



JANES NOSEWORTHY

licensed insolvency trustee

St. John's
516 Topsail Road
(709) 364-8148
1-800-563-9779

Corner Brook
9 Main Street
(709) 634-3631
1-877-934-4330

Grand Falls-Windsor
6 Pinsent Drive
(709) 489-8219
1-866-489-8219

Marystown
12 Queen Street
(709) 279-3003
1-888-979-0923

Gander
61 Elizabeth Dr.
(709) 651-2160
1-855-651-2160

Bay Roberts
40 C B Highway
(709) 786-9609
1-855-786-9609

APPLICATION (for assistance to help determine best option to resolve financial issues)

Referred by (where did you get the idea to contact our firm in the first place): _____

PERSONAL DATA

Full Legal Name of Applicant (per birth certificate and/ or marriage certificate etc.):

FIRST _____ MIDDLE(s) _____ LAST _____

Any other name(s) ever used: _____ S.I.N. _____

Birth date: (D/M/Y) ____/____/____ Telephone: (Home) _____

Mailing Address: _____ Telephone: (Cell) _____

Town/City: _____, NL Telephone: (Other-specify) _____

Postal Code: _____ E-mail address: _____

At this address since: _____ Number in Family Unit: _____

Name of Present Employer(s) or other Source(s) of Income: _____

Employed (or Unemployed) Since: _____ Present (or most recent) Occupation: _____

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

Current Marital Status (please indicate date of most recent change in status)

Married _____ Common-law _____ Single _____ Widowed _____ Separated _____ Divorced _____

If you have a Spouse, is Spouse also seeking our assistance at this time? Yes ___ No ___ N/A ___

If applicable, **Full Legal Name** of current Spouse or Common-law Partner (per birth certificate and/or marriage certificate etc.):

FIRST _____ MIDDLE(s) _____ LAST _____

Any other name(s) ever used for Spouse or Common-law Partner: _____

Address /phone number/e-mail, if different than above: _____

Name of Spouse's Present Employer(s) or other Source(s) of Income: _____

Employed (or Unemployed) Since: _____ Spouse's Present (or most recent) Occupation: _____

Birth date of spouse: (D/M/Y): ____/____/____ S.I.N of Spouse (needed for tax purposes even if not seeking our assistance): _____

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

List all other dependants who rely on you for financial support (and make note of reason for dependence if over 18 years old-e.g. "Student"):

Name (first and last)	Relationship	Birth date (D/M/Y)	Address (If Different –e.g. if with ex-spouse)

Please describe briefly, the circumstances which caused your financial difficulties (e.g. "Overextension of credit"):



ASSETS

ASSET	LOCATION/DESCRIPTION/CONDITION	% Ownership (Joint owner?) Secured by debt? (and basis for estimate>>)	ESTIMATED REALIZABLE VALUE
Cash on Hand/In Bank (Note if any money owed to same Bank)			\$
Household Furniture (Recent purchase? /Any rent to own?)			\$
Clothing/Personal Effects			\$
Retirement (RRSP, Pension etc), or Education Savings (RESP etc) (Note where held)			\$
Cash Surrender Value of Insurance Policies (Note where held and Term vs. Whole Life)			\$
Savings Plans/Bonds/TFSA (Note where held/if payroll deductions)			\$
Stocks/Shares (Note if Private/Public)			\$
Collectibles (Stamps, etc.)			\$
House/Cottage/Land (Street Address/Description)			\$
Mobile Home Serial No.:			\$
Automobile (Year/Model/Trim) Mileage / Serial No.:			\$
Other Vehicle (Year/Model/Trim) (Auto/Motorcycle,Snowmobile, ATV, etc.) Mileage / Serial No.:			\$
Other Vehicle (Year/Model/Trim) (Auto/Motorcycle,Snowmobile, ATV, etc.) Mileage / Serial No.:			\$
Boat/Trailer etc. (Year/Model/Trim) Serial No.:			\$
<u>Any Other</u> Assets/ Tools of the Trade			

TOTAL ESTIMATED REALIZABLE VALUE

\$ _____

DEBTS List all debts, including secured debts for assets to retain (and note related secured asset), utility arrears, pay-day loans, “rent-to-own” arrangements etc

Creditor Name	Account Number	Approximate Amount Owing	Current Monthly Payment	Secured by / Co-signed by / Other Comments
1.		\$	\$	
Address (if not “common”):				Applicant__ Spouse__ Joint __
2.		\$	\$	
Address (if not “common”):				Applicant__ Spouse__ Joint __
3.		\$	\$	
Address (if not “common”):				Applicant__ Spouse__ Joint __
4.		\$	\$	
Address (if not “common”):				Applicant__ Spouse__ Joint __
5.		\$	\$	
Address (if not “common”):				Applicant__ Spouse__ Joint __
6.		\$	\$	
Address (if not “common”):				Applicant__ Spouse__ Joint __
7.		\$	\$	
Address (if not “common”):				Applicant__ Spouse__ Joint __
8.		\$	\$	
Address (if not “common”):				Applicant__ Spouse__ Joint __
9.		\$	\$	
Address (if not “common”):				Applicant__ Spouse__ Joint __
10.		\$	\$	
Address (if not “common”):				Applicant__ Spouse__ Joint __
11.		\$	\$	
Address (if not “common”):				Applicant__ Spouse__ Joint __
12.		\$	\$	
Address (if not “common”):				Applicant__ Spouse__ Joint __
Total Approximate Amount Owing:		\$		

Please note if any of these debts are jointly owed or otherwise co-signed (if so, by whom)- in the Comments section. Other Comments could include such things as End of Study Date for Student Loan; or if debt is in Collections or in Court process or Judgment Creditor.

