

****PLEASE COMPLETE IN INK****

Application for: Proposal Bankruptcy By: Self Self and spouse I/We consent to receiving relevant electronic communications from Lazer Grant

Provide the following with this document. Missing information will delay the processing of your application.

- | | |
|--|---|
| <input type="checkbox"/> deposit - by cash / debit / e-transfer | <input type="checkbox"/> investment statements |
| <input type="checkbox"/> voided cheque or bank account information (for pre-authorized payments) | <input type="checkbox"/> insurance policies/statements |
| <input type="checkbox"/> photo ID | <input type="checkbox"/> vehicle registrations |
| <input type="checkbox"/> last income tax return | <input type="checkbox"/> house/vehicle valuations |
| <input type="checkbox"/> bank statements (last 3 months) | <input type="checkbox"/> last 3 pay stubs or other proof of income |
| <input type="checkbox"/> legal documents served on you | <input type="checkbox"/> credit cards (only if opting for bankruptcy) |

For office use only:

Deposit paid: _____

Received: _____

by: cash
 debit
 e-transfer

Personal

| Self | Spouse |
|--|--|
| Full legal name: _____ | Full legal name: _____ |
| Prior name(s) <input type="checkbox"/> Maiden name <input type="checkbox"/> Former name <input type="checkbox"/> Also Known As _____ | Prior name(s) <input type="checkbox"/> Maiden name <input type="checkbox"/> Former name <input type="checkbox"/> Also Known As _____ |
| Address: _____ | Address: _____ |
| At address since: _____ | At address since: _____ |
| Marital status: _____ Since: _____ | Marital status: _____ Since: _____ |
| Email: _____ | Email: _____ |
| Home #: _____ | Home #: _____ |
| Cell #: _____ | Cell #: _____ |
| Work #: _____ | Work #: _____ |
| Date of birth: _____ | Date of birth: _____ |
| S.I.N: _____ | S.I.N: _____ |
| Occupation/position: _____ | Occupation/position: _____ |
| Employer: _____ | Employer: _____ |
| Employed (or unemployed) since (date): _____ | Employed (or unemployed) since (date): _____ |
| Payroll contact (to stop garnishment) - name: _____ | Payroll contact (to stop garnishment) - name: _____ |
| fax: _____ email: _____ | fax: _____ email: _____ |
| Taxation year last filed: _____ | Taxation year last filed: _____ |
| Refund received: \$ _____ Date received: _____ | Refund received: \$ _____ Date received: _____ |
| Amount owing: \$ _____ Paid in full: <input type="checkbox"/> Yes <input type="checkbox"/> No | Amount owing: \$ _____ Paid in full: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dependents: | |
| Name | Relationship |
| Date of birth | Address |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

| Assets | If you are banking where you owe money, we strongly recommend you open an account elsewhere to protect your income. | | Whose asset? <input checked="" type="checkbox"/> | | |
|---|---|---------------------------------|--|--------|-------|
| | | | Self | Spouse | Joint |
| Chequing account: | Balance \$ | Account No.: | | | |
| | Bank/address: | | | | |
| | Balance \$ | Account No.: | | | |
| | Bank/address: | | | | |
| Savings account: | Balance \$ | Account No.: | | | |
| | Bank/address: | | | | |
| | Balance \$ | Account No.: | | | |
| | Bank/address: | | | | |
| Crypto currency: | Cash value \$ | Type (Bitcoin, Litecoin, etc.): | | | |
| TFSA: | Cash value \$ | Account No.: | | | |
| | Bank/address: | | | | |
| Life insurance: | Cash value \$ | Policy No.: | Beneficiaries: | | |
| | Insurance co./address: | | | | |
| | Cash value \$ | Policy No.: | Beneficiaries: | | |
| | Insurance co./address: | | | | |
| Stocks/bonds/GICs: | Cash value \$ | Account No.: | | | |
| | Company/broker: | | | | |
| RESP: | Cash value \$ | Account No.: | | | |
| | Bank/address: | | | | |
| RRSP: | Cash value \$ | Account No.: | | | |
| | Bank/address: | | | | |
| | Cash value \$ | Account No.: | | | |
| | Bank/address: | | | | |
| RRIF/LIRA/pension: | Cash value \$ | Account No.: | | | |
| | Bank/address: | | | | |
| | Cash value \$ | Account No.: | | | |
| | Bank/address: | | | | |
| Co-op membership: | Co-op name: | Account No.: | | | |
| Vehicles: | Year/make/model: | | Current value \$ | | |
| | VIN: | | Odometer reading: | | |
| | Monthly payment \$ | Bank: | <input type="checkbox"/> Required for work | | |
| | Year/make/model: | | Current value \$ | | |
| | VIN: | | Odometer reading: | | |
| | Monthly payment \$ | Bank: | <input type="checkbox"/> Required for work | | |
| Motorcycle / quad / snowmobile / boat / trailer | Year/make/model: | | Current value \$ | | |
| | VIN: | | | | |
| | Monthly payment \$ | Bank: | | | |
| | Year/make/model: | | Current value \$ | | |
| | VIN: | | | | |
| | Monthly payment \$ | Bank: | | | |
| Real estate: | Address: | | | | |
| | Current value \$ | | | | |
| | Address: | | | | |
| | Current value \$ | | | | |
| Furniture/appliances: | Estimate fair market value (garage sale value) \$ | | | | |
| Personal effects: | Estimate fair market value (garage sale value) \$ | | | | |
| Tools: | Current value \$ | | <input type="checkbox"/> List attached | | |
| Collection: | Current value \$ | Description: | | | |
| Other: | Current value \$ | Description: | | | |
| Other: | Current value \$ | Description: | | | |

Budget

| | | | |
|------------------------------|-----------|------------------------------|-----------|
| Monthly income - self | | Monthly income - spouse | |
| Net employment income | \$ | Net employment income | \$ |
| Net pension / annuity | \$ | Net pension / annuity | \$ |
| Net child support | \$ | Net child support | \$ |
| Net spousal support | \$ | Net spousal support | \$ |
| Net EI benefit | \$ | Net EI benefit | \$ |
| Net social assistance | \$ | Net social assistance | \$ |
| Self-employed income - gross | \$ | Self-employed income - gross | \$ |
| - net | \$ | - net | \$ |
| Child tax benefit | \$ | Child tax benefit | \$ |
| Other: | \$ | Other: | \$ |
| TOTAL MONTHLY INCOME | \$ | TOTAL MONTHLY INCOME | \$ |

TOTAL HOUSEHOLD INCOME \$

Monthly household expenses

| | | | | | | |
|-------------------|---|---------------|----------------|------------------------|---------------|----|
| Non-discretionary | | Child support | \$ | Medical | Prescriptions | \$ |
| | Spousal support | \$ | | Dental | \$ | |
| | Child care | \$ | | Other: _____ | \$ | |
| | Medical condition | \$ | Living | Food/grocery | \$ | |
| | Fine/penalty imposed by court | \$ | | Laundry/dry cleaning | \$ | |
| | Other: _____ | \$ | | Grooming/toiletries | \$ | |
| Housing | <input type="checkbox"/> Mortgage <input type="checkbox"/> Rent | \$ | | Clothing | \$ | |
| | <input type="checkbox"/> Prop. tax <input type="checkbox"/> Condo fee | \$ | | Other: _____ | \$ | |
| | Heating/gas/oil | \$ | Transportation | Car lease/payment | \$ | |
| | Telephone | \$ | | Repair/maintenance/gas | \$ | |
| | Cable | \$ | | Public transportation | \$ | |
| | Hydro | \$ | | Other: _____ | \$ | |
| | Water | \$ | Insurance | Vehicle | \$ | |
| | Furniture | \$ | | House | \$ | |
| | Other: _____ | \$ | | Furniture/contents | \$ | |
| Personal | Smoking | \$ | | Life | \$ | |
| | Alcohol | \$ | | Other: _____ | \$ | |
| | Dining/lunches/restaurants | \$ | Payments | Bankruptcy Self | \$ | |
| | Entertainment/sports | \$ | | Spouse | \$ | |
| | Gifts/charitable donations | \$ | | Proposal Self | \$ | |
| | Allowances | \$ | | Spouse | \$ | |
| | Other: _____ | \$ | | Other: _____ | \$ | |

TOTAL HOUSEHOLD EXPENSES \$

DIFFERENCE (TOTAL INCOME minus TOTAL EXPENSES) Do not report a deficit / negative amount \$

| Q&A | Self | | Spouse | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| | Yes | No | Yes | No |
| 1. Previous bankruptcy filed in Canada or elsewhere? Filing date: _____ Trustee: _____ Discharge date: _____ Location: _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Previous proposal filed in Canada or elsewhere? Filing date: _____ Trustee: _____ Discharge date: _____ Location: _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Within the last 5 years have you, in Canada or elsewhere, owned or operated a business? Name of business: _____ Nature of business: _____ Business address: _____ Location of books and records _____ Assets of business: _____ Number of employees on payroll: _____ Date of operations, from: _____ to: _____ Last financial statements dated: _____ Do you have an outstanding shareholder loan due to you from an insolvent corp. you once owned that will likely not be collected? _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Aside from your regular income, do you expect to receive any money/property in the next 12 months? Date: _____ Source: _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Did/will you receive an inheritance? Date: _____ \$ _____ Executor: _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Do you have a safety deposit box? Contents: _____ Location: _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Have creditors commenced legal action against you? Creditor: _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Are you suing someone? Defendant: _____ \$ _____ Lawyer: _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Do you plan to continue to pay any creditors? Creditor: _____ \$ _____ Reason: _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Do you have any credit cards? List cards: _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. Have you obtained any credit in the last 3 months? Creditor: _____ \$ _____ Purchased: _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. Have you cosigned/guaranteed a business/personal loan? Lender: _____ Borrower: _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. Has someone cosigned/guaranteed a loan for you? Lender: _____ Cosigner: _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. Within the last 12 months have you, in Canada or elsewhere, sold or disposed of your property? (incl. RRSP/insurance policy) Items sold/disposed: _____ Amount received \$ _____ Funds used for: _____ Date sold/disposed: _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. Within the last 12 months have you, in Canada or elsewhere, made payments in excess of your regular payment? Creditor: _____ \$ _____ Date: _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. Within the last 12 months have you, in Canada or elsewhere, had any assets seized? Asset: _____ Date: _____ Seized by: _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. Within the last 5 years have you, in Canada or elsewhere, sold or disposed of your property? Items sold/disposed: _____ Amount received \$ _____ Funds used for: _____ Date sold/disposed: _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. Within the last 5 years have you, in Canada or elsewhere, made any gifts to relatives or others in excess of \$500.00? Item(s) gifted: _____ Gifted to: _____ Value of gift \$ _____ Date gifted: _____ Reason: _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

