



300 - 309 McDermot Avenue  
 Winnipeg, Manitoba R3A 1T3  
 Telephone: (204)942-0300  
 Fax: (204)957-5611  
 Website: [www.lazergrant.ca](http://www.lazergrant.ca)

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

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

| For office use only |            |
|---------------------|------------|
| Deposit \$          | \$ _____ x |
| T.resp:             | SU: _____  |

**Personal**

Full legal name - self **Attach copy of driver's license or other photo ID**

Last name(s) \_\_\_\_\_

First name(s) \_\_\_\_\_ Middle name(s) \_\_\_\_\_

Maiden name  Former name  Also Known As

Date of birth:       S.I.N.:

Home #:

Email address: \_\_\_\_\_ Cell #:

Occupation: \_\_\_\_\_ Work #:

Employer: \_\_\_\_\_ Date employment (or unemployment) started:

Marital status: \_\_\_\_\_ Since:

Full legal name - spouse **Attach copy of driver's license or other photo ID if also applying for bankruptcy or proposal**

Last name(s) \_\_\_\_\_

First name(s) \_\_\_\_\_ Middle name(s) \_\_\_\_\_

Maiden name  Former name  Also Known As

Date of birth:       S.I.N.:

Home #:

Email address: \_\_\_\_\_ Cell #:

Occupation: \_\_\_\_\_ Work #:

Employer: \_\_\_\_\_ Date employment (or unemployment) started:

Mailing address: Street: \_\_\_\_\_ Apt: \_\_\_\_\_ Box No: \_\_\_\_\_ At address since: \_\_\_\_\_  
 City/Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

|   |   |   |             |      |              |   |
|---|---|---|-------------|------|--------------|---|
| Income tax: Year last filed: _____ <b>Attach a copy</b><br>Date received: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Refund amount: \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Amount owing: \$ _____ Paid in full: <input type="checkbox"/> Yes <input type="checkbox"/> No | Dependents: | Name | Relationship | Date of birth   |
|   |   |   |             |      |              | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|   |   |   |             |      |              | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|   |   |   |             |      |              | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|   |   |   |             |      |              | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

Previous bankruptcy filed, in Canada or elsewhere:  Yes  No Previous Consumer Proposal or Division I Proposal filed:  Yes  No

Trustee: \_\_\_\_\_ Filing date:       Trustee: \_\_\_\_\_ Filing date:

Location: \_\_\_\_\_ Discharge date:       Location: \_\_\_\_\_ Completion date:

How did you hear about Lazer Grant? / Who referred you to Lazer Grant? \_\_\_\_\_

We encourage you to visit the website of the Office of the Superintendent of Bankruptcy Canada and review all your options for dealing with debt. On their home page, click on [You Owe Money](http://www.ic.gc.ca/eic/site/bsf-osb.nsf/eng/h_br01854.html). The direct link is: [http://www.ic.gc.ca/eic/site/bsf-osb.nsf/eng/h\\_br01854.html](http://www.ic.gc.ca/eic/site/bsf-osb.nsf/eng/h_br01854.html)

**Assets**

If you are banking at an institution where you owe money, we strongly recommend you open an account elsewhere to protect your income.

