

Date of initial Contact : _____

Time of Initial Contact: _____

Assessment

DEBTOR

FULL LEGAL NAME: _____

Are you now or in the last five years been known by any other name? If so what names?

CURRENT MARITAL STATUS:

Married Widowed Separated
 Single Common Law Divorced

Date of Separation /Divorce if Applicable (DD/MM/YY) _____

S.I.N.: _____

Birth date: (DD/MM/YY) _____

Telephone Numbers:

Home: _____ Business: _____ Msges: _____

Fax: _____ Cellular: _____ Pager: _____

email address: _____

Home Address: _____

Postal Code _____ - _____

Length of time at this address? _____

You have resided at this address since: _____
 (DD/MM/YY)

Previous Addresses:

List addresses resided at over the past 10 Years beginning with the most recent if not at present location for five years and dates lived there:

1. _____
2. _____
3. _____
4. _____

Alternate Contact

Name: _____

Phone: _____

Relationship to Debtor: _____

DEBTOR'S SPOUSE

FULL LEGAL NAME: _____

Are you now or in the last five years been known by any other name? If so what names?

Only Legal Name, SIN and birthdate are required for spouse not seeking Bankruptcy and Insolvency Act protection

Date of Separation /Divorce if Applicable (DD/MM/YY) _____

S.I.N.: _____

Birth date: (DD/MM/YY) _____

Telephone Numbers:

Home: _____ Business: _____ Msges: _____

Fax: _____ Cellular: _____ Pager: _____

email address: _____

Home Address: _____

Postal Code _____ - _____

Length of time at this address? _____

You have resided at this address since: _____
 (DD/MM/YY)

Previous Addresses:

List addresses resided at over the past 10 Years beginning with the most recent if not at present location for five years and dates lived there:

1. _____
2. _____
3. _____
4. _____

Alternate Contact (must be different than debtor)

Name: _____

Phone: _____

Relationship to Debtor: _____

Debtor: _____

DEBTOR

EMPLOYMENT INFORMATION

Employed Not Employed Self- Employed

Occupation: _____

Employer Name: _____

Employer Address: _____

_____ Postal Code _____ - _____

Employed Since: (YY/MM/DD) _____

Are you bonded in your present job? _____

BANKRUPTCY HISTORY

Have you ever been bankrupt before? Yes No

Trustee Name: _____

Bankruptcy Date: _____
(YY/MM/DD)

Place Bankruptcy was Filed: _____

Discharge Date _____
(YY/MM/DD)

Reason for previous bankruptcy: _____

BUSINESS INVOLVEMENT

Have you been self-employed in the past five years? Yes No

Are any of the debts business debts? Yes No

What percentages of the debts are from business? _____%

TAX RETURNS

For which year was your last tax return filed? _____

Refund Received: _____ Refund to Come: _____

Amount Owed: _____ Taxes Paid: _____

Address when you filed that return? _____

Have you filed prior year's income tax returns? Yes No

Years not filed: _____

Did you register for G.S.T. rebate? Yes No

DEBTOR'S SPOUSE

EMPLOYMENT INFORMATION

Employed Not Employed Self- Employed

Occupation: _____

Employer Name: _____

Employer Address: _____

_____ Postal Code _____ - _____

Employed Since: (YY/MM/DD) _____

Are you bonded in your present job? _____

BANKRUPTCY HISTORY

Have you ever been bankrupt before? Yes No

Trustee Name: _____

Bankruptcy Date: _____
(YY/MM/DD)

Place Bankruptcy was Filed: _____

Discharge Date _____
(YY/MM/DD)

Reason for previous bankruptcy: _____

BUSINESS INVOLVEMENT

Have you been self-employed in the past five years? Yes No

Are any of the debts business debts? Yes No

What percentages of the debts are from business? _____%

TAX RETURNS

For which year was your last tax return filed? _____

Refund Received: _____ Refund to Come: _____

Amount Owed: _____ Taxes Paid: _____

Address when you filed that return? _____

Have you filed prior year's income tax returns? Yes No

Years not filed: _____

Did you register for G.S.T. rebate? Yes No

Debtor: _____

CIRCUMSTANCES CAUSING FINANCIAL PROBLEMS

How did you hear about Dana MacRae – Licensed Insolvency Trustee?

