TOTAL	

PAYMENTS	
To the estate	
To secured creditor	
<i>(Other than mortgage and vehicle)</i>	
Other	
TOTAL	

TOTAL MONTHLY DISCRETIONARY EXPENSES (FAMILY UNIT)	(C)
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TOTAL MONTHLY INCOME OF FAMILY UNIT	(A)
TOTAL MONTHLY NON-DISCRETIONARY EXPENSES OF FAMILY UNIT	(B)
TOTAL MONTHLY DISCRETIONARY EXPENSES (FAMILY UNIT)	(C)
MONTHLY SURPLUS OR (DEFICIT) OF FAMILY UNIT	

INCOME TAX INFORMATION

INDICATE YEAR OF LAST TAX RETURNED FILED	
WAS THERE A REFUND? PLEASE INDICATE AMOUNT	\$
WAS THERE A BALANCE OWING? PLEASE INDICATE AMOUNT	\$

APPLICANT	SPOUSE
DID YOU PAY ALIMONY OR MAINTENANCE DURING THE PAST YEAR?	DID YOU PAY ALIMONY OR MAINTENANCE DURING THE PAST YEAR?
IF YES, TO WHOM?	IF YES, TO WHOM?
ADDRESS	ADDRESS
AMOUNT PAID	AMOUNT PAID
DATE OF SEPARATION	DATE OF SEPARATION
HAS YOUR MARITAL STATUS CHANGED IN THE PAST TWO YEARS?	HAS YOUR MARITAL STATUS CHANGED IN THE PAST TWO YEARS?
IF YES, WHEN?	IF YES, WHEN?

BANK ACCOUNT INFORMATION

NAME	
ADDRESS	
ACCOUNT NUMBER	JOINT? YES NO IF YES, WITH WHOM?
NAME	
ADDRESS	
ACCOUNT NUMBER	JOINT? YES NO IF YES, WITH WHOM?
NAME	
ADDRESS	
ACCOUNT NUMBER	JOINT? YES NO IF YES, WITH WHOM?

PLEASE UNDERSTAND THAT A STATEMENT OF YOUR FINANCIAL AFFAIRS WILL BE PREPARED FROM THE INFORMATION SUPPLIED BY YOU ON THESE INFORMATION SHEETS, 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 THESE INFORMATION SHEETS IS TO THE BEST OF MY KNOWLEDGE TRUE, CORRECT AND COMPLETE IN EVERY RESPECT, ANY FULLY DISCLOSES THE STATE OF ALL MY ASSETS AND LIABILITIES.

SIGNATURE

DATE

SIGNATURE

DATE