



Office use only:
 Bankruptcy: Summary Ordinary
 Proposal: Consumer Division I
 Calgary: DT NL SR South
 Edmonton: CP NG South
 Garnishee letter needed
 Urgent asset follow-up: _____
Papers to be signed:
 Date: _____ Time: _____

Information Form

Full Legal Name: _____

Do creditors know you by any other name? If yes, _____

Fax Number: _____ Email Address: _____

Telephone: (home) _____ (work) _____ ext# _____ (cell) _____

Mailing Address: _____

City _____	Province _____	Postal Code _____
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You have resided at this address since: ____/____/____ Day/Month/ Year	What is the best way to contact you between 8 AM & 5PM? <input type="checkbox"/> Email <input type="checkbox"/> Cell phone <input type="checkbox"/> Work phone <input type="checkbox"/> Home phone
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Employment Information

Employed Not Employed Self-employed Retired

Name of Employer: _____ Regular Occupation: _____

Address of Employer: _____

Your work email address: _____ Employed/Unemployed since: ____/____/____
Day / Month / Year

Gender Male Female

Spousal/Partner Information, if applicable

Full Legal Name: _____

Address (if different from applicant): _____

Regular occupation: _____ Employer name: _____

Work phone #: _____ Employed/Unemployed since: ____/____/____
Day / Month / Year

Previous Bankruptcy or Proposal

Have you been bankrupt before? Yes No

Have you filed a proposal before? Yes No

If yes for either above, what was the reason for previous filing: _____

Referral Source - Please tell us how you heard of Alger & Associates Inc.?

YP, specify below

- Which ad: _____
- Why ours: _____

Money Mentors / Counsellors

- Name: _____

Internet

- Bankruptcy Office: _____
- Alger.ca: _____

Shaw Cable / Channel 2

Lawyer

- Name: _____

Friend / Previous Bankrupt

Accountant / Trustee

- Name: _____

Other (please specify)

- OSB _____
- Staff _____
- Garbage Can/ Bus Bench
Where? _____
- CRA _____
- _____
- Why Alger _____

Monthly Income and Expenses

Income	Monthly	Non-Discretionary Expenses	Monthly
Net employment income		Child support payments	
Net employment income of spouse		Spousal support payments	
Net pensions/annuities		Child care	
Net child/spousal support		Medical condition expenses	
Net child tax /universal child care benefits		Fines/penalties existing at date of bankruptcy	
Net EI benefits/ social assistance		Other expenses –	
Net self-employment income			
Other income – describe			
Total monthly income		Total monthly non-discretionary expenses	

Discretionary Expenses	Monthly		Monthly
Housing Expenses		Living Expenses	
Rent/Mortgage(s)		Food/Grocery	
Property taxes/Condo fees		Laundry/Dry Cleaning	
Heating/Gas/Oil		Grooming/Toiletries	
Telephone/Cell		Clothing	
Cable/Internet		Bank Charges/Newspaper	
Other Utilities		Other –	
Home Maintenance		Transportation Expenses	
Other –		Car Lease/Payments	
		Repair/Maintenance/Gas	
Personal Expenses		Public Transportation	
Smoking		Other –	
Alcohol		Insurance Expenses	
Lunches/Beverages/Snacks		Vehicle	
Entertainment/Sports		House	
Gifts/Charitable Donations		Furniture/Contents	
Allowances		Life Insurance	
Education		Other –	
Other –		Payments	
Non-recoverable Medical Expenses		To the Trustee	
Prescriptions		To secured creditor	
Dental/Optical		Other –	
Blue Cross			
Other –			
		Total Monthly Discretionary Expenses	

If you are unemployed, or your expenses exceed your income, how are your living expenses being covered?

Assets (What you own?)

	Value	Exempt (Trustee use)
• Cash on hand?	\$ _____	_____
• Are you maintaining any bank accounts at present? Where? _____	\$ _____	_____
Are any of your accounts joint? If so, with whom _____	\$ _____	_____
• Resale value Household furnishings and appliances? – Please complete list below	\$ _____	_____
• Clothing (garage sale of second-hand store value only)? _____	\$ _____	_____
• Does anyone owe you money? _____	\$ _____	_____
• Life insurance policies _____	\$ _____	_____
• Investments (RRSP, Employee Profit Sharing Plan, GIC, Mutual funds, Stocks and Shares and Canada Savings Bonds)	\$ _____	_____
Describe _____	\$ _____	_____
• Registered Education Savings Plan (RESP) _____	\$ _____	_____
• Co-op Membership Number _____	\$ _____	_____
• Real estate – record address _____	\$ _____	_____
• Vehicles/Recreational(including cars, trucks, boats, campers, trailers, snow machines, etc)		
Make & Model: _____ Year: _____ Serial Number: _____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
• Personal property used to earn income (tools of trade)		
Describe _____	\$ _____	_____
• Other assets	\$ _____	_____
Describe _____	\$ _____	_____

Furniture/Appliances

(Please check items you presently have in your possession. Estimated value is calculated as if sold at an auction or garage sale today)

#	Item	Value	#	Item	Value	#	Item	Value
	Stove/Oven			Desk/chairs			Sculptures	
	Fridge			Cedar Chest			Antiques	
	Dishwasher			Dining Room suite			Paintings	
	Microwave			China Cabinet/Hutch			China/Crystal	
	Kitchen set			Area Rug			Silver/Silverware	
	Sofa/Loveseat			Freezer			Pool Table	
	Armchair			Washer			Shop Tools	
	Recliner			Dryer			Air Conditioner	
	Coffee/End Table			Piano/Organ			BBQ	
	Entertainment Ctr.			Other musical instrum.			Snow Blower	
	Lamp			DVD/VCR			Lawn Mower	
	Book Case			Stereo/Speaker			Patio Furniture	
	Bed			Other electronics			Hot Tub/Pool	
	Dresser/Highboy			Television			Vacuum	
	Night Table			Computer			Satellite Dish	
	Bedroom suite			Printer/Scanner/Fax			Other	
	Sewing machine			Jewellery				

Total Estimated Resale Value: \$ _____