

# JANES <sup>RE</sup> NOSEWORTHY

TRUSTEE IN BANKRUPTCY

**St. John's**  
516 Topsail Road  
Suite 201  
364-8148  
1-800-563-9779

**Corner Brook**  
9 Main Street  
Suite 302, Office 3-5  
634-3631  
1-877-934-4330

**Grand Falls-Windsor**  
6 Pinsent Drive  
489-8219  
1-866-489-8219

**Marystown**  
12 Queen Street  
279-3003  
1-888-979-0923

**Gander**  
109 Trans Canada  
Highway  
651-2160  
1-866-489-8219

**Bay Roberts**  
40 C B Highway  
786-9609  
1-855-786-9609

## APPLICATION

### PERSONAL DATA

Surname: \_\_\_\_\_

S.I.N. \_\_\_\_\_

Given & Middle Names: \_\_\_\_\_

Birth date: (D/M/Y) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Any other name(s): \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_

Street Address: \_\_\_\_\_

Telephone: (Cell) \_\_\_\_\_

Town/City: \_\_\_\_\_, NL

Telephone: (Bus.) \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email address: \_\_\_\_\_

At this address since: \_\_\_\_\_

Present Occupation: \_\_\_\_\_

Employed Since: \_\_\_\_\_

Number of Dependants: \_\_\_\_\_

Name & Address of Present Employer: \_\_\_\_\_

Highest Level of Education: 0-8 years \_\_, High School \_\_, Graduation \_\_, Post Secondary \_\_, Diploma \_\_, Degree \_\_

### **Marital Status (please circle)**

Married      Common-law      Single      Widowed      Separated      Divorced

Full Name Spouse or Common-law Partner: \_\_\_\_\_

Address, if different: \_\_\_\_\_

Birth date of spouse: (D/M/Y): \_\_\_\_ / \_\_\_\_ / \_\_\_\_      S.I.N.: \_\_\_\_\_

Highest Level of Education: 0-8 years \_\_, High School \_\_, Graduation \_\_, Post Secondary \_\_, Diploma \_\_, Degree \_\_

Name & Address of Spouse's Present Employer: \_\_\_\_\_

List all dependants who rely on you for financial support:

| Name | Relationship | Birthdate (D/M/Y) | Address (If Different) |
|------|--------------|-------------------|------------------------|
|      |              |                   |                        |
|      |              |                   |                        |
|      |              |                   |                        |
|      |              |                   |                        |

Please describe briefly, the circumstances which caused your financial difficulties:

\_\_\_\_\_

\_\_\_\_\_

ASSETS

| ASSET   | LOCATION/DESCRIPTION | Exempt<br>Yes/No | PRESENT<br>VALUE |
|---|----------------------|------------------|------------------|
| Cash on Hand/In Bank  |                      |                  |                  |
| Household Furniture<br>(Fully/Partially Pledged/Exempt)                           |                      |                  |                  |
| Clothing/Personal Effects   |                      |                  |                  |
| Retirement/Education Savings Plans<br>(RRSP, RESP, Pensions)                      |                      |                  |                  |
| Cash Surrender Value of<br>Insurance Policies                                     |                      |                  |                  |
| Savings Plans/Bonds   |                      |                  |                  |
| Stocks/Shares   |                      |                  |                  |
| Estimated Tax Refund  |                      |                  |                  |
| Collectibles<br>(Stamps, etc.)  |                      |                  |                  |
| House/Cottage/Land<br>(Sole/Joint/Part Owner)<br>(Fully/Partially Pledged/Exempt) |                      |                  |                  |
| Mobile Home   |                      |                  |                  |
| Automobile/Model<br>(Fully/Partially Pledged/Exempt)<br>Serial No.:               |                      |                  |                  |
| Motorcycle/Model<br>Serial No.:   |                      |                  |                  |
| Other Motorized Vehicle<br>(Snowmobile, ATV, etc.)                                |                      |                  |                  |
| Boat/Trailer  |                      |                  |                  |
| Any Other Assets/Tools of the Trade   |                      |                  |                  |

