

**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

**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.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

**\*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 _____ Address _____ Account No. _____
Household Furniture		
Personal Effects		
Life Insurance		Name of Company _____ Policy No. _____ Beneficiary _____
RRSP <span style="float: right;"><i>(circle please)</i></span> 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 <span style="float: right;"><i>(circle please)</i></span> 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**: 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>.

<u>Type of income</u>	<u>Dates received</u>
<input type="checkbox"/> CPP	_____
<input type="checkbox"/> OAS	_____
<input type="checkbox"/> EI/ WCB	_____
<input type="checkbox"/> CERB	_____
<input type="checkbox"/> 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**