

Date of Interview: _____

CRAWFORD SMITH & SWALLOW INC.

531 LAKE STREET, ST. CATHARINES, ONTARIO L2N 4H6

Tel: (905) 937-2100

Fax: (905) 937-7363

Website: www.crawfordss.com

Email: css@crawfordss.com

APPLICATION

Full name: _____ Date of Birth: _____

Alias: _____ Tel: _____ Home: _____

Address: _____ Cell: _____

_____ Work: _____

S.I.N. _____ Email: _____

Alternate mailing address: _____

How long have you lived at current address? _____

Highest level of education attended? _____

Current occupation: _____

Current employer: _____

Employer's address: _____

EMPLOYERS IN THE LAST TWO YEARS:

NAME	DURATION	REASON FOR LEAVING

Marital status: Single Married Separated Divorced Widowed Common Law

Spouse's info: Name: _____

 Date of Birth: _____ S.I.N. _____

 Occupation: _____

 Is spouse filing too? _____

 Highest level of education attended? _____

EMPLOYERS IN THE LAST TWO YEARS:

NAME	DURATION	REASON FOR LEAVING

Total # in household unit? _____ # Under 17 _____

Details of dependants living in the home:

NAME	DATE OF BIRTH	RELATIONSHIP

Have you previously been bankrupt or made a proposal in Canada or elsewhere?

IF YES: Name of Trustee _____
Date of Filing: _____
Location: _____
Date of Discharge: _____

Has spouse been previously bankrupt or made a proposal?

IF YES: Name of Trustee _____
Date of Filing: _____
Location: _____
Date of Discharge: _____

Have you operated your own business in the last 5 years?

IF YES: Name of Business: _____
Type: Sole proprietorship Corporation Partnership
Nature of Business: _____
Period of operation: _____
Address: _____
Location of books & records: _____
Business number: _____
Are there employees? _____
Are source deductions and GST up to date: _____
Amount of capital invested: _____
Last T4s completed: _____

INCOME (FROM ALL SOURCES):

DEBTOR:

Net employment income	_____
Pensions/annuities	_____
Rental income	_____
Self-employed income:	_____
Social assistance	_____
Child support	_____
Child tax credit	_____
UCB	_____
EI	_____
Other	_____
GROSS	_____
LESS EXPENSES	_____
LESS INCOME TAX	_____
NET	_____

OTHER FAMILY MEMBERS:

Net employment income	_____
Pensions/annuities	_____
Rental income	_____
Self-employed income:	_____
Social assistance	_____
Child support	_____
Child tax credit	_____
UCB	_____
EI	_____
Other	_____
GROSS	_____
LESS EXPENSES	_____
LESS INCOME TAX	_____
NET	_____

TOTAL MONTHLY INCOME OF FAMILY UNIT: _____

MONTHLY NON-DISCRETIONARY EXPENSES:

Child support payments	_____
Alimony payments	_____
Child care	_____
Medical condition expenses	_____
Expenses as a condition of employment	_____
Fines / penalties imposed by Court	_____
Debts where stay has been lefted	_____

TOTAL MONTHLY NON-DISCRETIONARY EXPENSES _____

AVAILABLE MONTHLY INCOME OF FAMILY UNIT _____

BANKRUPT'S PORTION OF AVAILABLE MONTHLY INCOME _____

DISCRETIONARY EXPENSES:

Rent / mortgage	_____	Food / groceries	_____
Property taxes / condo fees	_____	Clothing	_____
Heating/ gas / oil	_____	Dry cleaning / laundry	_____
Telephone (and internet)	_____	Grooming	_____
Cell	_____	Subscriptions / pets	_____
Cable	_____		
Hydro	_____	Car lease / payments	_____
Water	_____	Gas / repairs	_____
		Public transportation	_____
Smoking	_____		
Alcohol	_____	Vehicle insurance	_____
Dining out	_____	House insurance	_____
Entertainment	_____	Contents	_____
Allowances	_____	Life insurance	_____
Charitable donations	_____		
		Payments to trustee	_____
		Payments to sec. creditor	_____

TOTAL MONTHLY DISCRETIONARY EXPENSES: _____

MONTHLY SURPLUS (OR DEFICIT) OF FAMILY UNIT: _____

ASSETS:

Type	Details	FMV	Encumb	Estimated to Realize
Cash on hand				
Cash in bank	Where?			
Accounts receivable	Nature?			
RRSPs, RESPs Mutual funds	Name _____ Value _____			
Bonds, shares				
Life insurance	Beneficiary _____ CSV: _____ Term?			
Furniture:	Exempt?			
Personal effects:	Exempt?			
Collectibles:				
Motor vehicle:	Type: _____ Year: _____ Model: _____ BBV: _____ Appraisal needed: _____ Exempt? _____ Ownership%: _____ Do you want to retain? _____			
Real estate:	Address: _____ Ownership% _____ Mortgagor: _____ Value _____ O/S mortgage _____ Selling costs estimated _____ Net equity: _____ Register on title? _____			
Tax refund				
Recreational equip	Type: _____ Value: _____ Appraisal needed? _____			
Tools of trade	Exempt?			
Other				

QUESTIONS:

What % of your debts if any are for business?