**TOTAL**

\$ \_\_\_\_\_

List all debts, including secured debts and utility arrears **DEBTS**

| <b>Creditor</b>            | <b>Complete Address<br/>(Including Postal Code)</b> | <b>Account No.</b> | <b>Approximate<br/>Amount<br/>Owing</b> | <b>Monthly<br/>Payment</b> |
|----------------------------|---|--------------------|---|----------------------------|
| 1.                         |   |                    |   |                            |
|                            |   |                    |   |                            |
| 2.                         |   |                    |   |                            |
|                            |   |                    |   |                            |
| 3.                         |   |                    |   |                            |
|                            |   |                    |   |                            |
| 4.                         |   |                    |   |                            |
|                            |   |                    |   |                            |
| 5.                         |   |                    |   |                            |
|                            |   |                    |   |                            |
| 6.                         |   |                    |   |                            |
|                            |   |                    |   |                            |
| 7.                         |   |                    |   |                            |
|                            |   |                    |   |                            |
| 8.                         |   |                    |   |                            |
|                            |   |                    |   |                            |
| 9.                         |   |                    |   |                            |
|                            |   |                    |   |                            |
| 10.                        |   |                    |   |                            |
|                            |   |                    |   |                            |
| 11.                        |   |                    |   |                            |
|                            |   |                    |   |                            |
| 12.                        |   |                    |   |                            |
|                            |   |                    |   |                            |
| 13.                        |   |                    |   |                            |
|                            |   |                    |   |                            |
| 14.                        |   |                    |   |                            |
|                            |   |                    |   |                            |
| <b>Total Amount Owing:</b> |   |                    | <b>\$</b>                               |                            |

**MONTHLY INCOME**

|                                 |       |  |       |
|---------------------------------|-------|--|-------|
| Net Earnings                    | _____ | Child Tax Benefit                      | _____ |
| Net Earnings of Spouse          | _____ | E.I. Benefits                          | _____ |
| Net Pensions (Applicant/Spouse) | _____ | E.I. Benefits of Spouse                | _____ |
| Child Support Received          | _____ | Social Assistance                      | _____ |
| Other income (Rent, etc.)       | _____ | Self-employed<br>Gross _____ Net _____ |       |
| <b>TOTAL MONTHLY INCOME (A)</b> |       |  | _____ |

**MONTHLY NON-DISCRETIONARY EXPENSES**

|   |       |                                       |       |
|---|-------|---------------------------------------|-------|
| Child Support Payments                              | _____ | Fines/Penalties Imposed by Court      | _____ |
| Spousal Support Payments                            | _____ | Expenses as a Condition of Employment | _____ |
| Child Care  | _____ | Debts where stay has been lifted      | _____ |
| Medical Condition Expenses                          | _____ | Other                                 | _____ |
| <b>TOTAL MONTHLY NON-DISCRETIONARY EXPENSES (B)</b> |       |                                       | _____ |
| <b>AVAILABLE MONTHLY INCOME (A-B) = (C)</b>         |       |                                       | _____ |

**MONTHLY DISCRETIONARY EXPENSES**

|   |       |                                 |       |
|---|-------|---------------------------------|-------|
| <b>Housing Expenses:</b>                        |       | <b>Living Expenses:</b>         |       |
| Rent/Mortgage                                   | _____ | Food/grocery                    | _____ |
| Property taxes/condo fees                       | _____ | Laundry/dry cleaning            | _____ |
| Heating/gas/oil                                 | _____ | Grooming/toiletries             | _____ |
| Telephone                                       | _____ | Clothing                        | _____ |
| Cable   | _____ | Other                           | _____ |
| Hydro   | _____ | <b>Transportation Expenses:</b> |       |
| Water   | _____ | Car lease/payments              | _____ |
| Furniture                                       | _____ | Repairs/maintenance/gas         | _____ |
| Other   | _____ | Public transportation           | _____ |
| <b>Personal Expenses:</b>                       |       | Other                           | _____ |
| Smoking   | _____ | <b>Insurance Expenses:</b>      |       |
| Alcohol   | _____ | Vehicle                         | _____ |
| Dining/lunches/restaurants                      | _____ | House                           | _____ |
| Entertainment/sports                            | _____ | Furniture/contents              | _____ |
| Gifts/charitable donations                      | _____ | Life Insurance                  | _____ |
| Allowances                                      | _____ | Other                           | _____ |
| Other   | _____ | <b>Any other Payments:</b>      | _____ |
| <b>Non-recoverable Medical Expenses:</b>        |       |                                 |       |
| Prescriptions                                   | _____ |                                 |       |
| Dental  | _____ |                                 |       |
| Other   | _____ |                                 |       |
| <b>TOTAL MONTHLY DISCRETIONARY EXPENSES (D)</b> |       |                                 | _____ |
| <b>TOTAL SUPRLUS/SHORTFALL (C)-(D)</b>          |       |                                 | _____ |

