Form 13
Statutory Declaration

             **Financial Statement of Debtor**
                           **(Individual Debtor)** File Number

**In accordance with section 35.10 of the *Civil Enforcement Regulation*, you must, within 15 days of being served with this form, provide the completed form to the enforcement creditor.**

A. Debtor Information *(Please Print)*

I,
 Full Name Telephone Number

 Aliases, Nicknames or Previous Names

of ,
 Present Address:     Street Address  City  Province Postal Code

 solemnly declare that the contents of this document are true and accurate.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| How long have you lived at this address? |  |  |  |  |  |  |
| Day | Month | Year |  |
|  |  |  | Birthdate | Social Insurance No. |

B. Dependants

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Present Marital Status □ Single□ Married |  |  |  |  |  |  |
| □ Other |  |  | Day | Month | Year |
|  | If Other, Specify |  | Name of Spouse or Adult Interdependent Partner | Birthdate of Spouse or Adult Interdependent Partner |

|  |  |  |
| --- | --- | --- |
| Do you have any children living with you who are legally dependent upon you for financial support? | □     □Yes     No | If yes, provide the dependant’s full name, age and relationship to you. |

|  |  |  |
| --- | --- | --- |
| Full Name of Dependant | Age | Relationship to You |
|  |  |  |
|  |  |  |
|  |  |  |
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| --- | --- | --- |
| Do you have any other dependants who are dependent on your financial support? | □     □ Yes     No | If yes, provide the dependant’s full name, address, age and relationship to you, and the reason for the dependant’s dependency. |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Full Name | Age | Relationship to You |
|  |  |
| Address | Reason for Dependency |
|  |  |  |
| Full Name | Age | Relationship to You |
|  |  |
| Address | Reason for Dependency |

C. Employment

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Full Name of Current Employer | Telephone No. | Fax No. |
|  |  |  |  |
| Present Address of Employer | City | Province | Postal Code |
|  |  |
| Nature of Business | Position Occupied |
|  |  |  |
| Place of Employment, if different from employer’s address | How frequently are you paid? | If you are paid by the hour, what is your hourly wage? |
|  |  |
| If you are paid monthly, what is your gross monthly wage or salary? | What is your net monthly wage or salary? |
| What deductions are made from your salary? Provide complete listing. |
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| --- | --- | --- | --- | --- | --- |
| Are you qualified as a tradesman, professional or otherwise? | □Yes |  | □No |  |  |
|  |  |  |  |
| If yes, state nature of qualifications or special training. |
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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you receive bonuses from your employer? | □Yes |  | □No | If yes, when did you receive your last bonus? |  |
|  |  |
| On what basis are bonuses paid? |
|  |
|  |

|  |  |  |
| --- | --- | --- |
| Do you expect to receive another bonus inthe near future? | □     □ Yes     No | If yes, when and forhow much? |
| Do you receive money in the form ofcommission? | □     □ Yes     No |  |

If yes, state type of work, amount of income received and the most recent commission received.

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| --- | --- | --- |
| Do you receive money from any part‑time employment? | □     □ Yes     No |  |

If yes, give employer’s name, full address and telephone number and the amount of income.

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|  |  |  |
| --- | --- | --- |
| Do you have any income-producing hobbies? | □     □ Yes     No |  |

If yes, state type of hobby and amount of income received per year.

|  |
| --- |
|  |
|  |

List all other income not set out above (e.g. dividends, rental income, annuities, pensions, etc.).

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| --- |
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| --- | --- | --- | --- |
| Have you received any income tax refunds in the past year? | □     □ Yes     No | Do you expect to receive any income tax refunds in the near future? | □     □ Yes     No |

If yes, when and for how much?

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| --- |
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| --- | --- | --- |
| Are you a veteran? | □     □ Yes     No |  |

If yes, specify any veteran’s benefits and allowances to which you are entitled.

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| --- | --- |
| What is the total income of your dependants from all sources? |  |

D. Income from Business or Self‑Employment

If you are self‑employed or your business is a proprietorship or partnership, list the names, addresses and telephone numbers of any partners, principals or participants.

|  |  |  |
| --- | --- | --- |
| Name | Address | Telephone No. |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Type of Business | Name of Business | Telephone No. |
|  |  |  |
| Business Location | Street Address |  |
|  |  |  |
| City | Province | Postal Code |

Is this business a          □ proprietorship         □ partnership         □ corporation

What percentage of the business is owned by you?    What is the net book value of the business?

What is the estimated market value of the business?

|  |
| --- |
| Itemize your yearly income: salary, business, dividends and other. |
| Salary | $ |
| Bonuses | $ |
| Dividends | $ |
| Other (automobile allowances, expenses, etc. Provide details.) | $ |
|  | $ |
|  | $ |

|  |
| --- |
| Itemize other benefits: company car, house, loans, saving plans, share purchase options, etc. |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |

If business is a corporation, complete the following:

|  |  |
| --- | --- |
| Are you an officer or director?        □       □   Yes      No  Title |  |

Total number of shares issued by Total number of shares of each class held by you:
the corporation and outstanding
(describe type and class of share):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Class | Number | Net Book Value | Class | Number | Net Book Value |
|  |  |  |  |  |  |
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| --- | --- |
| Total amount of all loans payable to youby the corporation: | Terms of repayment: |
|  | Amount | $ |  |
|  | Interest earned (if any) | $ |  |
| **Attach a copy of most recent financial statement.** |

E. Monthly Expenses

List all of your monthly debt payments (loans, credit cards, personal debts, etc.), specifying the following:

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Debt | To Whom Payable | Amount Outstanding | Monthly Payment |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

List other personal liabilities (personal guarantees, encumbrances and debts specifically attached to personal property, etc.), specifying name and address of creditor, and amount of liability.

|  |  |  |
| --- | --- | --- |
| Name of Creditor | Address of Creditor | Amount |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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| --- |
| List and give details regarding any other debts. |
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|  |

F. Assets

**Real Estate**

List all real estate (homes, rental properties, cottages, condominiums, etc.) both within and outside the Province of Alberta in which you own an interest, including municipal address, legal description, purchase price, balance owing and current market value.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Municipal Address | Legal Description | Purchase Price | Balance Owing | Current Market Value |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |

List the name and address of any mortgagee for each property described above, as well as the date the mortgage was granted and the amount outstanding on the mortgage.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name of Mortgagee | Address of Mortgagee | Date of Mortgage Granted | Amount Outstanding on Mortgage |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |

**Motor Vehicles**

List all motor vehicles, including cars, trucks, farm machinery, construction equipment, recreational vehicles, aircraft, etc. in which you own an interest.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Type - Make - Model - Year | Serial No. | Purchase Price | Current Market Value |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |

If any of the above vehicles are subject to any liens or encumbrances, specify:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Holder of Lien or Encumbrance | Date of Lien/ Encumbrance | Balance Owing on Lien/Encumbrance |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

**Bank Accounts, etc.**

List all chequing and savings accounts, term deposits, RRSPs, annuities, etc., specifying the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Type of Deposit | Name of Institution | Account No. | Branch Address | Amount |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |

Also, specify whether there are any conditions attached to redemption of the accounts, and, if applicable, any expiry dates.

|  |  |  |
| --- | --- | --- |
|  | Conditions Attached to Redemption | Expiry Date, if Applicable |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

**Shares and Securities**

If you have holdings in a corporation, complete the following:

List all shares, options, warrants, etc., and their current market value.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Name of Corporation | Type | Number | Current Market Value | Dividends | Date Payable |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |

List all bonds and debentures held and their current market value.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name of Issuer | Class or Series | Quantity Held | Total Market Value |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

List location of all certificates for all corporate holdings and the name(s) and address(es) of the respective broker(s).

|  |  |  |
| --- | --- | --- |
|  | Location of Security Certificates or Other Evidence of Ownership of Securities | Name and Address of Broker(s) |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
|  |  |  |
| 4. |  |  |

**Trust Properties**

List all properties or interests held by a trustee on your behalf.

|  |  |  |
| --- | --- | --- |
|         Description of Assets Held | Location of Assets | Name and Address of Trustee |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

**Other Assets**

List all other assets, specifying kind, value and location, and whether solely or jointly owned.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Asset | Description | Sole Owner | Location | Value |
| Yes  | No |
| Interests in other businesses |  |  |  |  |  |
| Promissory notes, judgment debts |  |  |  |  |  |
| Loans and mortgages receivable |  |  |  |  |  |
| Pension plans, registered pension plans, self‑administered pension plans, life insurance policies (cash surrender value) |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

List all other assets, specifying kind, value and location, and whether solely or jointly owned (e.g. art, jewellery, bullion, coins, cameras, household furniture and appliances, stereos, TVs, computers, crystal, dishwashers, etc.).

|  |  |  |  |
| --- | --- | --- | --- |
| Description of Asset | Sole Owner | Location | Value |
| Yes | No |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

G. Transfer of Property

Have you given away, sold, assigned or otherwise transferred any property (land, buildings, vehicles, money, household furnishings, etc.) to anyone within the past year? Specify details below.

|  |  |  |  |
| --- | --- | --- | --- |
| Description of Property | To Whom Transferred | Date of Transfer | How Much Money, if Any, Was Recovered by You? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

H. Insurance

List all insurance policies in which you are a named beneficiary, including the insurance company granting the policy, the policy number, the amount, the person insured, the premium and its cash surrender value.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Insurance Company | Policy No. | Amount | Person Insured | Premium | Cash Surrender Value |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

I. Parties Who Owe You Money

List all parties who owe you money.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Address | Reason for Debt | Amount Owing | Status of Court Action, if Any |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

J. Inheritances

List all estates in which you are the beneficiary of an inheritance.

|  |  |  |
| --- | --- | --- |
| Deceased’s Name | Address | Value of Inheritance |
|  |  |  |
|  |  |  |
|  |  |  |

K. Additional Income and Assets

List all income and assets not itemized above (e.g. legal action claims under insurance policies, etc.).

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| --- |
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|  |

And I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

**DECLARED BEFORE ME at**

Alberta, on                                    ,

A Commissioner for Oaths/Notary Public
in and for the Province of Alberta

Print Name and Expiry Date