

****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: cash
 debit
 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 \$				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 \$				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: <input type="checkbox"/> 1st of the month -or- <input type="checkbox"/> 15th of the month Spouse: <input type="checkbox"/> 1st of the month -or- <input type="checkbox"/> 15th of the month	Division I proposal or bankruptcy - provide a series of post-dated cheques
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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.

	x	x
Date	Signature - self	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 Date: _____
 1075 Portage Avenue, Box 6300
 Winnipeg, MB R3C 4A4

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
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Dates of authorization (office use only): From: _____ To: _____