



Todd McMahon Inc.  
LICENSED INSOLVENCY TRUSTEE

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 owed 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)

How did you hear about Todd McMahon Inc.?

**Personal Information - Client**

Full Name:					
S.I.N.:		Birth-date: (MM-DD-YY)			
Marital Status:	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Separated <input type="checkbox"/>	Common Law <input type="checkbox"/>	Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
Home Address:					
Postal Code:					
Phone:					
Email Address:					
Have you been bankrupt before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
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: \$	

**Personal Information - Spouse**

Full Name:					
S.I.N.:		Birth-date: (MM-DD-YY)			
Home Address:					
Postal Code:					
Phone:					
Email Address:					
Have you been bankrupt before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
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

**Client Current Employment**

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

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

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

Postal Code: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

Employed since: \_\_\_\_\_ Finish Date: \_\_\_\_\_

**Spouse Current Employment**

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

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

Employer address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

Employed since: \_\_\_\_\_ Finish Date: \_\_\_\_\_

**Previous employment in last 2 years**

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 the far right column.

Employer's Name	Address	Started (MM-DD-YY)	Ended (MM-DD-YY)	Spouse
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

<b>Monthly Income</b>	<b>Client</b>	<b>Spouse</b>		
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	\$	\$		

### Housing expenses

Rent/mortgage	\$
Property taxes/condo fees	\$
Heating/gas/oil	\$
Telephone	\$
Cable/internet	\$
Hydro	\$
Water	\$
Furniture	\$
Other	\$

### Personal expenses

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

### Medical expenses

Prescriptions	\$
Dental	\$
Other	\$

### Living expenses

Food/groceries	\$
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

To the estate	\$
To secured creditor	\$
Other	\$

**Total Monthly Income:** \$ \_\_\_\_\_  
**Total Monthly Expenses:** \$ \_\_\_\_\_  
**Disposable Cash Flow:** \$ \_\_\_\_\_

## 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? <input type="checkbox"/>	Partnership? <input type="checkbox"/>	Corporation? <input type="checkbox"/>
Percentage share of ownership:			
If a corporation did you guarantee debts personally?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If partnership provide names and addresses of partners			
Is the business still operating	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Location of books and records:			
Fiscal year end for tax purposes:			
Revenue Canada Employer #:			
Last date workers employed:		Last calendar year T4's issued:	
Name & address of accountant:			
Name & address of lawyer:			
Business' bank and branch:			
Is this business registered with GST?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, Registration Number: <input type="text"/>

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.

**Client Assets**

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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### Liabilities & Unsecured Debts

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

Creditor	Address	Code	Business Related?	Account number	Liability	"A" "S" "J"
<b>TOTAL</b>					\$	

## 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 <input type="checkbox"/> No <input type="checkbox"/>			
If Yes: What		When (DD-MM-YY)				Amount paid: \$	
What		When (DD-MM-YY)				Amount paid: \$	
Had any assets seized by a creditor?		Yes <input type="checkbox"/> No <input type="checkbox"/>					
If Yes: What		When (DD-MM-YY)				By whom? \$	
What		When (DD-MM-YY)				By whom? \$	
Given any security to any creditors?		Yes <input type="checkbox"/> No <input type="checkbox"/>					
If Yes: What		When (DD-MM-YY)				By whom? \$	
Why?							
What		When (DD-MM-YY)				By 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	<input type="checkbox"/>	<input type="checkbox"/>	Fraud?	<input type="checkbox"/>	<input type="checkbox"/>
Child support or maintenance	<input type="checkbox"/>	<input type="checkbox"/>	Misappropriation of funds?	<input type="checkbox"/>	<input type="checkbox"/>
Alimony	<input type="checkbox"/>	<input type="checkbox"/>	Embezzlement?	<input type="checkbox"/>	<input type="checkbox"/>
Obtaining property by false pretenses or fraudulent misrepresentation?				<input type="checkbox"/>	<input type="checkbox"/>

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did you first become aware of your insolvency? \_\_\_\_\_

Describe the circumstances that caused your financial problems:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**BANKRUPTCY EXPLANATION  
FOR 2<sup>ND</sup> TIME BANKRUPT**

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date