MONTHLY INCOME OF FAMILY UNIT

Net Pay (Applicant) _____	Net Pay of Spouse _____
E.I. Benefits (Applicant) _____	E.I. Benefits of Spouse _____
Net Pensions (Applicant) _____	Net Pensions of Spouse _____
Child/Spousal Support Received _____	Provincial Income Support _____
Child Tax Benefit etc. _____	Self-employed (use separate sheet for breakdown)
Other income (<u>Net Rent</u> , etc.) _____	Gross _____ Net _____
TOTAL NET MONTHLY INCOME (A) _____	

MONTHLY NON-DISCRETIONARY EXPENSES (as defined by Federal Legislation-to discuss with Trustee)

Child Support Payments _____	<u>Monthly</u> Fines etc (Imposed by Court) _____
Spousal Support Payments _____	Expenses as a Condition of Employment _____
Child Care (<u>if tax receipt</u>) _____	Debts where Stay has been lifted _____
Medical Condition Expenses _____	Other (<i>to discuss with Trustee</i>) _____
TOTAL MONTHLY NON-DISCRETIONARY EXPENSES (B) _____	

AVAILABLE MONTHLY INCOME (For Surplus Income Calculation) (A-B) = (C) _____

MONTHLY DISCRETIONARY EXPENSES

Housing Expenses:	Living Expenses:
Rent/Mortgage _____	Food/grocery _____
Property taxes/condo fees _____	Laundry/dry cleaning _____
Heating/gas/oil _____	Grooming/toiletries _____
Telephone _____	Clothing _____
Cable _____	Other Living _____
Hydro _____	Transportation Expenses:
Water _____	Car lease/payments _____
Furniture _____	Repairs/maintenance/gas _____
Other Housing _____	Public transportation _____
Personal Expenses:	Other Transportation _____
Smoking _____	Insurance Expenses:
Alcohol _____	Vehicle _____
Dining/lunches/restaurants _____	House _____
Entertainment/sports _____	Furniture/contents _____
Gifts/charitable donations _____	Life Insurance _____
Allowances _____	Other Insurance _____
Other Personal _____	
	Any other Payments (specify): _____

TOTAL MONTHLY DISCRETIONARY EXPENSES (D) _____

TOTAL EXCESS/SHORTFALL (C)-(D) _____

TAX INFORMATION

List all employers/sources of income since last tax return filed. In periods when drawing unemployment benefits, show each period separately. Use separate sheet if necessary in order to provide complete information.

EMPLOYER (or other source) NAME	ADDRESS AND POSTAL CODE	STARTED	ENDED/Current
<u>Self</u>		Month / Year	Month / Year
<u>Spouse</u>		Month / Year	Month / Year

	<u>Applicant</u>	<u>Spouse</u>
For which year did you file your last income tax return?	20 ____.	20 ____.
Arrears owing or a refund (please circle which and indicate amount)?	Amount \$ ____ /Nil	Amount \$ ____ /Nil
	Owing vs. Refund?	Owing vs. Refund?
Do you or your spouse receive quarterly GST/HST/ NL Income Supplement/Senior's Benefit?		
If so, approximately how much received quarterly? \$ _____	Yes ___ No ___	Yes ___ No ___
Are you (or spouse) currently an officer or a director of a limited company?	Yes ___ No ___	Yes ___ No ___
Have you (or spouse) been <u>self-employed</u> in the last five (5) years?	Yes ___ No ___	Yes ___ No ___

For each business/self-employment in the last five (5) years, please note (indicate on separate sheet if necessary):

Legal Name of Business: _____ Avg. number of employees in past year: _____

Trade Name (if different than legal name): _____ Type of Business: _____

Period(s) of Self-employment: _____ CRA Business number(s) _____

Is/Was Business Incorporated? Yes ___ No ___ (if so when _____) Debt to CRA for HST/Source Deductions? \$ _____

GENERAL (as applicable, if Applicant has different answer than Spouse, please note the answer for each)

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(s)	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

GENERAL-continued (as applicable, if one spouse has different answer than the other, please note the answer for each spouse)

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

Yes _____ No _____

Location/Description of Real Estate	Date(s) Disposed	To whom (and/or name of lawyer)	Net Proceeds (after mortgage)	Disposition of Net Proceeds

5. Within the last five (5) years have you made any gifts to relatives or others in excess of \$500 (or sold any asset for less than fair value)?

Yes _____ No _____

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

Yes _____ No _____

If yes, provide details: _____

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

Bank	Address	City	Postal Code	Amount Now In Account
				\$
				\$

b) Do you have a safe deposit box? Yes _____ No _____

8. Has anyone started legal proceedings against you? Yes _____ No _____

9. Do any of your debts arise from:

A fine or penalty imposed by court Yes _____ No _____

Alimony or maintenance payments Yes _____ No _____

10. Are you paying/receiving any alimony or maintenance? Yes _____ No _____

If yes, to/from whom _____ Amount since January 1st of this year \$ _____

11. Have you ever been bankrupt or filed a proposal in Canada or elsewhere? Yes _____ No _____

If yes, provide: 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 FINANCIAL SITUATION.

Your Signature(s)

Date