

FOX-MILES & ASSOCIATES INC.
LICENSED INSOLVENCY TRUSTEE

FINANCIAL WORK SHEET *effective January 31 2020*



Interviewed by: _____ Referred by: _____ Entered by: _____
 Date Interviewed: _____ Date Signing: _____
 Assignment _____ Proposal _____ Monthly Payment \$ _____ Term _____ Commencement Date _____

ALL GIVEN NAMES(last, first middle)

ARE YOU KNOWN BY ANY OTHER NAMES? (maiden name, previously married name)

SIN(XXX-XXX-XXX) _____ Your DATE OF BIRTH (yyyy/mm/dd) _____

ADDRESS: (current address) _____

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____ HOW LONG HAVE YOU LIVED IN PROVINCE AND WHERE DID YOU MOVE FROM? _____

MAILING ADDRESS (if mailing address is different from residence)

E mail address:

TELEPHONE NUMBERS

Residence: _____ Business: _____ Cellular: _____

Occupation: _____ **Current Employer:** _____ **Since when?** _____

Address of Employer _____ If unemployed, since when? _____

MARITAL STATUS(check the appropriate designation)

___ Married ___ Single ___ Widowed ___ Separated ___ Divorced ___ Common-Law

Date of marriage, widowhood, separation, divorce or common-law union _____ (We must have a date)

Full name of spouse _____ M/F _____ Spouse's Address (if different than above) _____

Spouse's Birthdate (yyyy/mm/dd) _____ Spouse's Business Phone Number _____

Spouse's Employer _____ Since when? (recent paystub please)(yyyy/mm/dd) _____

Spouse's Occupation _____ If unemployed, since when? _____

Spouse also bankrupt? Date? _____ Spouse's SIN _____ / _____ / _____

How long in province? _____

In your opinion what are the principal causes of your financial difficulties?(check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Relationship Breakdown/personal | <input type="checkbox"/> Business Failure | <input type="checkbox"/> Financial mismanagement |
| <input type="checkbox"/> Health related | <input type="checkbox"/> Over extension of credit | <input type="checkbox"/> Drugs, alcohol, gambling |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Misfortune | <input type="checkbox"/> Incompetence |
| <input type="checkbox"/> Carelessness | <input type="checkbox"/> Other (please indicate) | |

For which year was your last tax return filed? _____

If you have a debt owing to Revenue Canada, please describe circumstances (e.g. director's liability, self employed earnings)

Amount Owing \$ _____

Refund Received \$ _____

Refund To Come \$ _____

Unknown \$ _____

Are there any special exemptions or deductions which may be claimed on your tax return, i.e. disability or loss carry forward?

List of credit cards given to Trustee:



Are you or have you ever been involved in any matrimonial dispute which affects your ability to deal with your assets? (Usually a divorce) Yes No

If yes, give details below:

1. Are your vehicles or other assets insured? Yes No

2. Are you bonded in your present position? Yes No

3. Has anyone guaranteed (co-signed) a debt for you? If yes, give details below Yes No

4. Do you have a safety deposit box? Yes No

5. Does your spouse own any assets? If yes, give details below Yes No

Are you now in possession of or storing any personal property which does not belong to you and has never belonged to you (i.e. household goods, motor vehicles) Yes No

If yes, give details below:

ONLY FOR STUDENT LOANS

Degree/Certificate Received? Yes No

Attended School from _____ to _____
Area of Study _____

Level of Education Completed _____

Institution Attended _____

When did you receive funds? _____

Are you working in that field? Yes No

If no, please describe reasons:

DEPENDENTS (all those who rely on you for financial support)

| Full Names (last, first, middle) | Relationship (son/daughter) | Birth date (yyyy/mm/dd) | Lives with Debtor | Income inc. maintenance |
|-------------------------------------|--------------------------------|----------------------------|-------------------|----------------------------|
| | | | | |
| | | | | |
| | | | | |



