

APPLICATION PACKAGE

To better serve you, the clients of Salyzyn & Associates Limited, we have put together the attached "application package."

The importance of taking your time and providing accurate information cannot be stressed enough.

Please provide us with the following additional information:

- Copy of last paystub / income source stubs showing year-to-date income and earnings.
- Copy of last tax return or tax assessment for year _____
- Copy of bills (i.e. mortgages, loans, leases, credit card statements, etc.)
- Copy of any insurance policies (life, property, car)
- Copy of statements (i.e. RRSPs, Bonds, Pensions, Shares)
- Copy of vehicle appraisal
- Copy of vehicle registration
- Payout of mortgage(s)
- Letter of opinion on value of home
- Copy of Deed to property
- Municipal Property Tax Assessment
- All credit cards (if not destroyed)
- Copy of identification (driver's license, birth certificate or passport)

Drop the completed application form and additional information requested at our office. Our staff will prepare the necessary legal documents, and you will be required to sign these papers.

SALYZYN & ASSOCIATES LIMITED
Trustee in Bankruptcy

1038 Cole Harbour Road
Dartmouth, NS B2V 1E7
Tel: (902) 435-0338
Fax: (902) 435-0817

30 Damascus Road, Suite 104
Bedford, NS B4A 0C1
Tel: (902) 865-5444
Fax: (902) 865-2228

Cornwallis Inn, 325 Main Street
Kentville, NS B4N 1K5
Tel: (902) 678-7900
Fax: (902) 678-2228

www.mydebtsolution.net

TOLL FREE: 1-877-216-5800

*Please complete this form as **completely and accurately** as possible.*

APPLICANT #1

Full Legal Name (include middle name): _____

Are you known by any other name?: _____

Mailing address: _____ City: _____ Postal Code _____

Since when: Year _____ Month _____ Day _____

Occupation: _____ Employer: _____

Address of Employer: _____ Postal Code _____

Telephone Numbers: Home: _____ Work: _____ Cell: _____

Email: _____

Social Insurance Number: _____ Date of Birth: Year _____ Month _____ Day _____

Marital Status: Married Single Divorced* Separated* Common Law Widowed

*If Separated or Divorced, please give date: _____

APPLICANT #2

Full Legal Name (include middle name): _____

Are you known by any other name?: _____

Mailing Address (if different): _____ Postal Code _____

Email: _____

Occupation: _____

Employer: _____ Business phone: _____

Address of Employer: _____ Postal Code _____

Social Insurance Number: _____ Date of Birth: Year _____ Month _____ Day _____

Number of dependents who rely on you for financial support:

NAME	RELATIONSHIP	DATE OF BIRTH	ADDRESS

DEBTS

LIST ALL DEBTS INCLUDING ACCOUNT NUMBERS AND ADDRESSES

(IF SPACE INSUFFICIENT, ATTACH ANOTHER PAGE)

CREDITOR NAME	This debt is			ACCOUNT NO.	FULL MAILING ADDRESS WITH POSTAL CODE	ESTIMATED AMOUNT
	mine (✓)	partner (✓)	both (✓)			
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

SCHEDULE A - ASSETS / POSSESSIONS

ASSET	ESTIMATED VALUE	DESCRIPTION
Savings in Bank		Bank Name _____ Address _____ Account No. _____
Household Furniture		
Personal Effects		
Life Insurance		Name of Company _____ Policy No. _____ Beneficiary _____
RRSP <i>(circle please)</i> GIC Term Deposits Pension Plan		Name of Plan #1 _____ Description of Plan _____ Maturity Date _____ Locked In: YES ___ NO ___ Account or Plan Number _____ Name of Plan #2 _____ Description of Plan _____ Maturity Date _____ Locked In: YES ___ NO ___ Account or Plan Number _____
Stocks/ Bonds and Investments		Name of Company _____ Description of Shares or Bonds _____ No. Of Shares, or Par Value of Bonds _____
House <i>(circle please)</i> Cottage Land Mobile or Mini-Home <i>(if space is insufficient, attach another page)</i>		Civic Address _____ Fair Market Value _____ Municipal Tax Assessment _____ Name of Registered Owner(s) _____ _____ Mortgage(s): 1st Mtge Co. _____ Amt. _____ 2nd Mtge Co _____ Amt. _____ 3rd Mtge Co _____ Amt. _____ Taxes owing for(Year) _____ Amt. _____ Insured by _____ Listed for sale with _____

SCHEDULE A - ASSETS / POSSESSIONS (Cont'd)

Automobile # (1) # (2)	ESTIMATED VALUE	Year / Make / Model _____ Serial No. _____ Amount Owing to Financial Institution _____ Name of Financial Institution _____ Year / Make / Model _____ Serial No. _____ Amount Owing to Financial Institution _____ Name of Financial Institution _____
Motorcycle <i>(circle please)</i> Snowmobile ATV Other:		Year / Make / Model _____ Serial No. _____ Amount Owing to Financial Institution _____ Name of Financial Institution _____
Boat <i>(circle please)</i> RV/Trailer Recreational Equipment		Description _____ Amount Owing to Financial Institution _____ Name of Financial Institution _____
Income Tax Refund (est.)		APPLICANT #1 \$ _____ APPLICANT #2 \$ _____
Tools of Trade		Description _____ _____
Computer		Description _____
Other		Description _____ _____ _____ _____

BUSINESS DATA

Have you owned or had an interest in a business in the last **five** years? YES _____ NO _____

If YES please give the following details:

Corporation _____ Proprietorship _____ Partnership _____ *Name(s) of Partners, if applicable* _____

Name of business _____

Address of business _____

Nature of business _____

Date business started: Day _____ Month _____ Year _____

Has the business ceased operations? YES NO If YES, please give the date _____

Are any of the debts related to your business? YES NO If YES, what percentage of the debts are business related? _____ %

PREVIOUS BANKRUPTCY OR PROPOSAL:

Have you been bankrupt before? YES NO Has your spouse/partner? YES NO

Have you ever filed a Consumer Proposal before? YES NO Has your spouse/partner? YES NO

If the answer is **YES** to any of these questions, please give

Name of trustee/administrator: _____

Date of bankruptcy/ Proposal: _____

Date of discharge: _____

(PLEASE PROVIDE A COPY OF THE ORDER OF DISCHARGE, IF AVAILABLE)

RECENT TRANSACTIONS:

a) Have you disposed or transferred any of your assets in the past **twelve months**?