Newspaper ad ____ Community Agency ____ Social Services ____ Pamphlet ____
Yellow Pages ____ Walk In ____ Office Sign ____ Referred by _____

No of dependants _____

Total No. of Creditors _____ Total Debt owed \$ _____

Available for repayment \$ _____

Please describe briefly the circumstances that have caused your financial difficulties and what collection actions creditors are now taking if any.

EDUCATION

(circle the appropriate answer)

<u>Debtor</u>		<u>Spouse</u>	
0-8 YRS	some High School	0-8 YRS	some High School
High School Graduate	some Post- secondary	High School Graduate	some Post- secondary
Post-secondary certificate/diploma		Post-secondary certificate/diploma	
University Degree		University Degree	
Refuse to answer or not known		Refuse to answer or not known	

Debtor: _____

A. Discussed the following options:

- 1. Do nothing _____
- 2. Debtor negotiate directly with creditors _____
- 3. Informal negotiated settlement _____
- 4. Orderly payment of debts _____
- 5. Budget restructuring. _____
- 6. Formal Proposal - by Licensed Insolvency Trustee _____
- 7. Consumer Proposal _____
- 8. Bankruptcy _____

B. In the opinion of the counsellor the following are viable alternatives, because:

C. The applicant decided on the following courses of action:

Date

Counsellor

Debtor: _____

DEPENDANTS

ALL DEPENDANTS THAT LIVE WITH YOU WHO RELY ON YOU FOR FINANCIAL SUPPORT

<u>FULL NAME</u>	<u>RELATIONSHIP</u>	<u>DATE OF BIRTH</u> (DD/MM/YY)	<u>INCOME</u> (PER MTH)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If over 18 years old, explain why they are still a dependent:

ALIMONY / MAINTENANCE

If you paid alimony or maintenance during the last year, to whom were they paid?

NAME: _____

ADDRESS: _____

_____ Postal Code _____ - _____

Amount Paid \$ _____ Arrears Amount \$ _____

Do you have an Agreement? Yes ___ No ___ Do you have a Court Order? Yes ___ No ___

Do you have a Prenuptial Agreement? Yes ___ No ___ If Yes, Date: _____

Is the Prenuptial Agreement written? Yes ___ No ___ If Yes, will you provide a copy? Yes ___ No ___

Debtor: _____

BUSINESS INVOLVEMENT

If you have been self-employed in the past five years, please complete the following:

1. Name of Business and start date	Sole Proprietorship Yes No
Street Address	Partnership Yes No If Yes, names of partners Percentage for each partner: Self _____% 2. _____% 3. _____%
City/ Province	Corporation Yes No If Yes, date of incorporation _____
Postal Code: _____ - _____	Corporate Tax No: _____ G.S.T. No: _____
Type of Business	Have you guaranteed any business loans? Yes No If yes, give details : _____
Business still operating? Yes No If no, when did it cease to operate _____ DD/MM/YY	Last period/quarter for which you filed a GST return? _____ When is/was fiscal year end? _____

2. Name of Business and start date	Sole Proprietorship Yes No
Street Address	Partnership Yes No If Yes, names of partners Percentage for each partner: Self _____% 2. _____% 3. _____%
City/ Province	Corporation Yes No If Yes, date of incorporation _____
Postal Code: _____ - _____	Corporate Tax No: _____ G.S.T. No: _____
Type of Business	Have you guaranteed any business loans? Yes No If yes, give details _____
Business still operating? Yes No If no, when did it cease to operate _____ DD/MM/YY	Last period/quarter for which you filed a GST return? _____ When is/was fiscal year end? _____

Are you now an officer or director, or involved in any managerial capacity in any corporation? If so, give the name of the company, your title or position and date you started.

Are you now an officer or director, or involved in any managerial capacity in any corporation which became bankrupt or which made a proposal or arrangement with its creditors? If so, give the name of the company, your title or position and details of the bankruptcy or proposal.