Have any debts been co-signed?
IF YES, PROVIDE DETAILS

Has anyone started legal proceedings against you?
IF YES, PROVIDE DETAILS

Do you have any student loans?
IF YES, PROVIDE DETAILS

WITHIN THE PAST TWELVE MONTHS HAVE YOU EITHER IN CANADA OR ELSEWHERE:

1. Sold, disposed of, transferred or returned any assets?

ITEM	DATE DISPOSED	PROCEEDS	WHAT HAPPENED TO FUNDS?

2. Purchased anything with cash or credit over \$500.00?

ITEM	DATE PURCHASED	COST

3. Made payments in excess of regular to creditors?

TO WHOM	AMOUNT	WHEN	WHAT FOR

4. Had any assets seized by creditors?

5. Refinanced any assets?

IN THE LAST FIVE YEARS WHILE YOU KNEW YOURSELF TO BE INSOLVENT HAVE YOU?

1. Sold, disposed of, transferred or returned any assets?

ITEM	DATE DISPOSED	PROCEEDS	WHAT HAPPENED TO FUNDS?

2. Made gifts to family or friends in excess of \$500?
IF YES, PROVIDE DETAILS

Have you received or do you expect to receive an inheritance?

Have you received any insurance settlement or lump sum payment in the last year?
DETAILS

Have you made a settlement of property within the last five years as a result of any marriage
settlement agreement?

BANKING DETAILS;

BANK	ADDRESS	ACCOUNT #	BALANCE

ADVISE DEBTOR TO SWITCH BANK ACCOUNTS

Do you have a safety deposit box?
IF YES, WHAT ARE THE CONTENTS? _____

When was the last time you filed a tax return? _____
REFUND (BALANCE OWING) _____

Rent or Property taxes paid this year and for prior years for which tax returns were not filed:
Address / Amount / Number of Months / Landlord:

Are you paying or receiving alimony or child support? _____
IF YES, PROVIDE DETAILS _____

Do you have any credit cards? _____

When did you become aware of your financial difficulties? _____

Payments made to creditors since then? _____

Causes of insolvency: _____

Referred by: _____

DATE: _____

Number of persons living in the bankrupt's household _____

A. FAMILY INCOME:

1. NET MONTHLY FAMILY UNIT INCOME (ALL SOURCES) _____

2. LESS: NON-DISCRETIONARY EXPENSES _____

3. AVAILABLE NET MONTHLY FAMILY UNIT INCOME _____

B. BANKRUPT'S INCOME:

1. AVAILABLE MONTHLY INCOME OF BANKRUPT _____

2. BANKRUPT'S AVAILABLE MONTHLY INCOME AS A % OF AVAILABLE MONTHLY FAMILY UNIT INCOME (A 3) _____

C. SURPLUS INCOME - FAMILY:

1. AVAILABLE MONTHLY FAMILY UNIT INCOME (A 3) _____

2. LESS: STANDARD AS PER DIRECTIVE _____

3. FAMILY UNIT SURPLUS INCOME (C1 - C2) _____

D. REQUIRED MONTHLY PAYMENT OF BANKRUPT PER DIRECTIVE:

$$\frac{\text{C 3}}{\text{C 3}} \times \frac{\text{B2}}{\text{B2}} = \text{SURPLUS X 50\%} = \underline{\hspace{2cm}}$$

Mediation is possible. Application can be made to OSB.

Trustee fees / surplus income in bankruptcy:

$$\frac{\text{PAYMENT}}{\text{PAYMENT}} \times \frac{\text{MONTHS}}{\text{MONTHS}} = \underline{\hspace{2cm}}$$

Can a viable proposal be made?

IF SO, TERMS: $\frac{\text{PAYMENT}}{\text{PAYMENT}} \times \frac{\text{MONTHS}}{\text{MONTHS}} = \underline{\hspace{2cm}}$

OR OTHER TERMS: _____

Reasons viable proposal could not be made:

At least 2 counselling sessions must be completed to qualify for an automatic discharge (first session between 10 and 60 days after Assignment or within 10 days following the first meeting of creditors where a Div I Proposal is refused by creditors; second session not earlier than 30 days after the first counselling session and not later than 210 days after the effective date of bankruptcy:

When is the best time to have the session? _____

Does the debtor have any apparent specialized counseling needs?

ALCOHOL	_____	SMOKING	_____
DRUGS	_____	MARRIAGE COUNSELLING	_____
GAMBLING	_____	ABUSE	_____