

CRAWFORD SMITH & SWALLOW INC.
 Suite 400, 43 Church St
 St Catharines, ON L2R 7E1
 Tel: (905) 937-2100 Fax: (905) 346-3232
 Website: www.niagaradebthelp.com
 Email: css@crawfordss.com

Date of Interview: _____
 Date of Assessment: _____
 Date of Signing: _____
 Time _____

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: _____

MONTHLY STATEMENT OF INCOME AND EXPENSES FOR THE HOUSEHOLD:

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 lifted _____

TOTAL MONTHLY NON-DISCRETIONARY EXPENSES _____

AVAILABLE MONTHLY INCOME OF FAMILY UNIT _____

BANKRUPT'S PORTION OF AVAILABLE MONTHLY INCOME _____

DISCRETIONARY EXPENSES:

Rent / mortgage _____
 Property taxes / condo fees _____
 Heating/ gas / oil _____
 Telephone (and internet) _____
 Cell _____
 Cable _____
 Hydro _____
 Water _____
 Smoking _____
 Alcohol _____
 Dining out _____
 Entertainment _____
 Allowances _____
 Charitable donations _____

Food / groceries _____
 Clothing _____
 Dry cleaning / laundry _____
 Grooming _____
 Subscriptions / pets _____
 Car lease / payments _____
 Gas / repairs _____
 Public transportation _____

Vehicle insurance _____
 House insurance _____
 Contents _____
 Life insurance _____
 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:			
	Make:			
	Model:			
	Year:	Colour		
	Trim Kit- LS etc?			
	AWD / 4WD?			
	Mileage:			
	Km per Year			
	Sunroof?			
	BBV:			
	Appraisal needed:			
	Exempt?			
Ownership%:				
Do you want to retain?				
Real estate:	Address:			
	Ownership%			
	Mortgage:			
	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?

BANK	ADDRESS	ACCOUNT #	BALANCE

ADVISE DEBTOR TO SWITCH BANK ACCOUNTS

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: _____

CALCULATION OF SURPLUS INCOME:

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 _____

AS A % OF AVAILABLE MONTHLY FAMILY UNIT INCOME (A 3) _____

D. REQUIRED MONTHLY PAYMENT OF BANKRUPT PER DIRECTIVE: _____

$\frac{C3}{B2} \times \text{SURPLUS} \times 50\% =$ _____

Trustee fees / surplus income in bankruptcy: _____ X _____ = _____

Can a viable proposal be made? _____

session between 10 and 60 days after Assignment or within 10 days following the first meeting after the first counselling session and not later than 210 days after the effective date of _____

When is the best time to have the session? _____

Does the debtor have any apparent specialized counseling needs?

ALCOHOL _____
DRUGS _____
GAMBLING _____

SMOKING _____
MARRIAGE COUNSELLING _____
ABUSE _____