

# ***Eddy-Wright & Associates Inc.***

## **“Managing Debt With Dignity”**

- **Kelowna:** Trish Eddy-Wright, CIRP, (Chartered Insolvency Restructuring Practitioner) Trustee, President, Member of CAIRP and BCIRP
- **Kamloops:** H. Ann Clarke, CIRP, (Chartered Insolvency Restructuring Practitioner) Trustee, Manager, Member of CAIRP and BCIRP

To prepare for your meeting, the **attached form must be completed for the sections that apply to you.** The completion of this form *does not* commit you to any of the options that will be explained to you during this meeting.

### **We will require the following information to review:**

- ✓ A copy of all bills or statements for your debts including any loan documents
- ✓ Copy of your mortgage statement, recent property or mobile home assessments or tax assessment and house insurance.
- ✓ Any documents with reference to any legal action such as judgments, garnishees.
- ✓ Copy of your separation agreement to verify child maintenance payments.
- ✓ All charge cards, even if no balance on the card.
- ✓ A copy of your most recent pays stub, employment insurance slip, or other proof of income.
- ✓ A copy of vehicle(s) registration for all vehicles, boats, motor homes etc.
- ✓ A copy of your most recent bank statement or up to date savings passbook and a current ATM transaction record, in order that we can verify funds and credit union shares.
- ✓ A copy of statements for life insurance policies, Registered Retirement Savings Plan, Superannuation Plans, Registered Education Saving Plans – for children.
- ✓ A copy of your driver’s license or identification with your full legal name.  
< **To assist you, we can copy these documents at our office.** >

**Head office - Kelowna:** 1302 St. Paul Street, Kelowna, BC, V1Y 2E1  
\*Telephone: (250) 717.0222 \* Facsimile: (250) 717.0272 \* Toll free: 1.866.717-222  
[Website: www.ManagingDebtwithDignity.info](http://www.ManagingDebtwithDignity.info) OR [www.HelpWithMoney.ca](http://www.HelpWithMoney.ca)  
Email: [TrishHelps@shawbiz.ca](mailto:TrishHelps@shawbiz.ca)

**Kamloops Office:** #200-418 St. Paul Street, Kamloops, BC V2C 2J6  
\*Telephone: 250-377-3255 \*Fax 250-314-1775 \*Toll Free: 1-866-387-3255  
[Website: www.HelpWithMoney.ca](http://www.HelpWithMoney.ca) Email: [AnnHelps@shawbiz.ca](mailto:AnnHelps@shawbiz.ca)

*Thank you for selecting the professionals at Eddy-Wright & Associates Inc. to help you with your financial needs.*

**PERSONAL DATA \* (Please complete what sections are applicable. Thank you.)**

Full legal name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ At address since (Month, day year): \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Home telephone #: \_\_\_\_\_ Cellular or pager # \_\_\_\_\_

Email address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

S.I.N.#: \_\_\_\_\_ Employer telephone #: \_\_\_\_\_

Position: \_\_\_\_\_ Employer name: \_\_\_\_\_

**Marital status** (Specify month and year of event if it occurred in the last five years)

<input type="checkbox"/> Married	_____	_____	<input type="checkbox"/> Single	_____	_____
<input type="checkbox"/> Widowed	_____	_____	<input type="checkbox"/> Separated	_____	_____
<input type="checkbox"/> Divorced	_____	_____	<input type="checkbox"/> Common-law	_____	_____
	<i>Month</i>	<i>Year</i>		<i>Month</i>	<i>Year</i>

**Spouse:** \_\_\_\_\_ Birth date: \_\_\_\_\_ S.I.N.: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Dependents that reside with you:

<u>Name</u>	<u>Relationship</u>	<u>Date of birth</u>
_____	_____	_____
_____	_____	_____

**Have you, during the last five years, owned or had an interest in any business: proprietorship, corporation or partnership?**

No  **Yes**  Name of Business: \_\_\_\_\_  
Started: \_\_\_\_\_

**Reason(s) for your financial difficulty:**

- |                               |                                |                               |
|-------------------------------|--------------------------------|-------------------------------|
| _____ Unemployment            | _____ Over-extension of credit | _____ Health related problems |
| _____ Business failure        | _____ Marital breakdown        | _____ Low income              |
| _____ Financial Mismanagement | _____ Gambling                 | _____ Other, details please:  |

***Have you ever been bankrupt or filed a proposal before?***

Yes \_\_\_\_\_ No \_\_\_\_\_

Place and Date of bankruptcy/proposal filed: \_\_\_\_\_

Cause of Previous insolvency: \_\_\_\_\_  
(EWA - attach website search)

**MISCELLANEOUS**

*Have you sold, given away or disposed any of your property in the past twelve (12) months (including RRSP's, household furniture, and vehicles)?*

a) No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
Items sold \_\_\_\_\_

What did you do with the funds received? \_\_\_\_\_

b) *Have you made payments in excess of regular payments to a creditor in the past twelve (12) months?*  
No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, explain: \_\_\_\_\_

c) *Have you had any property seized by any creditor within the past twelve (12) months?*  
No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, explain: \_\_\_\_\_

d) *Within the past five (5) years, have you sold or disposed of any property **knowing that you were insolvent at the time?***  
No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, date and items sold: \_\_\_\_\_

What did you do with the funds? \_\_\_\_\_

e) *Within the past five (5) years, have you given any gifts valued at \$500.00 or more **knowing that you were insolvent at the time?***  
No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, date and items given: \_\_\_\_\_

**EMPLOYMENT RECORD**

List all employers or indicate if you received Employment Insurance Benefits or Social Assistance for this year.