|   |   |                              |                  |  |                    | Pledged as collateral? |   |   |   |   |   |   |   |
|---|---|------------------------------|------------------|--|--------------------|------------------------|---|---|---|---|---|---|---|
|   |   | Institution name and address |                  | Account number   | Current balance    | √                      | ↓ |   |   |   |   |   |   |
| Cash in bank - chequing account<br><i>Attach last 3 months' statements</i>                        |   |                              |                  |  | \$                 |                        |   |   |   |   |   |   |   |
| Cash in bank - savings account<br><i>Attach last 3 months' statements</i>                         |   |                              |                  |  | \$                 |                        |   |   |   |   |   |   |   |
| Life insurance - cash value<br><i>Attach copy of summary statement</i>                            |   |                              |                  |  | \$                 |                        |   |   |   |   |   |   |   |
| Stock / bond / GIC / RESP / TFSA<br><i>Attach copy of last statement</i>                          |   |                              |                  |  | \$                 |                        |   |   |   |   |   |   |   |
| RRSP / RRIF / LIRA / pension<br><i>Attach copy of last statement</i>                              |   |                              |                  |  | \$                 |                        |   |   |   |   |   |   |   |
| Co-op membership<br><i>Attach copy of last statement</i>  |   |                              |                  |  | \$                 |                        |   |   |   |   |   |   |   |
| Vehicles: year / make / model<br><i>Attach copy of registration, estimate of value</i>            |   | Serial number                | Odometer reading | Leased?  | Required for work? | Current value          |   |   |   |   |   |   |   |
|   |   |                              |                  |  |                    | \$                     |   |   |   |   |   |   |   |
|   |   |                              |                  |  |                    | \$                     |   |   |   |   |   |   |   |
|   |   |                              |                  |  |                    | \$                     |   |   |   |   |   |   |   |
|   |   |                              |                  |  |                    | \$                     |   |   |   |   |   |   |   |
| Real estate - address<br><i>Attach property tax statement, estimate of value</i>                  |   | Legal description            |                  |  | Jointly owned?     | Current value          |   |   |   |   |   |   |   |
|   |   |                              |                  |  |                    | \$                     |   |   |   |   |   |   |   |
|   |   |                              |                  |  |                    | \$                     |   |   |   |   |   |   |   |
|   |   |                              |                  |  |                    | \$                     |   |   |   |   |   |   |   |
|   |   |                              |                  |  |                    | \$                     |   |   |   |   |   |   |   |
| Furniture, appliances, household effects - estimate fair market value (garage sale value)         |   |                              |                  |  |                    | \$                     |   |   |   |   |   |   |   |
| Personal effects - estimate fair market value (garage sale value)                                 |   |                              |                  |  |                    | \$                     |   |   |   |   |   |   |   |
| Tools - <i>Attach detailed list and estimate of value</i>   |   |                              |                  |  |                    | \$                     |   |   |   |   |   |   |   |
| Other:  |   |                              |                  |  |                    | \$                     |   |   |   |   |   |   |   |
| Other:  |   |                              |                  |  |                    | \$                     |   |   |   |   |   |   |   |
| Other:  |   |                              |                  |  |                    | \$                     |   |   |   |   |   |   |   |
| Do you have a safety deposit box? <input type="checkbox"/> Yes <input type="checkbox"/> No        |   |                              |                  | Aside from your regular income, do you expect to receive any money/property within the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                    |                        |   |   |   |   |   |   |   |
| Location:   |   |                              |                  | \$   |                    |                        |   |   |   |   |   |   |   |
| Contents:   |   |                              |                  | Source: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">D</td> <td style="width: 20px;">D</td> <td style="width: 20px;">M</td> <td style="width: 20px;">M</td> <td style="width: 20px;">Y</td> <td style="width: 20px;">Y</td> </tr> </table> |                    |                        |   | D | D | M | M | Y | Y |
| D   | D | M                            | M                | Y  | Y                  |                        |   |   |   |   |   |   |   |
| Did you/will you receive an inheritance? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |                              |                  | Are you suing someone? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                    |                        |   |   |   |   |   |   |   |
| From whose estate?  |   |                              |                  | Who are you suing?   |                    |                        |   |   |   |   |   |   |   |
| Amount: \$  |   |                              |                  | Expected amount: \$  |                    |                        |   |   |   |   |   |   |   |
| Executor:   |   |                              |                  | Lawyer's contact info:   |                    |                        |   |   |   |   |   |   |   |

**Debts**

| List ALL debts, including:<br>- lines of credit<br>- overdrafts<br>- utilities in arrears<br>- debts to family<br>- debts to friends<br>- support arrears<br>- student loans<br>- taxes owing<br>- fines |   |                | Payments made in the last 3 months (√) |             |   |   |
|--|---|----------------|--|-------------|---|---|
|  |   |                | Business related (√)                   |             |   | ↓ |
|  |   |                | Secured debt (√)                       |             |   | ↓ |
| Creditor name  | Postal address / email address / fax number | Account number | Amount owing                           | Whose debt? | ↓ |   |
|  |   |                | \$                                     |             |   |   |
|  |   |                | \$                                     |             |   |   |
|  |   |                | \$                                     |             |   |   |
|  |   |                | \$                                     |             |   |   |
|  |   |                | \$                                     |             |   |   |
|  |   |                | \$                                     |             |   |   |
|  |   |                | \$                                     |             |   |   |
|  |   |                | \$                                     |             |   |   |
|  |   |                | \$                                     |             |   |   |
|  |   |                | \$                                     |             |   |   |
|  |   |                | \$                                     |             |   |   |
|  |   |                | \$                                     |             |   |   |
|  |   |                | \$                                     |             |   |   |
|  |   |                | \$                                     |             |   |   |
|  |   |                | \$                                     |             |   |   |
|  |   |                | \$                                     |             |   |   |
|  |   |                | \$                                     |             |   |   |
|  |   |                | \$                                     |             |   |   |
|  |   |                | \$                                     |             |   |   |
|  |   |                | \$                                     |             |   |   |
|  |   |                | \$                                     |             |   |   |

Do you plan to continue to pay any creditors?  Yes  No

Who will be paid? \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Reason: \_\_\_\_\_

Have you obtained any credit in the last 3 months?  Yes  No

From whom? \_\_\_\_\_

Amount: \$ \_\_\_\_\_ D D M M Y Y

What was purchased? \_\_\_\_\_

Do you have any credit cards?  Yes  No

List cards: \_\_\_\_\_

Have creditors commenced legal action against you?  Yes  No

Creditor: \_\_\_\_\_

Proceedings taken: \_\_\_\_\_ D D M M Y Y

**If applying for bankruptcy, attach all credit cards - cut in half.**

Did you cosign/guarantee a business/personal loan?  Yes  No

Lender's name: \_\_\_\_\_

Lender's address: \_\_\_\_\_

Borrower's name: \_\_\_\_\_

Borrower's address: \_\_\_\_\_

Amount of loan: \$ \_\_\_\_\_ Is borrower bankrupt?

**Attach copies of documents served on you.**

Did anyone cosign/guarantee a loan for you?  Yes  No

Lender's name: \_\_\_\_\_

Lender's address: \_\_\_\_\_

Cosigner's name: \_\_\_\_\_

Cosigner's address: \_\_\_\_\_

Amount of loan: \$ \_\_\_\_\_ Is cosigner bankrupt?

Monthly household cash flow - budget

| MONTHLY INCOME  |   | Self      | Other family members | Total household |
|---|---|-----------|----------------------|-----------------|
| Attach proof<br>- last 3 pay stubs<br>- bank statements | Net employment income   |           |                      |                 |
|   | <input type="checkbox"/> Pension <input type="checkbox"/> Annuity |           |                      |                 |
|   | Net child support   |           |                      |                 |
|   | Net spousal support   |           |                      |                 |
|   | Net EI benefits   |           |                      |                 |
|   | Net social assistance   |           |                      |                 |
|   | Self-employed income (gross)                                      |           |                      |                 |
|   | Self-employed income (net)  |           |                      |                 |
|   | Child tax benefit   |           |                      |                 |
| Other: _____  |   |           |                      |                 |
| <b>TOTAL MONTHLY INCOME</b>                             |   | <b>\$</b> | <b>\$</b>            | <b>\$</b>       |

| MONTHLY EXPENSES   |  |   |           |
|--|--|---|-----------|
| Non-discretionary <b>Attach copies of most recent receipts</b>           |  | Non-recoverable medical   |           |
| Child support payment  |  | Prescriptions   |           |
| Spousal support payment  |  | Dental  |           |
| Child care   |  | Other: _____  |           |
| Medical condition expense  |  | Living  |           |
| <input type="checkbox"/> Fine <input type="checkbox"/> Court penalty     |  | Food / grocery  |           |
| Self-employed expenses   |  | Laundry / dry cleaning  |           |
| Debt where stay is lifted  |  | Grooming / toiletries   |           |
| Other: _____   |  | Clothing  |           |
| Housing  |  | Other: _____  |           |
| <input type="checkbox"/> Rent <input type="checkbox"/> Mortgage          |  | Transportation  |           |
| <input type="checkbox"/> Property tax <input type="checkbox"/> Condo fee |  | <input type="checkbox"/> Car lease <input type="checkbox"/> Car payment |           |
| Heating / gas / oil  |  | Repairs / maintenance / gas   |           |
| Telephone  |  | Public transportation   |           |
| Cable  |  | Other: _____  |           |
| Hydro  |  | Insurance   |           |
| Water  |  | Vehicle   |           |
| Furniture  |  | House   |           |
| Other: _____   |  | Furniture / contents  |           |
| Personal   |  | Life  |           |
| Smoking  |  | Other: _____  |           |
| Alcohol  |  | Payments  |           |
| Dining / lunches / restaurants   |  | To Lazer Grant (minimum \$200.00)                                       |           |
| Entertainment / sports   |  | To secured creditor   |           |
| Gifts / charitable donations   |  | Other: _____  |           |
| Allowance  |  | _____   |           |
| Other: _____   |  | _____   |           |
| <b>TOTAL MONTHLY EXPENSES</b>  |  | <b>\$</b>   | <b>\$</b> |

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

|  |   |
|--|---|
| Have you given post-dated cheques to creditors? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Creditor: _____<br>Amount: \$ _____ D D M M Y Y<br>Reason: _____ | Do creditors automatically debit your account? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Creditor: _____<br>Amount: \$ _____ D D M M Y Y<br>Reason: _____ |
|--|---|

**Within the last 12 months have you, in Canada or elsewhere:**

sold or disposed of your property?  Yes  No  
 Item(s) sold / disposed: \_\_\_\_\_  
 Amount received: \$ \_\_\_\_\_ D D M M Y Y  
 What was done with the money? \_\_\_\_\_

made payments in excess of your regular payment?  Yes  No  
 Creditor paid: \_\_\_\_\_  
 Amount paid: \$ \_\_\_\_\_ D D M M Y Y  
 Reason for payment: \_\_\_\_\_

had any assets seized by a creditor?  Yes  No  
 Asset seized: \_\_\_\_\_  
 Seized by: \_\_\_\_\_ D D M M Y Y  
 Reason: \_\_\_\_\_

