

Debt Relief Worksheet

Interviewed by: _____ Referred by: _____
 Date Interviewed: _____ Date Signing: _____

LAST NAME		FIRST NAME	
MIDDLE NAME(S)		ARE YOU KNOWN BY ANY OTHER NAMES? (Incl. Maiden Name)	
M / F	SIN	DATE OF BIRTH (Day/Month/Year)	
ADDRESS (Include City, Province and Postal Code)			
WHEN MOVED THERE (DD/MM/YYYY)		MAILING ADDRESS (if different from above)	
PREVIOUS ADDRESS (if at current address less than one year)		Level of Education	
TELEPHONE NUMBERS Residence:		Cell: Business:	
EMERGENCY CONTACT (Name & Number)		E-Mail Address	
MARITAL STATUS – (Specify: Day/Month/Year)			
Married <input type="checkbox"/>	_____	Widowed <input type="checkbox"/>	_____
Single <input type="checkbox"/>	_____	Separated <input type="checkbox"/>	_____
		Divorced <input type="checkbox"/>	_____
		Common-law <input type="checkbox"/>	_____

OCCUPATION	CURRENT EMPLOYER	SINCE WHEN
ADDRESS OF EMPLOYER		IF UNEMPLOYED, SINCE WHEN

FULL LEGAL NAME OF SPOUSE	M / F	SPOUSE'S ADDRESS (if different than above)
SPOUSE'S SIN		SPOUSE'S BIRTH DATE (yy/mm/dd)
SPOUSE'S EMPLOYER		SINCE WHEN
SPOUSE'S OCCUPATION		IF UNEMPLOYED, SINCE WHEN
SPOUSE'S BUSINESS PHONE:		SPOUSE CELL PHONE:

DEPENDENTS (all those who rely on you for financial support)				
FULL NAMES	RELATIONSHIP	DATE OF BIRTH	ADDRESS	INCOME

IF OVER 18, WHY DEPENDENT? _____

BUSINESS INFORMATION

Have you owned or had an interest in a business in the last five years? Yes No

If Yes - Corporation Proprietorship Partnership

Name of Business _____

Nature of Business _____

Location of Business _____

When Commenced _____

When Ceased _____

Names of Directors/Officers/Partners _____

Business Numbers _____

Does the business have any assets/receivables? Yes No

If Yes, please list - _____

Have all of the required G.S.T. Returns been filed? Yes No GST # _____

Required T4's Prepared? Yes No

Where are the Books and Records? _____

CAUSES OF INSOLVENCY

Describe what, in your opinion, caused your current financial problems.

PREVIOUS INSOLVENCY DATA

Have you previously been bankrupt or made a proposal to your creditors? Yes No

If Yes, please provide the following details:

Name of Trustee or Administrator _____

Date of Bankruptcy/Proposal _____

City Assignment/Proposal was Filed _____

Date of Discharge/Certificate of Full Performance _____

Please provide a brief description of the causes of your first bankruptcy/proposal: _____

YOU CANNOT FILE ANOTHER BANKRUPTCY/PROPOSAL IF YOU HAVEN'T BEEN DISCHARGED FROM YOUR PRIOR BANKRUPTCY/PROPOSAL.

RECENT TRANSACTIONS

Have you sold, disposed of, or transferred any assets in the past twelve months? (including RRSP's/Term Deposits/GIC's and/or any other investments) Yes No

If yes, specify asset, approximate date, net proceeds and disposition of proceeds:

Have you made any large or lump sum payments in excess of regular payments to a creditor in the past twelve months? Yes No

If yes, give details below:

Have you had any assets seized by any creditor within the past twelve months? Yes No

If yes, give details below:

Have you sold or transferred any property in the past five years while you knew yourself to be insolvent, either in Canada or Elsewhere? Yes No

If yes, specify asset, approximate date, net proceeds and disposition of proceeds:

Have you made any gifts to a relative or other person that were of a value in excess of \$500.00 in the past five years? Yes No

If yes, give details below:

Have you received any lump sum payments or settlements in the last 12 months? Yes No

If yes, give details below.

