

Restructuring Worksheet

Interviewed by: _____ Referred by: _____

Date Interviewed: _____ Date Signing: _____

Last name	All given names	M / F
Are you known by any other names?		
Address	City	When moved there
	Province	Postal Code
Mailing address (if different from above)		
Telephone numbers	Cell:	E-Mail Address:
Residence:	Business:	
Emergency contact (name & number)	Previous address (if at current address less than one year)	
SIN	Date of birth (mm/dd/yy)	
Marital status – (Specify month & year of event)		
Married <input type="checkbox"/>	Widowed <input type="checkbox"/>	Divorced <input type="checkbox"/>
Single <input type="checkbox"/>	Separated <input type="checkbox"/>	Common-law <input type="checkbox"/>

Occupation	Current employer	Since when
Address of employer		If unemployed, since when

Full legal name of spouse	M / F	Spouse's address (if different than above)
Spouse's SIN	Spouse's birth date (yy/mm/dd)	
Spouse's employer	Since when	
Spouse's occupation	If unemployed, since when	
Spouse's business phone:	Spouse's cell phone:	

Dependents (all those who rely on you for financial support)				
Full names	Relationship	Date of birth	Address	Income

If over 18, why dependent?

Business information

Have you owned or had an interest in a business in the last five years? Yes No

If Yes - Corporation Proprietorship Partnership

Name of business _____

Nature of business _____

Location of business _____

When commenced _____

When ceased _____

Names of Directors/Officers/Partners _____

Does the business have any assets/receivables? Yes No

If Yes, please list:

Have all of the required G.S.T. Returns been filed? Yes No GST # _____

Required T4's prepared? Yes No

Where are the books and records?

Cause of Insolvency

Describe what, in your opinion, caused your current financial problems.

Previous Insolvency Data

Have you previously been bankrupt or made a proposal to your creditors? Yes No

If Yes, please provide the following details:

Name of Trustee or Administrator _____

Date of Bankruptcy/Proposal _____

City Assignment/Proposal was filed _____

Date of Discharge/Certificate of Full Performance _____

Please provide a brief description of the causes of your first Bankruptcy/Proposal: _____

You cannot file another Bankruptcy/Proposal if you haven't been discharged from your prior bankruptcy/proposal.

Recent transactions

Have you sold, disposed of, or transferred any assets in the past twelve months? (including RRSP's/Term Deposits/GIC's and/or any other investments) Yes No

If yes, specify asset, approximate date, net proceeds and disposition of proceeds:

Have you made any large or lump sum payments in excess of regular payments to a creditor in the past twelve months? Yes No

If yes, give details below:

Have you had any assets seized by any creditor within the past twelve months? Yes No

If yes, give details below:

Have you sold or transferred any property in the past five years either in Canada or elsewhere? Yes No

If yes, specify asset, approximate date, net proceeds and disposition of proceeds:

Have you made any gifts to a relative or other person that were of a value in excess of \$500.00 in the past five years? Yes No

If yes, give details below:

Have you received any lump sum payments or settlements in the last 12 months? Yes No

If yes, give details below.

If you have paid alimony or maintenance payments during the past year:	
To whom paid?	Amount Paid (YTD)
By court order? Yes <input type="checkbox"/> No <input type="checkbox"/> Date of court order:	\$

Supplementary personal data

Are you involved in civil litigation from which you may receive monies or property?
(eg. Insurance claims, divorce settlements, etc.)

Yes No

If yes, give details below:

Has anyone left you an inheritance, which you have not yet received or are you expecting to receive any sums of money, which are not related to your normal income or any other property within the next 12 months?

Yes No

If yes, give details below:

Are there any writs, judgments, or garnishments outstanding against you?

Yes No

If yes, give details below:

Do you bank with a financial institution to which you owe money (including overdrafts, credit cards, lines of credit), or do you have any automatic debits or post dated cheques for debt payments?

Yes No

If yes, give details below:

Name, address and account number of your current banking institution.

Have you obtained new credit in the last three months or used credit cards in the last three months?

Yes No

If yes, give details below:

Do you still have any credit cards in your possession?