**Within the last 5 years have you, in Canada or elsewhere:**

owned or operated a business?  Yes  No  
 Name of business: \_\_\_\_\_  
 Nature of business: \_\_\_\_\_  
 Date of operations: \_\_\_\_\_ D D M M Y Y to \_\_\_\_\_ D D M M Y Y  
 Type of business:  Incorporated  Sole proprietorship  
 Partnership  Other: \_\_\_\_\_  
 Location of business: \_\_\_\_\_  
 Location of books/records: \_\_\_\_\_  
 Assets of business: \_\_\_\_\_  
 Number of employees on payroll: \_\_\_\_\_  
 Do you have an outstanding shareholder loan due to you from an insolvent corporation you once owned, that will likely not be collected?  Yes  No  
**Attach a copy of the last financial statements**

**Within the last 5 years have you, in Canada or elsewhere:**

sold or disposed of your property?  Yes  No  
 Item(s) sold / disposed: \_\_\_\_\_  
 Amount received: \$ \_\_\_\_\_ D D M M Y Y  
 What was done with the money? \_\_\_\_\_

made any gifts to relatives/others in excess of \$500.00?  Yes  No  
 Item(s) gifted: \_\_\_\_\_  
 Gifted to: \_\_\_\_\_  
 Value of gift: \$ \_\_\_\_\_ D D M M Y Y  
 Reason: \_\_\_\_\_

|                           |                      |                 |                   |    |                   |
|---------------------------|----------------------|-----------------|-------------------|----|-------------------|
| Employment, past 2 years: | Self                 | Employer: _____ | _____ D D M M Y Y | to | _____ D D M M Y Y |
|                           |                      |                 | _____ D D M M Y Y | to | _____ D D M M Y Y |
|                           | Spouse (if applying) | _____           | _____ D D M M Y Y | to | _____ D D M M Y Y |
|                           |                      | _____           | _____ D D M M Y Y | to | _____ D D M M Y Y |

|                                 |         |   |                   |  |
|---------------------------------|---------|---|-------------------|--|
| Shelter payments, past 2 years: |         | <input type="checkbox"/> Rent <input type="checkbox"/> Mortgage |                   | When did you begin to realize you were in financial difficulty?<br>_____ D D M M Y Y |
| Residential address             | Paid to | From  | To                |  |
| _____                           | _____   | _____ D D M M Y Y   | _____ D D M M Y Y |  |

Preferred monthly payment method:  Post-dated cheques  Pre-authorized debit:  1st  15th  split half and half

Preferred appointment times:  a.m.  p.m.  
 Mon  Tue  Wed  Thu  Fri

Describe the circumstances that caused your financial problems: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What arrangements have you attempted with your creditors and what was the outcome? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CERTIFICATION:** I/We hereby certify that the information contained in this application and attachments is true, correct and complete in every respect to the best of my/our knowledge and belief. Enclosed is my/our deposit, as agreed with the Trustee, as my/our authority to proceed with this application. I/we understand that should I/we choose not to proceed with Lazer Grant, the deposit is not refundable.

Deposit: Bankruptcy \$ \_\_\_\_\_ Proposal \$ \_\_\_\_\_ x \_\_\_\_\_  
 Signature - self

x \_\_\_\_\_  
 Signature - spouse (if applying)

Date \_\_\_\_\_

\_\_\_\_\_  
Date

To: Manitoba Public Insurance  
Driver and Vehicle Licensing  
[veh.registration@mpi.mb.ca](mailto:veh.registration@mpi.mb.ca)  
1075 Portage Avenue, Box 6300  
Winnipeg, Manitoba R3C 4A4

I am/We are giving my/our consent to Manitoba Public Insurance, Vehicle Registration Department, to release to Lazer Grant Inc. details of any current vehicle registrations and serial numbers in my/our name/s as well as any cancelled registrations that date back to twelve months prior to the date of this authorization. I/We authorize MPI to provide this information to Lazer Grant Inc. under Search Account No. M756.

I/We have read and understood the information in this form and I/we have voluntarily signed this consent.

Yours truly,

Name on driver's license: \_\_\_\_\_  
(or legal name)

Signature:                     X   X

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

Driver's license number: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Dates of authorization (office use only):                     from [ D | D | M | M | Y | Y ] to [ D | D | M | M | Y | Y ]

*Lazer Grant Inc*  
Licensed Insolvency  
Trustee