Debtor: _____

SELF EMPLOYED BUSINESS OPERATING BUDGET INFORMATION

MONTHLY INCOME

MONTHLY EXPENSES

Gross Income		Rent	
		Property Taxes	
		Advertising	
		Meals and Entertainment	
		Bad Debts	
		Insurance	
		Interest	
		Business tax	
		Fees, licenses, dues, memberships	
		Office expenses	
		Supplies	
		Legal, accounting, other professional	
		Management and admin fees	
		Maintenance and repairs	
		Salaries and wages	
		Employee benefits	
		Travel (Transportation fees)	
		Travel (Accommodations)	
		Telephone and utilities	
		Fuel costs (except for motor vehicles)	
		Delivery, freight and express	
		Motor vehicle expenses	
TOTAL MONTHLY NET INCOME		TOTAL MONTHLY EXPENSES	

(TOTAL MONTHLY NET INCOME – TOTAL MONTHLY EXPENSES) \$ _____

Debtor: _____

SUPPLEMENTARY INFORMATION

Within the last 12 months, have you...

Disposed of or transferred any of your assets? Yes ___ No ___	What		Amount Received	
	To Whom and what was done with the proceeds?		Market Value at Date of Disposal	
Paid any creditor in full or made a larger payment than usual to any of your creditors? Yes ___ No ___	To Whom	Date of Payment		Amount paid
	To Whom	Date of Payment		Amount paid
Had any assets seized by any creditor? Yes ___ No ___	By Whom		When	
	By Whom		When	
Given any security to any creditor? Yes ___ No ___	To Whom	When	What	Why
	To Whom	When	What	Why

Within the last 5 years, have you....

Sold, disposed of or transferred any real estate? Yes ___ No ___	Address on property		When	To Whom
	For how much	What did you do with the proceeds		
Made gifts to relatives or others in excess of \$500.00? Yes ___ No ___	What		To Whom	
	Value of gift		Date	

Have you any debts arising from....

Fines or penalty Imposed by Court? Yes ___ No ___	Fraud? Yes ___ No ___	Recognizance or bail Yes ___ No ___	Misappropriation? Yes ___ No ___
Maintenance & support Of separated family? Yes ___ No ___	Alimony? Yes ___ No ___	Defalcation while Acting in a Fiduciary Capacity? Yes ___ No ___	Embezzlement? Yes ___ No ___
Obtained property by false pretense or fraudulent misrepresentation Yes ___ No ___			

Have you applied for a Consolidation Order, Consolidation loan or received any previous credit counselling? Yes ___ No ___ Do not understand ___

If yes, give details: _____

Have you made an assignment of your wages? Yes ___ No ___

If yes, give details: _____

Have you made any arrangements to continue to pay any creditors? Yes ___ No ___

If yes, give details: _____

During the last three months have you: returned any goods, property or money to any of your creditors? Yes ___ No ___

If Yes, give details: _____

Debtor: _____

EMPLOYMENT HISTORY

List **all** employers (except present employer) since the year of the last tax return filed; also specify periods of Employment Insurance (EI) benefits.

If assessment is **joint**, list spouse's employers/EI also, and mark with "**S**" in the far right column.

EMPLOYER'S NAME	ADDRESS	STARTED	ENDED	SPOUSE

If you received Employment Insurance (E.I.) benefits this year or last year, give the following information:

Date benefits started: ____ - ____ - ____
YY- MM- DD

Date benefits ceased: ____ - ____ - ____
YY- MM- DD

Which office granted E.I. benefits _____

RESIDENTIAL RENTAL INFORMATION

If renting, please provide the following information since your *last filed tax return*:

Address of main Residence	Number of months	Monthly rent	Rent paid	Name and Address of Landlord