ASSETS

| | Description & Location (include s/n, license #,acct #) | Estimated Resale Value | Joint (Y/N) | Exempt (Y/N) | Secured (Y/N) | Estimated Realizable \$ Value |
|---|--|------------------------------|----------------|-----------------|------------------|-------------------------------------|
| Cash on hand/in bank | | \$ | | | | |
| Stocks, Bonds, Investments RESPs | | | | | | |
| Pension Plan | | | | | | |
| Surrender Value of Insurance Policies | | | | | | |
| Household furniture and appliances | | | | XX | | |
| Clothing/Personal Effects | | | | XX | | |
| Collectibles <i>Jewelry</i> | | | | | | |
| | <i>Furs</i> | | | | | |
| | <i>Musical instruments</i> | | | | | |
| | <i>Guns</i> | | | | | |
| | <i>Collections (coins, art, etc.)</i> | | | | | |
| Real Estate | | | | XX | | |
| | <i>House</i> | | | | | |
| | <i>Cottage</i> | | | | | |
| | <i>Land</i> | | | | | |
| | <i>Rental/Business Properties</i> | | | | | |
| Motorized Vehicles (year/make/model/condition) | | | | XX | | |
| | <i>Car(s)</i> | | | | | |
| | <i>Truck(s)</i> | | | | | |
| | <i>Motorcycle(s)</i> | | | | | |
| | <i>Boat(s)</i> | | | | | |
| | <i>Trailer(s)</i> | | | | | |
| | <i>Snowmobile, Quad(s) Etc.</i> | | | | | |
| | <i>Mobile Home</i> | | | | | |
| Computer and/or camcorder | | | | | | |
| Property Required to Earn Income | | | | | | |
| Other | | | | | | |
| Farming Assets (use separate page) | | | | | | |
| | | | | | | |

*Definition of estimated net realizable dollar value is the value reported as "estimated dollar value" minus exemption amounts (if any), direct realization costs, and secured amounts (if any).

If you have borrowed money or pledged any of these assets as security. Show details below

| Creditor's Name | Asset Pledged | Amount of Loan |
|-----------------|---------------|----------------|
| | | |



Household effects, furniture, and appliances: **Check items in your possession and indicate the estimated value calculated at auction/garage sale prices**

- | | | | | | |
|--|----------|--|----------|---|----------|
| <input type="checkbox"/> Stove | \$ _____ | <input type="checkbox"/> Night tables | \$ _____ | <input type="checkbox"/> Pool table | \$ _____ |
| <input type="checkbox"/> Refrigerator | \$ _____ | <input type="checkbox"/> Desk | \$ _____ | <input type="checkbox"/> Electronic games | \$ _____ |
| <input type="checkbox"/> Dishwasher | \$ _____ | <input type="checkbox"/> Freezer | \$ _____ | <input type="checkbox"/> Piano/Organ | \$ _____ |
| <input type="checkbox"/> Microwave | \$ _____ | <input type="checkbox"/> Washer | \$ _____ | <input type="checkbox"/> Tools | \$ _____ |
| <input type="checkbox"/> Table/chairs | \$ _____ | <input type="checkbox"/> Dryer | \$ _____ | <input type="checkbox"/> Sculptures | \$ _____ |
| <input type="checkbox"/> Chesterfield | \$ _____ | <input type="checkbox"/> Dining room set | \$ _____ | <input type="checkbox"/> Antiques | \$ _____ |
| <input type="checkbox"/> Recliners | \$ _____ | <input type="checkbox"/> Bookcase(s) | \$ _____ | <input type="checkbox"/> Other: (please list) | |
| <input type="checkbox"/> Living room set | \$ _____ | <input type="checkbox"/> Patio Furniture | \$ _____ | | \$ _____ |
| <input type="checkbox"/> Cedar chest | \$ _____ | <input type="checkbox"/> Lawnmower | \$ _____ | | \$ _____ |
| <input type="checkbox"/> Area Rugs | \$ _____ | <input type="checkbox"/> DVD | \$ _____ | | \$ _____ |
| <input type="checkbox"/> Coffee/end tables | \$ _____ | <input type="checkbox"/> Stereo | \$ _____ | | \$ _____ |
| <input type="checkbox"/> Lamps | \$ _____ | <input type="checkbox"/> Television | \$ _____ | | \$ _____ |
| <input type="checkbox"/> Air Conditioner | \$ _____ | <input type="checkbox"/> Paintings | \$ _____ | | \$ _____ |
| <input type="checkbox"/> Beds | \$ _____ | <input type="checkbox"/> Silverware | \$ _____ | | \$ _____ |
| <input type="checkbox"/> Dresser | \$ _____ | <input type="checkbox"/> China | \$ _____ | | \$ _____ |