**TAX INFORMATION**

List all employers for past two years. In periods when drawing unemployment benefits, show each period separately.

| EMPLOYER'S NAME | ADDRESS AND POSTAL CODE | STARTED      | ENDED        |
|-----------------|-------------------------|--------------|--------------|
| <u>Self</u>     |                         | Month / Year | Month / Year |
|                 |                         |              |              |
|                 |                         |              |              |
| <u>Spouse</u>   |                         |              |              |
|                 |                         |              |              |
|                 |                         |              |              |

**Applicant**

**Spouse**

Have you been self-employed in the last five (5) years?

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Are you an officer or a director of a limited company?

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

For which year did you file you last income tax return?

20\_\_.

20\_\_.

Are there arrears owing?

Amount \$ \_\_\_\_\_ /Nil

Amount \$ \_\_\_\_\_ /Nil

**GENERAL**

1. Within the last twelve (12) months, have you sold, disposed of or transferred any of your assets? (e.g. vehicles, RRSP's, stocks/bonds, furniture)

Yes \_\_\_\_\_

No \_\_\_\_\_

| Description of Asset | Date Disposed | To Whom | Proceeds | Disposition of Proceeds |
|----------------------|---------------|---------|----------|-------------------------|
|                      |               |         |          |                         |
|                      |               |         |          |                         |

2. Within the last twelve (12) months, have you made payments in excess of regular payments to any creditors?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, provide details

3. Within the last twelve (12) months, have you had any assets seized by a creditor?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, provide details: Asset seized: \_\_\_\_\_ Date seized: \_\_\_\_\_

Name of party seized by: \_\_\_\_\_

4. Do you expect to receive any sums of money, insurance claim settlements or any other property, which are not related to your normal income?

Yes \_\_\_ No \_\_\_

If yes, provide details:

\_\_\_\_\_

\_\_\_\_\_

5. Within the last five (5) years have you sold, disposed of, or transferred any real estate?

Yes \_\_\_\_\_ No \_\_\_\_\_

| Description of Real Estate | Date Disposed | To whom | Proceeds | Disposition of Proceeds |
|----------------------------|---------------|---------|----------|-------------------------|
|                            |               |         |          |                         |
|                            |               |         |          |                         |

6. Within the last five (5) years have you made any gifts to relatives or others in excess of \$500?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. a) Please list the banks that you are currently dealing with:

| Bank | Address | City | Postal Code | Amount Currently In Account |
|------|---------|------|-------------|-----------------------------|
|      |         |      |             |                             |
|      |         |      |             |                             |

b) Do you have a safety deposit box?

Yes \_\_\_\_\_ No \_\_\_\_\_

8. Are you a beneficiary of a will or will you receive an inheritance?

Yes \_\_\_\_\_ No \_\_\_\_\_

9. Has anyone started legal proceedings against you?

Yes \_\_\_\_\_ No \_\_\_\_\_

10. Do any of your debts arise from?

A fine or penalty imposed by court  
Alimony or maintenance payments

Yes \_\_\_\_\_ No \_\_\_\_\_  
Yes \_\_\_\_\_ No \_\_\_\_\_

11. Are you paying/receiving any alimony or maintenance?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, to/from whom \_\_\_\_\_ Amount since January 1<sup>st</sup> \$ \_\_\_\_\_

12. Have you ever been bankrupt or filed a proposal under the *BIA*?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give: Location(s): \_\_\_\_\_ Date(s): \_\_\_\_\_

**I, HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS A TRUE, CORRECT, AND COMPLETE STATEMENT THAT FULLY DISCLOSES THE STATE OF MY ASSETS AND LIABILITIES.**

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

Referred by: \_\_\_\_\_.