Debtor: _____

ASSETS

ASSET	DESCRIPTION/LOCATION		Transit No & Account No (available on cheque).	ESTIMATED AUCTION VALUE	OFFICE USE ONLY		
	Name of Bank	Full Branch Address			Yes	No	Enc.
Cash on Hand or in Bank							
Cash on Hand or in Bank							
Furniture and Appliances	See following pages						
Personal Effects							
Life Insurance	Name of insurance carrier type of insurance (term, whole life) Policy #, Beneficiary(s) and relationship to you						
Life Insurance	Name of insurance carrier, type of insurance (term, whole life) Policy #, Beneficiary(s) and relationship to you						
Mutual Funds	Name of securities company – Plan #						
Stocks, bonds	Company name and # of shares held						
Stocks, bonds	Company name and # of shares held						
TFSA	Company name and plan no						
Motorized vehicles	See following pages						
Credit Union Shares	Name of Credit union and branch address						
Real Estate #1	Municipal address, City, Province	Owned Jointly Yes _____ No _____					
Real Estate #2	Municipal address, City, Province	Owned Jointly Yes _____ No _____					
Accounts Receivable/Money owed to you	Name and address of person/entity owing you money						
Tools of Trade	Provide list on a separate page with approximate values						
Other Asset Please specify							
Other Asset Please specify							
Other Asset Please specify							
Other Asset Please specify							

Debtor: _____

ASSETS

MOTORIZED VEHICLES

Automobile #1

Year _____

Make _____

Model _____

Trim (i;e; LS) _____

VIN# _____

Exterior Color _____

Interior Colour _____

No of kms _____

Estimated Value \$ _____

Automobile 2

Year _____

Make _____

Model _____

Trim (i;e; LS) _____

VIN# _____

Exterior Color _____

Interior Colour _____

No of kms _____

Estimated Value \$ _____

Automobile 3

Year _____

Make _____

Model _____

Trim (i;e; LS) _____

VIN# _____

Exterior Color _____

Interior Colour _____

No of kms _____

Estimated Value \$ _____

Motorcycle 1

Year _____

Make _____

Model _____

VIN# _____

Exterior Color _____

No of kms _____

Estimated Value \$ _____

Motorcycle 2

Year _____

Make _____

Model _____

VIN# _____

Exterior Color _____

No of kms _____

Estimated Value \$ _____

Motorcycle 3

Year _____

Make _____

Model _____

VIN# _____

Exterior Color _____

No of kms _____

Estimated Value \$ _____

Snowmobile 1

Year _____

Make _____

Model _____

VIN# _____

Exterior Color _____

No of kms _____

Estimated Value \$ _____

Snowmobile 2

Year _____

Make _____

Model _____

VIN# _____

Exterior Color _____

No of kms _____

Estimated Value \$ _____

Snowmobile 3

Year _____

Make _____

Model _____

VIN# _____

Exterior Color _____

No of kms _____

Estimated Value \$ _____

Debtor: _____

ASSETS

MOTORIZED VEHICLES (cont'd)

Recreational Vehicle 1

Year _____

Make _____

Model _____

VIN# _____

Exterior Color _____

No of kms _____

Estimated Value \$ _____

Recreational Vehicle 2

Year _____

Make _____

Model _____

VIN# _____

Exterior Color _____

No of kms _____

Estimated Value \$ _____

Recreational Vehicle 3

Year _____

Make _____

Model _____

VIN# _____

Exterior Color _____

No of kms _____

Estimated Value \$ _____

Other Motorized Vehicle 1

Year _____

Make _____

Model _____

VIN# _____

No of kms _____

Estimated Value \$ _____

Other Motorized Vehicle 2

Year _____

Make _____

Model _____

VIN# _____

No of kms _____

Estimated Value \$ _____

Other Motorized Vehicle 3

Year _____

Make _____

Model _____

VIN# _____

No of kms _____

Estimated Value \$ _____

Are any appraisals available to support your valuations of assets? Yes No

If yes, give details: _____

Are your assets insured? Yes No

If Yes, with whom? _____

Does your husband/wife own any assets jointly with you? Yes No

If yes, give details: _____

ASSETS**HOUSEHOLD FURNITURE & EFFECTS**

	Estimated Auction. Value		Estimated Auction Value		Estimated Auction Value
LIVING ROOM		KITCHEN		BEDROOM 3	
Sofa		Table		Bed	
Chair(s)		Chairs		Dresser(s)	
Love Seat		Small Appliances		Night Table(s)	
Lamps		Pots/pans		Lamp(s)	
Tables		Dishes			
Stereo		Microwave			
TV		Freezer			
Clock		Stove/Oven		BEDROOM 4	
Piano		Refrigerator		Bed	
DVD/VCR				Dresser(s)	
				Night Table	
				Lamps	
STUDY		BEDROOM 1			
Desk		Bed			
Chair(s)		Dresser(s)		FAMILY ROOM	
Lamp(s)		Night Table(s)		Sofa	
		Lamp(s)		Chair(s)	
				Lamp(s)	
				Table(s)	
DINING ROOM				Stereo	
Table		BEDROOM 2		TV	
Chairs		Bed		Clock	
Cabinet.		Dresser(s)		VCR	
China		Night Table(s)			
Silverware		Lamp(s)			
				TOTAL AUCTION VALUE	

