

****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 / money order | <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:	<input type="checkbox"/> cash
	<input type="checkbox"/> debit
	<input type="checkbox"/> money order

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: _____ Last financial statements dated: _____ Nature of business: _____ Location of books/records: _____ Assets of business: _____ Number of employees on payroll: _____ Operated from: _____ to: _____ 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"/>	<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"/>
19. How did you hear about Lazer Grant (who referred you to us)? _____	20. When did you begin to realize you were in financial difficulty? Date: _____			

Q&A cont'd

21. Payment method:

Consumer proposal - monthly
pre-authorized debit

Self: 1st of the month -or- 15th of the month

Spouse: 1st of the month -or- 15th of the month

Division I proposal or bankruptcy - provide a series of post-dated cheques

22. Preferred appointment times:

a.m.

p.m.

Monday

Tuesday

Wednesday

Thursday

Friday

23. Describe the circumstances that caused your financial problems:

24. 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.

Date

x

Signature - self

x

Signature - spouse (if applying)

Consent

NOTE: this form must be completed and signed whether or not you own(ed) any vehicles or have a valid driver's license

To: Manitoba Public Insurance, Driver and Vehicle Licensing

veh.registration@mpi.mb.ca

1075 Portage Avenue, Box 6300

Winnipeg, MB R3C 4A4

Date: _____

I am/We are giving my/our consent to you 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 12 months prior to this date. I/We authorize MPI to fax this information to 204-957-5611 under Search Account No. M756. I/We have read and understood the information in this form and I/we have voluntarily signed this consent.

Name on driver's license: _____

Driver's license number: _____

Date of birth: _____

Address: _____

Signature: _____ x

_____ x

Dates of authorization (office use only):

From:

To: