JANES NOSEWORTHY
licensed insolvency trustee

St. John's	Corner Brook	Grand Falls-Windsor	Gander
516 Topsail Road	9 Main Street	17A Hardy Avenue	61 Elizabeth Drive
(709) 364-8148	(709) 634-3631	(709) 489-8219	(709) 651-2160
1-800-563-9779	1-877-934-4330	1-866-489-8219	1-855-651-2160

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: (Spouse)_____

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:_____

	Applicant	Spouse
Have you ever been bankrupt or filed a proposal in Canada or elsewhere? (if multiple list all)	Yes____ No____	Yes____No____
If yes, provide: Location(s):_____	Date(s):_____	

Current Marital Status (please indicate date of most recent, and all previous, changes 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:_____ S.I.N (needed for tax purposes):_____

E-mail address:_____ Birth date of spouse: (D/M/Y): ____/_ _/_____

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

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

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):

_____

_____

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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.:			$
Any Other Assets (including outside Canada)/ Tools of the Trade			

TOTAL ESTIMATED REALIZABLE VALUE $ _____

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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. Indicate if the debt is contingent or a placeholder.

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 ____
3.	Do you have access to a home equity line of credit product (HELOC)?	Yes____ No ____	Yes____ No ____

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MONTHLY INCOME OF FAMILY UNIT

Net Pay (Applicant) _____
E.I. Benefits (Applicant) _____
Net Pensions (Applicant) _____
Child/Spousal Support Received _____
Child Tax Benefit etc. _____
Other income (Net Rent, etc.) _____

Net Pay of Spouse _____
E.I. Benefits of Spouse _____
Net Pensions of Spouse _____
Provincial Income Support _____
Self-employed (use separate sheet for breakdown)
Gross _____ Net _____

TOTAL NET MONTHLY INCOME (A) _____

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

Child Support Payments _____
Spousal Support Payments _____
Child Care _____
(CRA Tax Receipt Yes_ _ No ___)
Medical Condition Expenses _____

Monthly Fines etc (Imposed by Court) _____
Debts where Stay has been lifted _____
Expenses as a Condition of Employment _____
(CRA Form 2200 Yes___ No ___)
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:
- Rent/Mortgage _____
- Property taxes/condo fees _____
- Heating/gas/oil _____
- Telephone _____
- Cable _____
- Hydro _____
- Water _____
- Furniture _____
- Other (specify) _____

Personal Expenses:
- Smoking _____
- Alcohol _____
- Dining/lunches/restaurants _____
- Entertainment/sports _____
- Gifts/charitable donations _____
- Allowances _____
- Other (specify) _____

Living Expenses:
- Food/grocery _____
- Laundry/dry cleaning _____
- Grooming/toiletries _____
- Clothing _____
- Other (specify) _____

Transportation Expenses:
- Car lease/payments _____
- Repairs/maintenance/gas _____
- Public transportation _____
- Other (specify) _____

Insurance Expenses:
- Vehicle _____
- House _____
- Furniture/contents _____
- Life Insurance _____
- Other (specify) _____

Any other Payments (specify): _____

TOTAL MONTHLY DISCRETIONARY EXPENSES (D) _____

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

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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
Self		Month / Year	Month / Year
Spouse		Month / Year	Month / Year

	Applicant	Spouse
Do you have CRA Online access?	Yes____ No____	Yes____ No ____
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 or have ever been an officer or a director of a limited company? Yes_____ No ____ Yes ____ No ____

Have you (or spouse) been self-employed in the last five (5) years or prior? 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? $_____

Percent of ownership: _____

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

	Applicant	Spouse
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:

_____

_____

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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? 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, retro payments of any kind (Disability/CPP/DTC/etc.,), 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. Within the last 6 months have you received professional advice regarding your debt (if yes complete appendix):
Yes ____ No ____ Yes ____ No ____

10. 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 ____

11. Has anyone started legal proceedings against you? Yes ____ No ____ Yes ____ No ____

12. 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 ____

13. Are you paying/receiving any alimony or maintenance? Yes ____ No ____ Yes ____ No ____

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

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