IF YOU HAVE PAID ALIMONY OR MAINTENANCE PAYMENTS DURING THE PAST YEAR:	
TO WHOM PAID?	AMOUNT PAID (YTD)
BY COURT ORDER? YES <input type="checkbox"/> NO <input type="checkbox"/> Date of Court Order:	\$ _____

SUPPLEMENTARY PERSONAL DATA

Are you involved in civil litigation from which you may receive monies or property?
(eg. Insurance claims, divorce settlements, etc.)

Yes No

If yes, give details below:

Has anyone left you an inheritance, which you have not yet received or are you expecting to receive any sums of money, which are not related to your normal income, or any other property within the next 12 months?

Yes No

If yes, give details below:

Are there any writs, judgments, or garnishments outstanding against you?

Yes No

If yes, give details below:

Do you bank with a financial institution to which you owe money (including overdrafts, credit cards, lines of credit), or do you have any automatic debits or post-dated cheques for debt payments?

Yes No

If yes, give details below:

Name, address and account number of your current banking institution.

Have you obtained new credit in the last three months or used credit cards in the last three months?

Yes No

If yes, give details below:

Do you still have any credit cards in your possession?

Yes No

ASSETS

	Description/Location (Serial #, License #, Account #)	Estimated Value	Exempt (Y/N)	Secured (Y/N)
Cash On Hand/In Bank				
Stocks, Bonds, Investments (Please provide current statements)				
RRSP'S, RRIF'S, GIC'S, RESP'S (Please provide current statements)				
Pension Plans (Please provide current statements)				
Surrender Value of Insurance Policies (Please provide current statements)				
Household Furnishings				
Personal Effect				
Real Estate (in Canada or elsewhere) (Please provide current real estate professional's opinion of value)				
House				
Land / Cottage / Time Share				
Rental/Business Properties				
Motorized Vehicles (Year, Make and Model) (Please provide copy of ownership and mileage)				
Cars				
Truck(s)/Van(s)				
Recreational Vehicle(s)				
Mobile Home				
Tools of Trade				
Other Assets of Value				
Farming Assets (Use Separate Page)				

FOR WHICH YEAR WAS YOUR LAST TAX RETURN FILED? (You will be required to bring tax filings up to date)	Refund Received \$ _____ Amount Owing \$ _____ Refund to Come \$ _____
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ALL EMPLOYERS FOR THE LAST YEAR			
Employer's Name	Address	Date Started	Date Ended

IF YOU HAVE BORROWED MONEY OR PLEDGED ANY OF THESE ASSETS AS SECURITY, SHOW DETAILS BELOW		
Creditor's Name & Address	Asset Pledged	Amount of Loan

LIST ALL DEBTS, INCLUDING ALL MORTGAGES, VEHICLES, LEASES AND FAMILY DEBTS.

Complete Names of All Creditors	Complete Address of All Creditors Including Postal Codes	Who's Debt?	Business Debt? Y/N	Account Number	Amount Owning (\$)	Sec. Pref. Unsec.

IF YOU HAVE CO-SIGNED A LOAN OR CONTRACT FOR ANYONE ELSE, SHOW DETAILS BELOW

Lender's Name	Address	Amount	Borrower's Name	Address

Monthly Income and Expense Statement of the Bankrupt and the Family Unit

(YOUR BUDGET MUST BALANCE, I.E. YOUR EXPENSES CAN NOT EXCEED YOUR INCOME)

MONTHLY INCOME - # of People in Family (PLEASE PROVIDE SUPPORTING DOCUMENTATION)	BANKRUPT	SPOUSE	TOTAL
Net Employment Income (Take Home).....	_____	_____	_____
Pension/Annuities	_____	_____	_____
Child Support.....	_____	_____	_____
Spousal Support.....	_____	_____	_____
Child Tax Benefit.....	_____	_____	_____
Employment Insurance Benefits	_____	_____	_____
Social Assistance	_____	_____	_____
Self-Employment Income: Gross _____ Net	_____	_____	_____
Other Net Income (Provide details):	_____	_____	_____
NET MONTHLY INCOME	(1)	(2)	
NET MONTHLY INCOME OF THE FAMILY UNIT((1)+(2))			(3)

