Restructuring Worksheet

Interviewed By:_____ Referred By:_____

Date Interviewed:_____ Date Signing:_____

Last name:_____ All given names:_____

Are you known by any other names?_____(M/F)_____

Address (Number and Street Name, City, Province, Postal Code):

_____ Date moved in: (D)_____(M)_____(Y)_____

MAILING Address, if different from above (Number and Street Name, City, Province, Postal Code):

_____ Date moved in: (D)_____(M)_____(Y)_____

Telephone numbers:

Residence: _____ Cell: _____ Business:_____

Email:_____

Emergency contact:

Name: _____ Home: _____ Cell:_____

Previous Address if at current is less than one year. (Number and Street Name, City, Province, Postal Code):

_____

SIN:_____ Date of birth: (M)_____(D)_____(Y)_____

Marital status:

☐ Married ☐ Widowed ☐ Divorced ☐ Single ☐ Separated ☐ Common-Law Since when: (D)_____(M)_____(Y)_____

Occupation:_____

Current Employer: _____ Since when: (D)_____(M)_____(Y)_____

Address of employer:_____

If unemployed, since when:_____

Spouse Form

Legal name of spouse:_____Spouse's SIN_____

Are you known by any other names?_____(M/F)_____

Spouse DOB: (D)_____(M)_____(Y)_____

Spouse's Address, if different from above (Number and Street Name, City, Province, Postal Code):

_____

Spouse's employer:

_____Since when:_____

Spouse's occupation:_____ If Unemployed, since when:_____

Spouse's business phone:_____Spouse's cell:_____

Email:_____

Dependents (all those who rely on you for financial support:)

Names:	Relationship	DOB	Address	Income

If over 18, why dependent?

_____

_____

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

Monthly income - # of people in the 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)_____			
Net monthly income:	**(1)**	**(2)**	
Net monthly income of the family unit: (1+2)			**(3)**

Monthly non-discretionary expenses: family unit

Child support			
Child care			
Prescriptions			
Fine/Penalties imposed by the court			
Other			
Totals:			

Monthly discretionary expenses: family unit

Housing expenses:

- Rent/Mortgage _____
- Property taxes/condo fees _____
- Heating/gas/oil _____
- Telephone _____
- Cable _____
- Power/water _____
- Other _____

Living expenses:

- Food/groceries _____
- Laundry / dry cleaning / _____
- Clothing _____

Transportation:

- Car lease / payments _____
- Repairs / maintenance / gas _____

Personal expenses:

- Smoking _____
- Entertainment/sports/dining _____
- Gifts/charitable donations _____
- Allowance _____ Other _____

Insurance expenses:

- House _____
- Furniture/contents _____
- Life insurance _____
- Vehicle _____

Non-Recoverable medical expenses:

- Dental _____
- Other _____

Payments: (OFFICE USE ONLY)

- To the estate _____
- To secure creditors _____

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

Assets

	Description/Location (VIN #, 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 polices				
Household furnishings/personal effects				
Real Estate (in Canada of elsewhere) House				
Land/Cottage/Time Share				
Rental/Business Properties				
Motorized Vehicles (Year, make, model) Cars				
Truck(s)/Van(s)				
Recreational Vehicle(s)				
Mobile Home(s)				
Tools of Trade				
Other assets of value:				

Farming assets (Use separate page)

For which year was your last tax return filed? Received amount: $_____ Owing $_____

Year: _____ Refund to come $_____

All employers for the last year:

Employers name:	Address:	Date started:	Date ended:

If you have borrowed money or pledged any of these assets as security, show details below:

Creditors name:	Assets pledged	Amount of loan

List all debts, including all mortgages, vehicles, leases, and family debts

Complete Names of all creditors	Who's Debt?	Amount Owing ($)	Account Number	Business Debt Y/N

If you have co-signed a loan or contract for anyone else, show details below:

Lender's name	Amount	Borrower's name	Address: