

**SALYZYN & ASSOCIATES LIMITED**  
Licensed Insolvency Trustee

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*www.mydebtfix.ca*

**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

Number of people in family:

\*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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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 (T)	partner (T)	both (T)			
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

**\*be sure to include any debts to student loans, Canada Revenue Agency and overdrafts**

## SCHEDULE A - ASSETS / POSSESSIONS

ASSET	ESTIMATED VALUE	DESCRIPTION
Savings in Bank		Bank Name <input style="width: 80%;" type="text"/> Address <input style="width: 80%;" type="text"/> Account No. <input style="width: 80%;" type="text"/>
Household Furniture		<input style="width: 95%;" type="text"/>
Personal Effects		<input style="width: 95%;" type="text"/>
Life Insurance		Name of Company <input style="width: 80%;" type="text"/> Policy No. <input style="width: 80%;" type="text"/> Beneficiary <input style="width: 80%;" type="text"/>
RRSP <span style="float: right;"><i>(circle please)</i></span> GIC Term Deposits Pension Plan		Name of Plan #1 <input style="width: 80%;" type="text"/> Description of Plan <input style="width: 80%;" type="text"/> Maturity Date <input style="width: 20%;" type="text"/> Locked In: YES <input type="checkbox"/> NO <input type="checkbox"/> Account or Plan Number <input style="width: 80%;" type="text"/>  Name of Plan #2 <input style="width: 80%;" type="text"/> Description of Plan <input style="width: 80%;" type="text"/> Maturity Date <input style="width: 20%;" type="text"/> Locked In: YES <input type="checkbox"/> NO <input type="checkbox"/> Account or Plan Number <input style="width: 80%;" type="text"/>
Stocks/ Bonds and Investments		Name of Company <input style="width: 80%;" type="text"/> Description of Shares or Bonds <input style="width: 80%;" type="text"/> No. Of Shares, or Par Value of Bonds <input style="width: 80%;" type="text"/>
House <input type="checkbox"/> Cottage <input type="checkbox"/> Land <input type="checkbox"/> Mobile or Mini-Home <input type="checkbox"/>  <i>(if space is insufficient, attach another page)</i>		Civic Address <input style="width: 80%;" type="text"/> Fair Market Value <input style="width: 80%;" type="text"/> Municipal Tax Assessment <input style="width: 80%;" type="text"/> Name of Registered Owner(s) <input style="width: 80%;" type="text"/>  Mortgage(s): 1st Mtge Co. <input style="width: 20%;" type="text"/> Amt. <input style="width: 20%;" type="text"/> 2nd Mtge Co <input style="width: 20%;" type="text"/> Amt. <input style="width: 20%;" type="text"/> 3rd Mtge Co <input style="width: 20%;" type="text"/> Amt. <input style="width: 20%;" type="text"/> Taxes owing for (Year) <input style="width: 20%;" type="text"/> Amt. <input style="width: 20%;" type="text"/> Insured by <input style="width: 80%;" type="text"/>  Listed for sale with <input style="width: 80%;" type="text"/>

**SCHEDULE A - ASSETS / POSSESSIONS (Cont'd)**

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

**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**: what was the cause of the previous bankruptcy or consumer proposal?

Cause:

Date:

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:

f) Do you expect to receive any sums of money which are not related to your normal income or any other property in the next 12 months? (i.e. Inheritance or settlement)  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



**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 1<sup>st</sup>.

*Applicant #2 (if applicable):*

Dates worked:

Dates worked:

Dates worked:

I had no employers since January 1<sup>st</sup>.

**2) HAVE YOU BEEN SELF-EMPLOYED THIS TAX YEAR?**

YES  NO

**\*\*IF YES, please attach a list of gross income and expenses from January 1<sup>st</sup> to date of bankruptcy.**

**\*\* A REMINDER THE DEBTOR FILES OWN POST BANKRUPTCY UNLESS TRUSTEE STATES OTHERWISE**

**3) LIST ALL OTHER SOURCES OF INCOME SINCE JANUARY 1 THIS TAX YEAR:**

I had no other source of income since January 1<sup>st</sup>.

**Type of income**

**Dates received**

CPP

OAS

EI/ WCB

CERB

CRB/CRSB/CRCB

**\*\*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 OR court order**

**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 FOR YOURSELF OR YOUR CHILD?**

YES - for (name):   NO

**7) DO YOU CLAIM ELIGIBLE DEPENDENT FOR YOUR CHILD?**

YES - for (name):   NO

**8) HAVE YOU FILED LAST YEARS TAX RETURN?  YES  NO**