Debtor's Employer(s)	Address	Start (month/year)	End (month/year)
Spouse's Employer(s)	Address	Start (month/year)	End (month/year)



Description of all assets	Present Value - Quick sale value	Exempt/Pledged
<i>Cash, term deposits, Canada Savings Bonds etc.</i>	\$	
<i>Household goods and effects (Quick Sale -Amount from attached schedule A – next page)</i>	\$	<i>COEA Exempt to \$4,000 each /Pledged:</i>
<i>Tools of the trade – (Quick Sale tools, computer &amp; other assets used for business or to earn income)</i>	\$	<i>COEA Exempt to \$10,000 /Pledged</i>
<i>Personal Effects – Clothing</i>	\$	<i>Exempt –COEA</i>
<i>RRSP Location:</i>	\$	<i>Exempt / SOA – Net</i>
<i>Superannuation or Locked-in Pension Plan:</i>	\$	<i>Exempt</i>
<i>Credit Union Shares located at:</i>	\$	<i>Buy-back</i>
<i>( Registered Education Savings Plan)</i>	\$	
<i>Life insurance: Term:</i> <input type="checkbox"/> <i>Universal:</i> <input type="checkbox"/> <i>Cash Surrender Value \$</i> _____ <i>Plan Holder:</i> _____ <i>Beneficiary</i> _____	\$	<i>Exempt, CSV Life Insurance Act BC</i>
<i>Property or mobile home – Description, address, PID, owner(s):</i>	\$	<i>COEA \$9000 each, Exempt / Pledged with:</i>
<i>Vehicle Year:</i> _____ <i>Make / Model:</i> _____ <hr/> <i>Registered Owner</i> _____ <hr/> <i>Mileage (km):</i> _____ <i>Condition:</i> _____	\$	<i>COEA \$5000, Exempt or Pledged With:</i>
<i>Vehicle Year:</i> _____ <i>Make / Model:</i> _____ <hr/> <i>Registered Owner</i> _____ <hr/> <i>Mileage (km):</i> _____ <i>Condition:</i> _____	\$	<i>COEA \$5000, Exempt or Pledged With:</i>
<i>Other:</i>	\$	
<i>Motorcycle, boats, recreational equipment etc.:</i>	\$	

**NOTES** for Buying back assets:

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**Detailed description of assets at estimated realizable value – quick sale--Schedule ‘A’**

<b>Living room</b>	Dollar Value \$	<b>Kitchen</b>	Dollar Value \$
Sofa	\$	Table and chairs	\$
Chair(s)	\$	Pots/pans/dishes/appliances	\$
Lamp(s)	\$	Microwave	\$
Stereo	\$	Freezer	\$
TV	\$	Fridge & stove	\$
VCR	\$	Air conditioner / Dishwasher	\$
CD Player & CD's	\$	Washer & dryer	\$
<b>Total \$</b>		<b>Total \$</b>	
<b>Library / Study / Den</b>	Dollar Value \$	<b>Dining Room</b>	Dollar Value \$
Desk	\$	Silver	\$
Chair(s)	\$	Cabinet	\$
Lamp(s)	\$	China	\$
Other	\$	<b>Total \$</b>	
<b>Total \$</b>		<b>Computer, printer or scanner (list)</b>	Dollar Value \$
<b>Bedroom #1 (Master)</b>	Dollar Value \$	(Sum of All Household Goods claimed as exempt )	\$
Bed	\$		
Dresser	\$		
Night table and other	\$	<b>Other</b>	Dollar Value \$
<b>Total \$</b>			\$
		<b>Total \$</b>	
<b>Bedroom #2</b>	Dollar Value \$		
Bed	\$		
Dresser	\$		
Night table and other	\$		
<b>Total \$</b>		<b>Clothing &amp; Personal effects:</b>	Dollar Value \$
<b>Bedroom #3</b>	Dollar Value \$	<b>Tools of Trade: (items needed for work)</b>	Dollar Value \$
Bed	\$	- Describe tools	\$
Dress	\$		\$
Night table and other	\$		\$
<b>Total \$</b>		<b>Total \$</b>	

***Have you any debts arising from the following?***

Fine or penalty imposed by the Court Yes \_\_\_ No \_\_\_

Recognizance of bail bond Yes \_\_\_ No \_\_\_

Alimony or maintenance arrears – (\$ Amount) \$ \_\_\_\_\_ Yes \_\_\_ No \_\_\_

Fraud, Embezzlement, Misappropriation Yes \_\_\_ No \_\_\_

Defalcation while acting in a Fiduciary Capacity Yes \_\_\_ No \_\_\_

Obtaining property by false pretenses or fraudulent misrepresentation Yes \_\_\_ No \_\_\_

Do you expect to receive any sums of money such as an inheritance, holiday pay, WCB settlement, ICBC settlement, which are not related to your normal income, or any other property within the next 12 months?

