



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 17A Hardy Avenue (709) 489-8219 1-866-489-8219	Marystown 12 Queen Street (709) 279-3003 1-888-979-0923	Gander 61 Elizabeth Drive (709) 651-2160 1-855-651-2160	Bay Roberts 40 C B Highway (709) 786-9609 1-855-786-9609	Clarenville 221-225 Memorial Drive (709) 466-2135 1-833-562-8033
---	--	--	---	---	--	--

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** dependents 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 (including any issues with gambling, addiction, and/or substance abuse):

ASSETS

ASSET	LOCATION/DESCRIPTION/CONDITION % Ownership (Joint owner?) Secured by debt? (and basis for estimate)	FAIR MARKET VALUE	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)			\$
Life Insurance Policy(ies) (Note where held and Term vs Whole Life – any “Cash Surrender Value”?)			\$
Savings Plans/Bonds/TFSA (Note where held/if payroll deductions)			\$
Stocks/Shares/Crypto Currency (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 Assets/</u> 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:		\$		

Other comments could include such things as End of Study Date for Student Loan; or if debt is in Collections, in Court process, or Judgement Creditor.

Questions:

- | | | |
|---|------------------|----------------|
| | Applicant | Spouse |
| 1. Are any of your debts co-signed and/or is there a guarantor? (if yes, by whom): | Yes ___ No ___ | Yes ___ No ___ |
| 2. Are you a co-signer and/or a guarantor on any additional debts? (if yes, please list): | Yes ___ No ___ | Yes ___ No ___ |

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</u> Rent, etc.) _____	Gross _____ Net _____

TOTAL NET MONTHLY INCOME (A) _____

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

Child Support Payments _____	Monthly Fines etc (Imposed by Court) _____
Spousal Support Payments _____	Debts where Stay has been lifted _____
Child Care _____ (CRA Tax Receipt Yes ___ No ___)	Expenses as a Condition of Employment _____ (CRA Form 2200 Yes ___ No ___)
Medical Condition Expenses _____	Other (to discuss with Trustee) _____

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 ____.
<u>Arrears owing</u> or a <u>refund</u> (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 (Please note if answer is different for Applicant and Spouse)

	<u>Applicant</u>	<u>Spouse</u>
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 ____	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 ____ Yes ____ No ____

If yes, provide details:

GENERAL-continued (Please note if answer is different for Applicant and Spouse)

3. Within the last twelve (12) months, have you had any assets seized by a creditor? Applicant Spouse
 Yes ___ No ___ 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 ___ 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 ___ 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 ___ Yes ___ No ___

If yes, provide details: _____

7. Have any of the following contributed to your financial situation? (Gambling/Addiction/Substance Abuse):
 Yes ___ No ___ Yes ___ No ___

8. Within the last twelve (12) month period, have you had any significant increases in debt? (cash advances, etc.):
 Yes ___ No ___ Yes ___ No ___

9. a) Please list the banks that you are currently dealing with (ensure new account does not have overdraft).

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

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

10. Has anyone started legal proceedings against you? Yes ___ No ___ Yes ___ No ___

11. Do any of your debts arise from:
 A fine or penalty imposed by court Yes ___ No ___ Yes ___ No ___
 Alimony or maintenance payments Yes ___ No ___ Yes ___ No ___

12. Are you paying/receiving any alimony or maintenance? Yes ___ No ___ Yes ___ No ___
 If yes, to/from whom _____ Amount since January 1st of this year \$ _____

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