Yes No

Monthly income and expense statement of the debtor and the family unit

Monthly income – # of people in family _____	Debtor	Spouse	Total
Net employment income (take home).....	_____	_____	_____
Pension/Annuities.....	_____	_____	_____
Child support.....	_____	_____	_____
Spousal support.....	_____	_____	_____
Child tax benefit.....	_____	_____	_____
Employment insurance benefits.....	_____	_____	_____
Social assistance.....	_____	_____	_____
Self-Employment income: Gross _____ Net _____	_____	_____	_____
Other net income (provide details):	_____	_____	_____
Net monthly income.....	(1)	(2)	

Net monthly income of the family unit((1)+(2)) **(3)**

Monthly non-discretionary expenses: family unit

Child support payments/alimony	_____	_____	_____
Child care.....	_____	_____	_____
Prescriptions.....	_____	_____	_____
Fines/penalties imposed by the court.....	_____	_____	_____
Other.....	_____	_____	_____
Totals:	_____	_____	_____

Surplus income

Monthly discretionary expenses: family unit

Housing expenses		Living expenses	
Rent/mortgage.....	_____	Food/grocery.....	_____
Property taxes/condo fees.....	_____	Laundry/dry cleaning/grooming.....	_____
Heating/gas/oil.....	_____	Clothing.....	_____
Telephone.....	_____	Transportation	
Cable.....	_____	Car leases/payments.....	_____
Power/water.....	_____	Repairs/maintenance/gas.....	_____
Other.....	_____	Public transportation.....	_____
Personal Expenses		Insurance expenses	
Smoking.....	_____	Vehicle.....	_____
Entertainment/sports/dining.....	_____	House.....	_____
Gifts/charitable donations.....	_____	Furniture/contents.....	_____
Allowances.....	_____	Life insurance.....	_____
Other.....	_____		
Non-Recoverable medical expenses		Payments	
Dental.....	_____	To the estate (to be completed by the Trustee).....	_____
Other.....	_____	To secured creditors.....	_____

Total monthly discretionary expenses (family unit) **(10)**

Assets

	Description/Location (Serial #, License #, Account #)	Estimated Value	Exempt (Y/N)	Secured (Y/N)
Cash on hand/in bank				
Stocks, Bonds, Investments				
RRSP's, RRIF's, GIC's, RESP's				
Pension Plans				
Cash Surrender value of insurance policies				
Household furnishings/personal effects				
Real Estate (in Canada or elsewhere)				
House				
Land / Cottage / Time Share				
Rental/Business Properties				
Motorized Vehicles (Year, Make and Model)				
Cars				
Truck(s)/Van(s)				
Recreational Vehicle(s)				
Mobile Home				
Tools of Trade				
Other assets of value				
Farming assets (Use separate page)				

For which year was your last tax return filed?	Refund received	\$
	Amount owing	\$
	Refund to come	\$

All employers for the last year			
Employer's name	Address	Date started	Date ended

If you have borrowed money or pledged any of these assets as security, show details below		
Creditor's name & address	Asset pledged	Amount of loan

Have you any debts arising from:				
Fine or penalty imposed by the court (including traffic fines)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Recognizance or bail bond	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Fraud, embezzlement, obtaining property by false pretenses	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Employment insurance overpayments	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

1 Are your vehicles or other assets insured?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2 Has anyone co-signed any of your outstanding debts? If yes, give details below.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3 Do you have a safety deposit box?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4 Are you currently involved in a matrimonial dispute with respect to assets?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5 Are you storing any personal property which does not belong to you? (please list)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Only for student loans:				
Did you complete your education?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Attended school from _____ to _____				
Area of study	_____			
Level of education completed	_____			
Institution attended	_____			
When did you receive funds?	_____			
Are you working in that field?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please understand that a statement of your financial affairs will be prepared from the information supplied by you on this application and that statement must be sworn by you under oath as being, to the best of your knowledge and belief, a full, true and complete statement of your financial affairs.

I (we), the undersigned person(s), hereby consent to F.J Zielski & Associates Inc. collecting, using, and disclosing any personal information (as defined in the *Personal Information Protection and Electronic Documents Act*) that I (we) or any other party may give to F.J Zielski & Associates Inc. about me (us) for the purpose of providing advice to me (us) and/or in the performance of F.J Zielski & Associates Inc.'s duties whether it is assisting me (us) in informal settlements with creditors or in the performance of F.J Zielski & Associates Inc.'s duties as Trustee under a Proposal or as Trustee in Bankruptcy under the Bankruptcy and Insolvency Act.

I hereby certify that the information contained in this application is true and complete in every respect and fully discloses the state of my affairs. In addition, I recognize that any income in excess of a reasonable cost of living must be paid to the Trustee for the general benefit of the creditors.

_____ Date

_____ Signature of Applicant

_____ Date

_____ Signature of Applicant