DEBT SOLUTION WORKSHEET

Date:		Referred by:	
Full Legal Name (first, midd	lle, last)		
Are you know by any other			
	,	,	
Address (Street and mailing	g address)		
Length of time at this addre			
Length of time at this addre	:55		
Telephone: Home	Cell	Work	
Email Address			
Marital Status	N	ame of Spouse	
<u>Арг</u>	olicant:	<u>Sp</u>	ouse:
Date of Birth:			
S.I.N:			
Occupation:			
Employer:			
Employer's Address:			
Length of time with this em	nployer:		
Highest Level of Education:			
Have you ever been bankru	upt before?		
Date of Bankruptcy:			
Province where filed:			
Name of Trustee:			
Date of Discharge:			
List all Dependents that tha	t roly on you for finance	sial cupports	
List all Dependents that tha	it rely on you for financ	iai Support:	
Full Name	Relationship	Date of Birth	Income
1			
2			
3			
Δ			

Business Information:

lave y	ou owned or had an inter	est in a business in the last five years?	/es	No
Yes:	Corporation	Proprietorship Partner	ship	
	Name of Business:			
	Nature of Business:			
	Location:			
	When commenced:			
	When ceased:			
	Name(s) of directors/off	icers/partners:		
oes tl	ne business have any asse	ts/receivables? (if yes, please list)		
lave a	ll HST returns been filed?	Yes No HST# _		
_				
	er of Property/Gifts:			
you	inswer 123 to any or the i	following questions please provide the o	letalis O	ii a separate sileet.
	1. Within the last 12 m	onths have you		
		red any assets (car, investments etc)?	Yes	No
		or lump sum payments to creditors?	Yes	No
		seized by a creditor?	Yes	No
	Received any lui	mp sum payments or settlements?	Yes	
	2. Within the last 5 yea	ars have you		
	•	red any real estate (land, house etc)?	Yes	No
		o a relative or other person over \$500?		
		ents to continue to pay a creditor?		No
dditio	onal Questions:			
1.	Are you involved in civil	litigation from which you may receive n	nonies c	or property?
2.	•	inheritance, which you have not yet r ney, which are not related to your norn hs?		, , ,

3.	Are there any writs, judgments, or garnishments outstanding against you?						
4.	4. Do you bank with a financial institution to which you owe money (including overdrafts, credicards, lines of credit), or do you have any automatic debits or post dated cheques for debits payments?						
5.	5. Have you obtained new credit in the last three months or made any purchases on credit in last three months?						
6.	Are you currently	involved in a matrin	nonial dispute with respe	ect to property?	?		
7.	Are you storing a	ny personal property	which does not belong t	to you? (please	list)		
Have y	ou any debts arisin	g from:					
·	Fines or penalties	imposed by the cou	ırt	Yes	No		
	Recognizance or l	pail bond		Yes	No		
	Fraud, embezzler	nent, obtaining prop	erty by false pretenses	Yes	No		
	Employment insu	rance overpayments	5	Yes	No		
For wh	ich year was your	last tax return filed?	?				
Refund	received?	Amount Owir	ng? Refun	d to come?			
List all	Employers for the	past year:					
Name/	Address of Emplo	yer 	Start Date	Finish Date	_		
					_		
Cause	of insolvency						
Describ	oe what, in your ov	n opinion, is the cau	use of your current financ	cial problems.			

Monthly Net Family Inc	come	Bankru	pt	Spouse			
Employment Income:		\$		\$			
Pension Income:		\$		\$			
Child Support:		\$		\$			
Child Tax Benefit:		\$		\$			
E.I. Benefits:		\$		\$			
Social Assistance:		\$		\$			
Self-employment incom	ne:	\$		\$			
Other net income (prov	ide details):	\$		\$			
Total income:		\$		\$		= \$	-
Monthly Non-Discretio	nary Expenses						
Child support payments	5:	\$		\$			
Spousal support payme	nts:	\$		\$			
Child care:		\$	 	\$			
Fines/penalties impose	d by the Court:	\$	 	\$			
Employment Expenses:		\$		\$			
Medical/Dental:		\$		\$			
Other Monthly Living E	<u>xpenses</u>						
Living expenses:							
Food/Groceries:	\$		Rent/Mortgage	:	\$		
Laundry/Dry-cleaning:	\$		Heating Costs:		\$		
Clothing:	\$		Electricity:		\$		
Internet:	\$		Telephone:		\$		
Cable:	\$		Cell Phone:		\$		
Property Tax:	\$		Smoking:		\$		
Alcohol:	\$		Entertainment/	sports:	\$		
Other:	\$		Gifts/charity do	nations:	\$		
Transportation Costs:				Insuran	ce:		
Car Lease/Loan Paymer	nts: \$		Vehicle	:	\$		
Gas/Repairs/Maintenar	nce: \$		Home/I	Property			
Public Transportation:	\$		Other:		\$		

Assets:

	Description/Location	Estimated Valu	e Secured (Y/N)
Cash on hand/in bank			
Stocks, bonds, GIC's			
RESP's, RRSP's			
Insurances w/ cash			
Surrender value			
Furniture/personal effe	ects		
Real estate			
House			
Land			
Cabin/cottage			
Motorized Vehicles (ye	ar/make/model)		
Cars			
Trucks/Vans			
Motorcycle			
ATV			
Snowmobile			
Trailer			
Mobile home			
Tools of the trade			
Other assets of value			

Farming assets (use separate page)

Business assets (use separate page)

<u>Creditors:</u> (list all debts including all mortgages, vehicles, leases and family debts)

Creditor Name/Address	Account #	Amount \$	Secured (Y/N)
		-2 /lf	- :
there anyone co-signed on any of t s	ne abovementioned debts	s ? (if yes, pieas	e indicate which debts)
ve you guaranteed or co-signed th s	e debts of any other indiv	iduals or compa	anies?
ves, please provide details:			
CLARATION:			
ereby certify that the information spect and fully discloses the state o		on is true, corre	ect and complete in ever
	i iiiy aiiailə.		
te		Signa	ture