Debtor: _____

ASSETS (cont'd)

	Estimated Auction. Value		Estimated Auction Value		Estimated Auction Value
ANTIQUES		OUTSIDE (etc.)		OTHER	
		Barbeque		Sports Equipment	
		Furniture			
		Lawnmower			
		Power Tools			
		Washer/dryer			
		Bikes			
PAINTINGS/PRINTS					
COLLECTIONS (Coin, Stamp, Etc.)		TOOLS OF TRADE (please list)			
JEWELLERY					
				TOTAL AUCTION VALUE	

Debtor: _____

REAL ESTATE LIABILITIES

If you own real estate, complete the following questions:

If Real Estate # 1. has joint ownership, list the other owners and percentage of each interest:

List first, second and third mortgage holder's name, address, amount and maturity date for Real Estate # 1:

	NAME OF MORTGAGOR	ADDRESS	AMOUNT	MATURITY DATE
1 st Mortgage				
2 nd Mortgage				
3 rd Mortgage				

If Real Estate # 2. has joint ownership, list the other owners and percentage of each interest:

List first, second and third mortgage holder's name, address, amount and maturity date for Real Estate # 2:

	NAME OF MORTGAGOR	ADDRESS	AMOUNT	MATURITY DATE
1 st Mortgage				
2 nd Mortgage				
3 rd Mortgage				

If Real Estate # 3. has joint ownership, list the other owners and percentage of each interest:

List first, second and third mortgage holder's name, address, amount and maturity date for Real Estate # 3:

	NAME OF MORTGAGOR	ADDRESS	AMOUNT	MATURITY DATE
1 st Mortgage				
2 nd Mortgage				
3 rd Mortgage				

Are there any writs or judgments that are registered against any real estate property? Yes No

If yes, give details: (name, court action #, amount) _____

Debtor: _____

LIABILITIES

SECURED CREDITORS (Assets pledged against the loan) LIST NOT INCLUDING REAL ESTATE:

Under "TYPE OF DEBT" Please indicate J - joint debt, H - husband debt, or W - wife only debt

Under "TYPE OF SECURITY" Please indicate Car Loans, Chattel Mortgages, Leases, Conditional Sales Contract

PLEASE INSURE THAT COMPLETE ADDRESSES, POSTAL CODES AND ACCOUNT NUMBERS ARE LISTED.

TYPE OF DEBT	COMPLETE NAME OF ORIGINAL CREDITOR	COMPLETE ADDRESS OF ORIGINAL CREDITOR	POSTAL CODE	ACCT NUMBER	TYPE OF SECURITY	AMOUNT OWED
TOTAL SECURED CREDITORS						

Within the last 12 months, have you executed a chattel mortgage or pledged any of your property? Yes No

If yes, give details: _____

Debtor: _____

LIABILITIES (cont'd)

UNSECURED CREDITORS LIST NOT INCLUDING CREDIT CARDS:

PLEASE INSURE THAT COMPLETE ADDRESSES, POSTAL CODES AND ACCOUNT NUMBERS ARE LISTED.

