

SALYZYN & ASSOCIATES LIMITED

Trustee in Bankruptcy

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www.mydebtsolution.net

TOLL FREE: 1-877-216-5800

Please complete this form as **completely and accurately** as possible.

APPLICANT #1

Full Legal Name (include middle name): _____

Are you known by any other name?: _____

Mailing address: _____ City: _____ Postal Code _____

Since when: Year _____ Month _____ Day _____ Email: _____

Occupation: _____ Employer: _____

Address of Employer: _____ Postal Code _____

Telephone Numbers Home: _____ Work: _____ Cell: _____

Social Insurance Number: _____ Date of Birth: Year _____ Month _____ Day _____

Marital Status: Married Single Divorced* Separated* Common Law Widowed

*If Separated or Divorced, please give date: _____

Highest level of education completed (*check one*): 0-8 years some high school high school graduate
 some post-secondary post-secondary certificate or diploma university degree

APPLICANT #2

Full Legal Name (include middle name): _____

Are you known by any other name?: _____

Mailing Address (if different): _____ Postal Code _____

Occupation: _____

Employer: _____ Business phone: _____

Address of Employer: _____ Postal Code _____

Social Insurance Number: _____ Date of Birth: Year _____ Month _____ Day _____

Highest level of education completed (*check one*): 0-8 years some high school high school graduate
 some post-secondary post-secondary certificate or diploma university degree

Number of dependents who rely on you for financial support:

NAME	RELATIONSHIP	DATE OF BIRTH	ADDRESS

DEBTS

LIST ALL DEBTS INCLUDING ACCOUNT NUMBERS AND ADDRESSES

(IF SPACE INSUFFICIENT, ATTACH ANOTHER PAGE)

CREDITOR NAME	This debt is			ACCOUNT NO.	FULL MAILING ADDRESS WITH POSTAL CODE	ESTIMATED AMOUNT
	mine (✓)	partner (✓)	both (✓)			
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

SCHEDULE A - ASSETS / POSSESSIONS

	ASSET	ESTIMATED VALUE	DESCRIPTION
1.	Savings in Bank		Bank Name _____ Address _____ Account No. _____
2.	Household Furniture		
3.	Personal Effects		
4. CASH SURRENDER VALUE OF:			
Life Insurance		Name of Company _____ Policy No. _____ Beneficiary _____	
RRSP <i>(circle please)</i> GIC Term Deposits Pension Plan		Name of Plan _____ Address of Plan _____ Description of Plan _____ Maturity Date _____ Locked In: YES ___ NO ___ Account or Plan Number _____	
5. SECURITIES			
Stocks/ Bonds and Investments		Name of Company _____ Description of Shares or Bonds _____ No. Of Shares, or Par Value of Bonds _____	
6. PROPERTY			
House <i>(circle please)</i> Cottage Land Mobile or Mini-Home <i>(if space is insufficient, attach another page)</i>		Civic Address _____ Fair Market Value _____ Municipal Tax Assessment _____ Name of Registered Owner(s) _____ Mortgage(s): 1st Mtge Co. _____ Amt. _____ 2nd Mtge Co. _____ Amt. _____ 3rd Mtge Co. _____ Amt. _____ Taxes owing for (Year) _____ Amt. _____ Insured by _____ Listed for sale with _____	

SCHEDULE A - ASSETS / POSSESSIONS (Cont'd)

7. MOTORIZED VEHICLES		
Automobile # (1)	ESTIMATED VALUE	Year / Make / Model _____ Serial No. _____ Amount Owing to Financial Institution _____ Name of Financial Institution _____
# (2)		Year / Make / Model _____ Serial No. _____ Amount Owing to Financial Institution _____ Name of Financial Institution _____
Motorcycle (circle please) Snowmobile ATV Other:		Year / Make / Model _____ Serial No. _____ Amount Owing to Financial Institution _____ Name of Financial Institution _____
8. Boat (circle please) RV/Trailer Recreational Equipment		Description _____ Amount Owing to Financial Institution _____ Name of Financial Institution _____
9. Income Tax Refund (est.)		APPLICANT #1 \$ _____ APPLICANT #2 \$ _____
10. OTHER ASSETS		
Tools of Trade		Description _____ _____
Computer		Description _____
Other		Description _____ _____

BUSINESS DATA

<p>Have you owned or had an interest in a business in the last five years? YES _____ NO _____</p> <p>If YES please give the following details:</p> <p>Corporation ___ Proprietorship ___ Partnership ___ Name(s) of Partners, if applicable _____</p> <p>Name _____</p> <p>Address _____</p> <p>Nature of business _____</p> <p>Since when: Day ___ Month ___ Year ___</p> <p>Has the business ceased operations? YES _____ NO _____ If YES, please give the date _____</p> <p>Are any of the debts related to your business? YES _____ NO _____</p> <p>If YES, what percentage of the debts are business related? _____%</p>

PERSONAL DATA

Have you been bankrupt before? YES _____ NO _____

Have you ever filed a Consumer Proposal before? YES _____ NO _____

If the answer is **YES** to either of these questions, please give

Name of trustee/administrator: _____

Date of bankruptcy/ Proposal: _____

Date of discharge: _____

(PLEASE PROVIDE A COPY OF THE ORDER OF DISCHARGE IF AVAILABLE)

RECENT TRANSACTIONS:

a) Have you disposed or transferred any of your assets in the past twelve months?

YES _____ NO _____ If YES, give details:

b) Have you made payments in excess of regular payments to a creditor in the past twelve months?

YES _____ NO _____ If YES, give details:

c) Have you had any assets seized by any creditor in the past twelve months?

YES _____ NO _____ If YES, give details:

d) Within the past five years, have you sold or transferred any real estate?

YES _____ NO _____ If YES, give details:

e) Within the past five years, have you made any gifts in excess of \$500.00?

YES _____ NO _____ If YES, give details:

CAUSE OF FINANCIAL DIFFICULTIES: _____

I hereby certify that to the best of my knowledge and belief, the information contained in this application form is true and correct, and complete in every respect and fully discloses my assets, liabilities, and income.

Signature(s) of Applicant(s)

Date

MONTHLY STATEMENT OF FAMILY INCOME AND EXPENSES

**** please complete with average monthly amounts ****

NAME:	
Number in Family:	

MONTHLY INCOME (provide proof)		FIXED EXPENSES	
Income after deductions		Rent, mortgage	
Spouse's income after deductions		Property Taxes	
Dependent's income after deductions		Heat	
EI benefits		Electricity	
Social Assistance		Water	
Child Tax Benefit + UCCB		Telephone	
Pensions		Life Insurance	
Alimony or support income		Residential Insurance	
Rental income		Car lease or payment	
Other		Child Care	
Self-employment income (GROSS) <i>list deductions below at ☛</i>		Child Support payment	
		Spousal Support payment	
		Payment to estate (trustee)	
TOTAL MONTHLY FAMILY INCOME		TOTAL MONTHLY FIXED EXPENSES	

REGULAR EXPENSES		VARIABLE EXPENSES	
Groceries		Meals eaten outside the home	
Clothing		Tobacco and/or alcohol	
Laundry & Dry Cleaning		Entertainment	
Cable TV		Donations	
House Maintenance and Repairs		Gifts, holidays, etc.	
Car Gas and Oil		Barber & Hairdresser	
Car Repairs		School and Sport Supplies	
Car Insurance		☛ SELF-EMPLOYED BUSINESS EXPENSES (please list)	
Public Transportation/Tolls		1. Income tax on self-employed income	
		2. CPP on self-employed income	
Non-reimbursed portions of:		3. GST/HST	
Medical Insurance		4.	
Dentist		5.	
Prescriptions		6.	
		7.	
TOTAL MONTHLY REGULAR EXPENSES		TOTAL MONTHLY VARIABLE EXPENSES	

COMMENTS AND NOTES:	SUMMARY OF EXPENSES	
	REGULAR	
	FIXED	
	VARIABLE	
	TOTAL EXPENSES	
EXCESS (DEFICIENCY) OF INCOME OVER EXPENSES =		

I hereby certify that the above is an accurate statement of my income and expenses as witnessed by my signature and that I am aware of my obligations to contribute a portion of my surplus income to the estate.

DATE: _____ **SIGNATURE:** _____

