

# 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<br>Residence:                             |       | Cell:<br>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.

\_\_\_\_\_

\_\_\_\_\_

|                                                                                                  |                   |
|--------------------------------------------------------------------------------------------------|-------------------|
| <b>IF YOU HAVE PAID ALIMONY OR MAINTENANCE PAYMENTS DURING THE PAST YEAR:</b>                    |                   |
| 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<br>(Serial #, License #, Account #) | Estimated Value | Exempt (Y/N) | Secured (Y/N) |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------|--------------|---------------|
| Cash On Hand/In Bank                                                                                        |                                                          |                 |              |               |
| Stocks, Bonds, Investments (provide current statements)                                                     |                                                          |                 |              |               |
| RRSP'S, RRIF'S, GIC'S, RESP'S (provide current statements)                                                  |                                                          |                 |              |               |
| Pension Plans (provide current statements)                                                                  |                                                          |                 |              |               |
| Surrender Value of Insurance Policies (PROVIDE POLICY DOCUMENTATION)                                        |                                                          |                 |              |               |
| Household Furnishings                                                                                       |                                                          |                 |              |               |
| Personal Effect                                                                                             |                                                          |                 |              |               |
| Real Estate (in Canada or elsewhere) <b>PLEASE COMPLETE AND RETURN SCHEDULE "A" FOR EACH PROPERTY OWNED</b> |                                                          |                 |              |               |
| House                                                                                                       |                                                          |                 |              |               |
| Land / Cottage / Time Share                                                                                 |                                                          |                 |              |               |
| Rental/Business Properties                                                                                  |                                                          |                 |              |               |
| Motorized Vehicles <b>PLEASE COMPLETE AND RETURN SCHEDULE "B" FOR EACH VEHICLE OWNED</b>                    |                                                          |                 |              |               |
| 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?<br>(You will be required to bring tax filings up to date) | Refund Received      \$ _____<br>Amount Owing            \$ _____<br>Refund to Come         \$ _____ |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|

| <b>ALL EMPLOYERS FOR THE LAST YEAR</b> |         |              |            |
|----------------------------------------|---------|--------------|------------|
| 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 |
|                                                                                           |               |                |

**SCHEDULE A – REAL PROPERTY**

**Please complete one page per property owned**

Do you own any real estate? Yes  No

If Yes - House  Cottage  Vacant Land   
 Condo  Timeshare

Municipal Address \_\_\_\_\_

Names of all persons registered on title \_\_\_\_\_

Date Purchased \_\_\_\_\_

Purchase Price (\$) \_\_\_\_\_

Current Estimated Value (\$) \_\_\_\_\_

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**PLEASE ATTACH A COPY OF THE TITLE REGISTRATION/DEED AND A RECENT APPRAISAL/Written OPINION OF VALUE FROM A QUALIFIED VALUATOR.**

**Mortgages & Credit Lines Secured to the Property - ATTACH CURRENT STATEMENTS**

|        | Name of Lender | Who's Debt is it? | Account # or other description | Amount Owning (\$) | Address of Lender |
|--------|----------------|-------------------|--------------------------------|--------------------|-------------------|
| First  |                |                   |                                |                    |                   |
| Second |                |                   |                                |                    |                   |
| Third  |                |                   |                                |                    |                   |

**Are the following payments current?**

|              |                              |                             |                            |
|--------------|------------------------------|-----------------------------|----------------------------|
| Mortgage(s)  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If no, amount of arrear \$ |
| Property Tax | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If no, amount of arrear \$ |
| Utilities    | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If no, amount of arrear \$ |
| Insurance    | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If no, amount of arrear \$ |

**Please advise your intention:** Intend to maintain payments on mortgages to keep the property

I/we intend to surrender the property back to the mortgage holder

**SCHEDULE B – MOTOR VEHICLES**

**Please complete one page per vehicle**

|                                                                                                              |                                                      |                          |                            |                          |                                        |                          |
|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------|----------------------------|--------------------------|----------------------------------------|--------------------------|
| Do you own or lease any vehicles?                                                                            |                                                      | Yes                      | <input type="checkbox"/>   | No                       | <input type="checkbox"/>               |                          |
| If Yes -                                                                                                     | Passenger Vehicle (includes car, light truck or SUV) | <input type="checkbox"/> | Boat/watercraft            | <input type="checkbox"/> | Motorhome, camper or trailer           | <input type="checkbox"/> |
|                                                                                                              | Commercial Vehicle                                   | <input type="checkbox"/> | Heavy Equipment            | <input type="checkbox"/> | Motorcycle, Dirt-bike or ATV           | <input type="checkbox"/> |
|                                                                                                              | Owned?                                               | <input type="checkbox"/> | Leased?                    | <input type="checkbox"/> |                                        |                          |
|                                                                                                              | Continuing payments or surrendering?                 | <input type="checkbox"/> | Want to continue payments. | <input type="checkbox"/> | Can't afford and will surrender asset. | <input type="checkbox"/> |
| Description, including make, model and year                                                                  |                                                      |                          |                            |                          |                                        |                          |
| VIN or serial number                                                                                         |                                                      |                          |                            |                          |                                        |                          |
| Current Odometer Reading                                                                                     |                                                      |                          |                            |                          |                                        |                          |
| Names of all persons registered on title                                                                     |                                                      |                          |                            |                          |                                        |                          |
| Date Purchased                                                                                               |                                                      |                          |                            |                          |                                        |                          |
| Purchase Price (\$)                                                                                          |                                                      |                          |                            |                          |                                        |                          |
| Current Estimated Value (\$)                                                                                 |                                                      |                          |                            |                          |                                        |                          |
| Name, address and account no. of leasing/finance co.                                                         |                                                      |                          |                            |                          |                                        |                          |
| <p><b>PLEASE ATTACH A COPY OF THE TITLE REGISTRATION, PROOF OF INSURANCE, FINANCE OR LEASE AGREEMENT</b></p> |                                                      |                          |                            |                          |                                        |                          |