(Under "TYPE OF DEBT" Please indicate J - joint debt, H - husband debt, or W - wife only debt)

TYPE OF DEBT	COMPLETE NAME OF ORIGINAL CREDITOR	COMPLETE ADDRESS OF ORIGINAL CREDITOR	POSTAL CODE	ACCT NUMBER	AMOUNT OWED
TOTAL UNSECURED CREDITORS NOT INCLUDING CREDIT CARDS					

Has anyone co-signed or guaranteed a loan for you? Yes No

If yes, give details: Type of Debts co-signed or guaranteed: Business _____ Personal _____ Both _____

Lender's Name & Address	Amount of Loan	Borrower's Name & Address	Is Borrower Bankrupt?	Business/ Personal	Type of Business
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Debtor: _____

MTHLY INCOME	Debtor	Spouse	Household Expenses	Week	Month	Household Expenses	Week	Month
Employment Inc. after Statutory ded.			Rent/Mortgage			Groceries		
E.I. Inc.			Property Taxes/Condo			Laundry/Dry Cleaning		
CPP Inc.			Heating Gas/Oil			Grooming (Salon/Barber)		
OAS Inc.			Telephone			Clothing		
Company Pension Inc.			Cable T.V.			Auto lease/pmts		
RIF Inc.			Hydro			Gas/Oil (auto)		
LIF Inc.			Water			Auto repair/upkeep		
Canada Child Benefit			Furniture			Transit/Taxi		
Child Support Inc.			Tobacco			Parking/Car Pool		
Spousal Support Inc.			Alcohol			Auto - other		
WSIB			Dining out/Lunches			Auto ins./License		
Disability Benefits Inc.			Coffee			Home insurance		
Insurance Benefits			Sports/Entertainment			Life insurance		
Social Assistance			Entertainment			Insurance - other		
Gov't Rebate -Trillium			Gifts/Donations			Spouse's debt pmt(s)		
Gov't Rebates – HST/GST			Newspaper/ Magazine			Child support pmt(s)		
Rent/Board Rec'd			Bank fees			Child care/Day care		
Self Employed - Gross			Gambling-Lotto/Bingo			Spousal support pmts		
Self Employed - Net			Allowances/Child			Medical Condition Exp.		
Investment Inc.			Internet			Fines/Penalties		
Other Inc. -			Prescriptions			Employment Expenses		
			Dental/Eye Care			Other -		
						Other -		
Total Monthly Income			Total Monthly Expenses					
Monthly Balance:			Monthly Deficit:					

Debtor: _____

LIABILITIES (cont'd)

CREDIT CARD LIST

	ISSUER OF CARD	ACCT NUMBER	CARD TYPE	STATUS U - UP TO DATE A - ARREARS	CREDIT LIMIT	MTHLY PMTs	BALANCE OWED	
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
							TOTAL AMOUNT OWED FOR	

Debtor: _____

SUPPLEMENTARY

1. Have you co-signed or guaranteed a loan or contract for anyone else or any business that has not been fully repaid? Yes _____ No _____

If yes, give details: Type of Debts co-signed or guaranteed: Business _____ Personal _____ Both _____

Lender's Name & Address	Amount of Loan Address	Borrower's Name &	Is Borrower Bankrupt?	Business/ Personal	Type of Business
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2. Are you in possession of or storing any personal property which does NOT belong to you? Example: household goods, motor vehicles, or other property? Yes _____ No _____

If yes, give details: _____

3. Have you received or do you expect to receive an inheritance during the next 12 months? Yes _____ No _____

If yes, give details: _____

4. Have you been or are you presently involved in any civil litigation involving yourself, your spouse, or any business venture present or past? Yes _____ No _____

If yes, give details re: name, address, court number, date started, amount:

Within the last **five years** have you:

5(a) pledged any property to anyone? Yes _____ No _____ If yes, give details: _____

5(b) pledged additional security to any of your creditors after the initial transaction? Yes _____ No _____

If yes, give details: _____

5(c) been party to any insurance or matrimonial settlement? Yes _____ No _____

If yes, give details _____

6. Has any of your creditors commenced Court action against you for debts owed? (i.e. wage garnishment, third party demands) Yes _____ No _____

If yes, give details: _____

7. Have you obtained any credit in the last three months? Yes _____ No _____

If yes, give details: _____

8. Is there any property registered in your name for insurance purposes only? Yes _____ No _____

If yes, give details: _____

AFTER YOU FINISH COMPLETING THIS FORM TO THE BEST OF YOUR ABILITY, PLEASE SCAN AND EMAIL IT TO ADMIN@DANATRUSTEE.CA OR SEND IT BY FAX TO (519) 489-7080