If yes, explain: Yes \_\_\_ No \_\_\_

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

**OTHER INFORMATION:**

*Were you or are you involved in civil litigation from which you may receive monies or property?*

No \_\_\_ Yes \_\_\_ If yes, explain: \_\_\_\_\_

*Have you signed a wage assignment?*

No \_\_\_ Yes \_\_\_ If yes, explain: \_\_\_\_\_

*Do you have any outstanding post-dated cheques to pay your creditors?* No \_\_\_ Yes \_\_\_

If yes, explain: \_\_\_\_\_

Current Bank (s) name, full address, and account number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal Contact Name (A friend or relative not residing with you):**

Name, address and telephone number:

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

**MONTHLY INCOME OF DEBTOR**

**MONTHLY INCOME OF SPOUSE**

Net employment income \$ \_\_\_\_\_  
 Net CPP\$ \_\_\_\_\_ Net OAS \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Ministry of Social Services \$ \_\_\_\_\_  
 Net other pensions \$ \_\_\_\_\_  
 Net EI benefits \$ \_\_\_\_\_  
 Child Tax benefit \$ \_\_\_\_\_  
 Child support \$ \_\_\_\_\_  
 Rental Income from suite or house \$ \_\_\_\_\_

Net employment income - spouse \$ \_\_\_\_\_  
 Net CPP\$ \_\_\_\_\_ Net OAS \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Ministry of Social Services - spouse \$ \_\_\_\_\_  
 Net other pensions - spouse \$ \_\_\_\_\_  
 Net EI benefits - spouse \$ \_\_\_\_\_  
 Child Tax benefit - spouse \$ \_\_\_\_\_  
 Child support - spouse \$ \_\_\_\_\_  
 Rental Income from suite or house - spouse \$ \_\_\_\_\_

**Total net monthly income** \$ \_\_\_\_\_

**Total net monthly income - spouse** \$ \_\_\_\_\_

**Monthly Expenses**

Child /spousal support payments \$ \_\_\_\_\_  
 Medical condition expenses \$ \_\_\_\_\_  
 Condition: \_\_\_\_\_  
 Child care (daycare) \$ \_\_\_\_\_  
 Expenses as a condition of employment \$ \_\_\_\_\_  
 Rent / Mortgage \$ \_\_\_\_\_  
 Property taxes / condo fees \$ \_\_\_\_\_  
 Utilities (gas, hydro etc) \$ \_\_\_\_\_  
 Telephone and Cellular \$ \_\_\_\_\_  
 Cable / internet \$ \_\_\_\_\_  
 Food / Grocery/laundry \$ \_\_\_\_\_  
 Smoking & Alcohol \$ \_\_\_\_\_  
 Entertainment, lunches, sports, etc. \$ \_\_\_\_\_

**Monthly Expenses (continued)**

Prescriptions for other than medical condition \$ \_\_\_\_\_  
 Dental \$ \_\_\_\_\_  
 BC Medical Insurance - MSP \$ \_\_\_\_\_  
 Clothing \$ \_\_\_\_\_  
 Grooming / Toiletries \$ \_\_\_\_\_  
 Car lease / Payments \$ \_\_\_\_\_  
 Repair / Maintenance / Gas \$ \_\_\_\_\_  
 Public Transportation \$ \_\_\_\_\_  
 House insurance / Furniture / Contents insurance \$ \_\_\_\_\_  
 Vehicle insurance \$ \_\_\_\_\_  
 Life Insurance \$ \_\_\_\_\_  
 Other *give details* \_\_\_\_\_ \$ \_\_\_\_\_  
 Other *give details* \_\_\_\_\_ \$ \_\_\_\_\_

**Total Monthly Expenses** \$ \_\_\_\_\_

**How were you referred to Eddy-Wright & Associates Inc.?** Yellow Pages \_\_\_\_\_ Website \_\_\_\_\_ Radio \_\_\_\_\_

Lawyer: \_\_\_\_\_ Accountant: \_\_\_\_\_ Other: \_\_\_\_\_

**For what year did you last file a personal tax return?** \_\_\_\_\_

I (we) hereby certify that the information contained in this application is true and complete in every respect and fully discloses the state of my (our) affairs.

X  
 \_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

X  
 \_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date