YES NO If YES, give details:

b) Have you made payments in excess of regular payments to a creditor in the past **twelve months**?

YES NO If YES, give details:

c) Have you had any assets seized by any creditor in the past **twelve months**?

YES NO If YES, give details:

d) Within the past **five years**, have you sold or transferred any real estate?

YES NO If YES, give details:

e) Within the past **five years**, have you made any gifts in excess of \$500.00?

YES NO If YES, give details:

CAUSE OF FINANCIAL DIFFICULTIES: _____

I/we hereby certify that to the best of my/our knowledge and belief, the information contained in this application form is true and correct, and complete in every respect and fully discloses my/our assets, liabilities, and income.

Signature(s) of Applicant(s)

Date

MONTHLY STATEMENT OF FAMILY INCOME AND EXPENSES

NAME:	Marital Status:		
Number in Family:	Budget from:	to	

MONTHLY INCOME <i>*Proof of income</i>		NON-DISCRETIONARY EXPENSES <i>*Receipts or other proof required</i>	
	Yours	Spouse/others	
Employment income (after deductions)			Child Support payment
El benefits			Spousal Support payment
Social Assistance			Child Care
Child Tax Benefit + UCCB			Prescriptions (non-recoverable portion)
Pensions			Court-imposed fines or penalties
Spousal or child support income			Expenses as a condition of employment
Rental income			
Income Tax Refund			TOTAL NON-DISCRETIONARY EXPENSES
Net Self-employment income			
<small>*Attach a breakdown showing gross income and expenses</small>			
Other income			MONTHLY FAMILY DISCRETIONARY EXPENSES (continued)
			<u>Living expenses</u>
			Groceries
TOTAL MONTHLY FAMILY INCOME			Laundry & Dry Cleaning
			Clothing
MONTHLY FAMILY DISCRETIONARY EXPENSES			Dental
<u>Housing expenses</u>			
Rent/ mortgage			<u>Transportation expenses</u>
Property Taxes (if not included in mortgage)			Car lease or payment
Lot Rent			Fuel costs
Heating/Gas/Oil/Wood			Car Repairs/Maintenance
Electricity			Public Transportation/Tolls
Water			
Telephone/Cell			<u>Insurance Expenses</u>
Cable TV/Internet			Vehicle
House Maintenance and Repairs			House/Residential
			Life
<u>Personal expenses</u>			Medical (private)
Meals eaten outside the home			
Tobacco and/or alcohol			Payment to estate (bankruptcy)
Entertainment			
Donations			<u>Other</u>
Gifts, holidays, etc.			
School and Sport Supplies			
Barber & Hairdresser			
Bank fees			
TOTAL MONTHLY DISCRETIONARY EXPENSES			
COMMENTS AND NOTES:		SUMMARY OF EXPENSES:	
		NON-DISCRETIONARY	
		DISCRETIONARY	
		OTHER	
		TOTAL EXPENSES	
		EXCESS (DEFICIENCY) OF INCOME OVER EXPENSES =	

I hereby certify that the above is an accurate statement of my income and expenses as witnessed by my signature and that I am aware of my obligations to contribute a portion of my surplus income to the estate.

DATE: _____ SIGNATURE: _____

REQUIRED PRE-BANKRUPTCY TAX INFORMATION

YEAR _____

1) PLEASE LIST ALL YOUR EMPLOYERS SINCE JANUARY 1 THIS TAX YEAR:***Please provide most recent pay stubs showing year-to-date or ROE for EACH employer***

Applicant #1:

Dates worked: _____

Dates worked: _____

Dates worked: _____

 I had no employers since January 1st.

Applicant #2 (if applicable):

Dates worked: _____

Dates worked: _____

Dates worked: _____

 I had no employers since January 1st.**2) HAVE YOU BEEN SELF-EMPLOYED THIS TAX YEAR?** YES NO***IF YES, please attach a list of gross income and expenses since January 1st.***3) LIST ALL OTHER SOURCES OF INCOME SINCE JANUARY 1 THIS TAX YEAR:***(examples: pensions, EI, social assistance, UCCB, WCB, etc.):* I had no other source of income since January 1st.

<u>Type of income</u>	<u>Gross amount per month</u>	<u>Tax deducted per month</u>
CPP	\$ _____	\$ _____
OAS	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Please provide proof/statement for EACH type of payment **4) DO YOU PAY OR RECEIVE CHILD OR SPOUSAL SUPPORT PAYMENTS THAT CAN BE CLAIMED?** YES – for child YES - spousal NO***IF YES, please attach copy of support agreement***5) HAVE ANY RRSP'S, GIC'S, ETC. BEEN WITHDRAWN THIS TAX YEAR?** YES NO***IF YES, please attach copy of withdrawal statement***6) ARE YOU REGISTERED TO CLAIM THE DISABILITY TAX CREDIT?** YES - for (name): _____ NO**7) DO YOU CLAIM EQUIVALENT-TO-SPOUSE FOR YOUR CHILD?** YES - for (name): _____ NO