**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. |
|---------------------------------|----------------------------------------------------------|-------------|--------------------|----------------|--------------------|-------------------|
|                                 |                                                          |             |                    |                |                    |                   |
|                                 |                                                          |             |                    |                |                    |                   |
|                                 |                                                          |             |                    |                |                    |                   |
|                                 |                                                          |             |                    |                |                    |                   |
|                                 |                                                          |             |                    |                |                    |                   |
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|                                 |                                                          |             |                    |                |                    |                   |
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|                                 |                                                          |             |                    |                |                    |                   |
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|                                 |                                                          |             |                    |                |                    |                   |
|                                 |                                                          |             |                    |                |                    |                   |
|                                 |                                                          |             |                    |                |                    |                   |
|                                 |                                                          |             |                    |                |                    |                   |
|                                 |                                                          |             |                    |                |                    |                   |

**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)**

| <b>MONTHLY INCOME - # of People in Family :</b>            | <b>BANKRUPT</b> | <b>SPOUSE</b> | <b>TOTAL</b> |
|------------------------------------------------------------|-----------------|---------------|--------------|
| <b>(PLEASE PROVIDE SUPPORTING DOCUMENTATION)</b>           |                 |               |              |
| 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):                        | _____           | _____         | _____        |
| <b>NET MONTHLY INCOME .....</b>                            | <b>(1)</b>      | <b>(2)</b>    |              |
| <b>NET MONTHLY INCOME OF THE FAMILY UNIT((1)+(2)).....</b> |                 |               | <b>(3)</b>   |
| <b>MONTHLY NON-DISCRETIONARY EXPENSES</b>                  |                 |               |              |
| <b>(PLEASE PROVIDE SUPPORTING DOCUMENTATION)</b>           |                 |               |              |
| Child Support Payments/Alimony.....                        | _____           | _____         | _____        |
| Child Care .....                                           | _____           | _____         | _____        |
| Prescriptions.....                                         | _____           | _____         | _____        |
| Fines/Penalties Imposed by the Court .....                 | _____           | _____         | _____        |
| Other.....                                                 | _____           | _____         | _____        |
| <b>TOTALS</b>                                              | _____           | _____         | _____        |
| <b><u>SURPLUS INCOME</u></b>                               |                 |               |              |

**MONTHLY DISCRETIONARY EXPENSES: (Family Unit)**

|                                                                |       |                                                   |             |
|----------------------------------------------------------------|-------|---------------------------------------------------|-------------|
| <b>Housing Expenses</b>                                        |       | <b>Living Expenses</b>                            |             |
| Rent/Mortgage .....                                            | _____ | Food/Grocery .....                                | _____       |
| Property Taxes/Condo Fees .....                                | _____ | Laundry/Dry Cleaning/Grooming .....               | _____       |
| Heating/Gas/Oil.....                                           | _____ | Clothing.....                                     | _____       |
| Telephone .....                                                | _____ |                                                   |             |
| Cable .....                                                    | _____ | <b>Transportation Expense</b>                     |             |
| Power/Water .....                                              | _____ | Car Leases/Payments .....                         | _____       |
| Other .....                                                    | _____ | Repairs/Maintenance/Gas .....                     | _____       |
|                                                                |       | Public Transportation .....                       | _____       |
| <b>Personal Expenses</b>                                       |       | <b>Insurance Expenses</b>                         |             |
| Smoking .....                                                  | _____ | Vehicle .....                                     | _____       |
| Dining/Lunches/Restaurants .....                               | _____ | House.....                                        | _____       |
| Entertainment/Sports .....                                     | _____ | Furniture/Contents .....                          | _____       |
| Gifts/Charitable Donations .....                               | _____ | Life Insurance .....                              | _____       |
| Allowances .....                                               | _____ |                                                   |             |
| Other .....                                                    | _____ |                                                   |             |
| <b>Non-Recoverable Medical Expenses</b>                        |       | <b>Payments</b>                                   |             |
| Dental .....                                                   | _____ | To the estate (to be completed by the Trustee) .. | _____       |
| Other .....                                                    | _____ | To Secured Creditors.....                         | _____       |
|                                                                |       |                                                   |             |
| <b>TOTAL MONTHLY DISCRETIONARY EXPENSES (FAMILY UNIT).....</b> |       |                                                   | <b>(10)</b> |

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  No

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  No

**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