MONTHLY NON-DISCRETIONARY EXPENSES
(PLEASE PROVIDE SUPPORTING DOCUMENTATION)

Child Support Payments/Alimony	_____	_____	_____
Child Care	_____	_____	_____
Prescriptions.....	_____	_____	_____
Fines/Penalties Imposed by the Court.....	_____	_____	_____
Other.....	_____	_____	_____
TOTALS	_____	_____	_____

SURPLUS INCOME

MONTHLY DISCRETIONARY EXPENSES: (Family Unit)

Housing Expenses

Rent/Mortgage	_____
Property Taxes/Condo Fees	_____
Heating/Gas/Oil.....	_____
Telephone	_____
Cable	_____
Power/Water	_____
Other	_____

Living Expenses

Food/Grocery.....	_____
Laundry/Dry Cleaning/Grooming	_____
Clothing.....	_____

Transportation Expense

Car Leases/Payments	_____
Repairs/Maintenance/Gas	_____
Public Transportation.....	_____

Personal Expenses

Smoking	_____
Dining/Lunches/Restaurants.....	_____
Entertainment/Sports	_____
Gifts/Charitable Donations	_____
Allowances.....	_____
Other	_____

Insurance Expenses

Vehicle	_____
House.....	_____
Furniture/Contents	_____
Life Insurance	_____

Non-Recoverable Medical Expenses

Dental	_____
Other	_____

Payments

To the estate (to be completed by the Trustee) ..	_____
To Secured Creditors.....	_____

TOTAL MONTHLY DISCRETIONARY EXPENSES (FAMILY UNIT)..... (10)

Have you any debts arising from (if you answered yes please attach an explanation and relevant supporting documentation):			
Fine or Penalty imposed by the Court (including traffic fines)	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Recognizance or Bail Bond	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Fraud, Embezzlement, Obtaining property by False Pretenses	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Employment Insurance Overpayments	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Gambling, Drug or Alcohol Abuse	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

1 Are your vehicles or other assets insured?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2 Has anyone co-signed any of your outstanding debts? If yes, give details below.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3 Do you have a safety deposit box?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4 Are you currently involved in a matrimonial dispute with respect to assets?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5 Are you storing any personal property which does not belong to you? (please list below)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

ONLY FOR STUDENT LOANS:			
Degree/Certificate Received?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Attended School from _____ to _____			
Area of Study	_____		
Level of Education Completed	_____		
Institution Attended	_____		
When did you receive funds?	_____		
Are you working in that field?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

PLEASE UNDERSTAND THAT A STATEMENT OF YOUR FINANCIAL AFFAIRS WILL BE PREPARED FROM THE INFORMATION SUPPLIED BY YOU ON THIS APPLICATION AND THAT STATEMENT MUST BE SWORN BY YOU UNDER OATH AS BEING, TO THE BEST OF YOUR KNOWLEDGE AND BELIEF, A FULL, TRUE AND COMPLETE STATEMENT OF YOUR FINANCIAL AFFAIRS.

I (we), the undersigned person(s), hereby consent to Ira Smith Trustee & Receiver Inc. collecting, using, and disclosing any personal information (as defined in the *Personal Information Protection and Electronic Documents Act*) that I (we) or any other party may give to Ira Smith Trustee & Receiver Inc. about me (us) for the purpose of providing advice to me (us) and/or in the performance of Ira Smith Trustee & Receiver Inc.'s duties as Trustee under a Proposal or as Trustee in Bankruptcy under the Bankruptcy and Insolvency Act.

I hereby certify that the information contained in this application is true and complete in every respect and fully discloses the state of my affairs. In addition, I recognize that any income in excess of a reasonable cost of living must be paid to the Trustee for the general benefit of the creditors.

DATE

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF APPLICANT