Computer (when purchased, make/model e.g. 486, Pentium) _____

Computer accessories (e.g. printer, scanner) _____

Location of above assets: _____ Total Estimated Value \$ _____

Personal Effects (please list)

- | | | | |
|---|----------|-------------------|----------|
| <input type="checkbox"/> Musical Instruments (please list) | \$ _____ | Others (identify) | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| <input type="checkbox"/> Furs | \$ _____ | _____ | \$ _____ |
| <input type="checkbox"/> Collections (e.g. stamps, money) | \$ _____ | _____ | \$ _____ |
| <input type="checkbox"/> Jewelry | \$ _____ | _____ | \$ _____ |
| <input type="checkbox"/> Cameras and related equipment | \$ _____ | _____ | \$ _____ |
| <input type="checkbox"/> Sporting equipment (e.g. golf clubs) | \$ _____ | _____ | \$ _____ |
| <input type="checkbox"/> Clothing | \$ _____ | _____ | \$ _____ |

Location, if other than home address _____

Other Assets (please specify)

- Horses
- _____ \$ _____
- _____ \$ _____

Underlying assumptions

- Using garage sale or auction values
- Allowing for the age and wear and tear of the goods
- The transportation costs to remove, store (min of 25 days under PPSA) and sale of the goods and
- Commission payable to an auctioneer



| MONTHLY INCOME Net is after ei, cpp, tax deductions (please add back in anything else) | Bankrupt | Other members of the Family unit | Total |
|--|-----------------|---|--------------|
| Net employment income | _____ | _____ | _____ |
| Net pension/annuities | _____ | _____ | _____ |
| Net child support | _____ | _____ | _____ |
| Net spousal support | _____ | _____ | _____ |
| Net employment insurance benefits | _____ | _____ | _____ |
| Net social assistance | _____ | _____ | _____ |
| Self -employment income | _____ | _____ | _____ |
| Gross \$ _____ Net | _____ | _____ | _____ |
| Other net income (Provide details) | _____ | _____ | _____ |
| <hr/> | | | |
| TOTAL MONTHLY INCOME | \$ _____ | \$ _____ | \$ _____ |

TOTAL MONTHLY INCOME OF THE FAMILY UNIT \$ _____

| MONTHLY NON-DISCRETIONARY EXPENSES | | | |
|---|-----------------|---------------------------------|--------------|
| | Bankrupt | Family Unit | Total |
| Child support payment | _____ | _____ | _____ |
| Spousal support payments | _____ | _____ | _____ |
| Child care | _____ | _____ | _____ |
| Medical condition expenses | _____ | _____ | _____ |
| Fines/penalties imposed by the court | _____ | _____ | _____ |
| Expenses as a condition of employment | _____ | _____ | _____ |
| Debts | _____ | _____ | _____ |
| Other expenses: (Provide details) _____ | _____ | _____ | _____ |
| <hr/> | | | |
| TOTAL MONTHLY NON-DISCRETIONARY EXPENSES | _____ | _____ | _____ |
| MONTHLY DISCRETIONARY EXPENSES (Family Unit) | | | |
| Housing Expenses: | | Living expenses | |
| Rent/Mortgage | _____ | Food/Grocery | _____ |
| Property taxes/condo fees | _____ | Laundry/Dry Cleaning | _____ |
| Heating/Gas/Oil | _____ | Grooming/Toiletries/Diapers | _____ |
| Telephone | _____ | Clothing | _____ |
| Cable/Internet | _____ | Other | _____ |
| Hydro/Power | _____ | Transportation expenses | |
| Water | _____ | Car lease/Payments | _____ |
| Furniture | _____ | Repair/Maintenance/Gas | _____ |
| Other | _____ | Public Transportation | _____ |
| Personal Expenses | | Other | _____ |
| Smoking | _____ | Insurance Expenses | |
| Alcohol | _____ | Vehicle | _____ |
| Dining/Lunches/Restaurants | _____ | House | _____ |
| Entertainment/Sports | _____ | Furniture/Contents | _____ |
| Gifts/Charitable donations | _____ | Life insurance | _____ |
| Allowances | _____ | Other | _____ |
| Non-recoverable medical expenses | | Payments | |
| Prescriptions | _____ | To the estate | _____ |
| Dental | _____ | To secured creditor | _____ |
| Other | _____ | (other than mortgage & vehicle) | _____ |
| AB Health Care/Blue Cross | _____ | Other | _____ |

TOTAL MONTHLY DISCRETIONARY EXPENSES (FAMILY UNIT) _____

MONTHLY SURPLUS OR (DEFICIT) FAMILY UNIT _____



PREVIOUS INSOLVENCY DATA

Have you previously been bankrupt or made a proposal to your creditors Yes No

If yes please provide the following details **You cannot file another Bankruptcy/Proposal if you haven't been discharged from your prior bankruptcy/proposal**

Name of Trustee or Administrator _____

Date of Bankruptcy/Proposal _____

City Assignment/Proposal was filed _____

Date of Discharge/Certificate of Full Performance _____

Please provide a brief description of the cause of your first bankruptcy/proposal _____

RECENT TRANSACTIONS

WITHIN THE LAST 12 MONTHS, HAVE YOU

Disposed of or transferred any assets? (perhaps a RRSP or a vehicle?) Yes No

If yes, specify asset, approximate date, the net proceeds and disposition of proceeds.

What? _____

Sold to whom? _____

When? _____

For how much? \$ _____

What did you do with the proceeds? _____

Made payments in excess of regular payments to a creditor Yes No

(more than minimum payment)?

If yes, give details below

To Whom? _____

When? _____

How much? _____

Had any assets seized by any creditor (Have you seen the bailiff)? Yes No

If yes, give details below

By Whom? _____

When? _____

What was seized? _____

WITHIN THE LAST FIVE YEARS, WHILE YOU KNEW YOURSELF TO BE INSOLVENT, HAVE YOU EITHER IN CANADA OR ELSEWHERE:

Sold or transferred any real estate? Yes No

If yes, specify asset, approximate date, net proceeds and disposition of proceeds

Address of property _____

Sold when? _____

How much sold for? _____

To whom? _____

What did you do with the proceeds? _____

Made any gift to a relative or other person that was of a value in excess of \$500.00? Yes No

If yes, give details: _____

Have you made any arrangements to continue to pay any of your creditors Yes No

or are your creditors holding any post-dated cheques or directly debiting your account?

If yes, give details below

Post dated cheques? _____

To whom? _____

How much? _____

Dated? _____

Do you expect to receive any sums of money which are not related to your normal Yes No

Income, or any other property within the next 12 months?



IF YOU HAVE CO-SIGNED A LOAN OR CONTRACT FOR ANYONE ELSE, SHOW DETAILS BELOW

| Lender's Name | Address | Amount | Borrower's Name | Address |
|---------------|---------|--------|-----------------|---------|
| | | \$ | | |
| | | \$ | | |

For which year was your last tax return filed? _____ Amount Owing \$ _____
 If you have a debt owing to Revenue Canada, please describe circumstances Refund Received \$ _____
 (e.g. director's liability, self employed earnings) Refund To Come \$ _____
 _____ Unknown \$ _____

Are there any special exemptions or deductions which may be claimed on your tax return, i.e. disability or loss carry forward?

All employers for the last two years – in periods where drawing EI or Social Assistance, show separately

| Employer's Name | Address | Date Started | Date Ended |
|-----------------|---------|--------------|------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Have you received Social Assistance during the past year? Total Amount Received
 Yes No When & which office? _____ \$ _____

If you have paid or received alimony or maintenance payments during the past year:

| To whom paid/from whom received? | Amount paid/received |
|----------------------------------|-----------------------|
| _____ | \$ _____ |
| Address _____ | Total Arrears, if any |
| _____ | \$ _____ |

Do you have any debts arising from: (These should be entered on the list of creditors)

| | | |
|--|------------------------------|-----------------------------|
| Fine or penalty imposed by the court | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Bail or recognizance | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| An award of damages by a court with respect to bodily harm or sexual assault or wrongful death | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Fraud, embezzlement, misappropriation or defalcation while acting in a fiduciary capacity | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Obtaining property by false pretenses or fraudulent misrepresentation | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Student loan debts if out of school less than 7 years | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| EI overpayment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |



BUSINESS INFORMATION

Are you now an officer or director, or involved in any managerial capacity in any corporation? If so, give the name of the company, your title or position and date you started. Were you self-employed in the last 5 years?
 Yes _____

Have you owned or had an interest in a business in the last five years? Yes No

If Yes: Corporation Proprietorship Partnership
 (Provincial or Federal) Sole Name of Partners _____
 Name of Business (operating/Trade name) _____
 Legal Name _____
 Your percentage of ownership? _____
 Type of shares _____ Private _____ Public?
 Operation Type _____
 Is the business insolvent? _____ Inactive?
 Location of Business _____
 When do it start _____
 When did it stop _____

Does the business have any assets? Yes No
 If yes, please list. If No, what happened to them?

Did you guarantee a loan for the business? Yes No
 If yes to whom? _____ How much? _____

GST Account No. _____
 Have all of the required GST Returns been filed? Yes No
 Does the business owe GST? How much? _____ Yes No
 If returns are outstanding, which ones are outstanding, and why:

Maximum # of employees for the last 12 months? _____

Source Deduction Account No. _____

Does the business owe Source Deductions? Yes No

Are the required T4's Prepared? Yes No

Where are the Books and Records? _____

Where are the Payroll Records? _____



SUPPLEMENTARY PERSONAL DATA

Are you involved in civil litigation from which you may receive monies or property? Are you suing anyone? Yes No
If yes, give details below

Has anyone left you an inheritance, which you have not yet received? Yes No

Are there any writs, judgments, or garnishments outstanding against you? Yes No
Have you been served with any legal papers? If yes give details below.

Do you bank with a financial institution to which you owe money (including overdrafts)? Yes No
If yes, give details below

Have you obtained credit in the last three months? Yes No

Have you made any recent application for credit? Yes No

Have you used your credit cards in the last three months? Yes No
If yes, give details below

In the last 12 months have you used your credit card for cash advances? Yes No
If yes, list them, give cash amounts and last date an advance was taken?

In the last 12 months, have you used your credit card for purchases? Yes No

In the last 12 months, have you used your credit card for trips? Yes No
If yes what trips did you take, and how much money was charged on the cards?

Did you use or obtain credit after the date you realized you were unable to pay your debts? Yes No
If yes, give details below

In the last 12 months, have you paid back any debts to family members? Yes No

Did you sell/give away anything that you bought on credit before it was fully paid for? Yes No

Approximately on what date did you become aware that you were unable to meet your debts as they become due?

What made you aware of this fact?

Did you consider any other formal insolvency option before you filed your bankruptcy? Yes No

Did you feel that you are directly or partially responsible for your bankruptcy?

Who advised you in regard to your financial problems?



EMERGENCY CONTACT

Next of kin/contact person _____ Address: _____
Phone _____

GARNISHMENT INFORMATION:

Employer's Name and Address : _____
Contact Person: _____
Telephone Number: _____
Fax No.: _____
Court Number: _____ Judicial District _____

**YOU CANNOT FILE ANOTHER
BANKRUPTCY/PROPOSAL IF YOU HAVEN'T BEEN
DISCHARGED FROM YOUR PRIOR BANKRUPTCY/PROPOSAL**

Please understand that a statement of your financial affairs will be prepared from the information supplied by you on this application and that statement must be sworn by you under oath as being, to the best of your knowledge and belief, a full, true and complete statement of your financial affairs. Notice to Bankrupts: It is a criminal offence to provide false information or refuse or knowingly neglect to provide information that fully and completely reveals the state of your affairs as it pertains to your bankruptcy. Be advised that this information can be made available to the RCMP in their capacity as the enforcement agency of the Superintendent of Bankruptcy should an allegation of wrongdoing be made by the Trustee or the Official Receiver.

I, the undersigned person, hereby consent to Fox-Miles & Associates Inc., LICENSED INSOLVENCY TRUSTEE, collecting, using and disclosing personal information about me that I or any other party may give to Fox-Miles & Associates Inc, for the purpose of providing advice and/or in the performance of Fox-Miles & Associates Inc. duties related to the assessment or handling of my debt crisis, whether it is assisting in informal settlements with creditors or in the performance of Fox-Miles & Associates Inc.' duties as Trustee under a Proposal or as LICENSED INSOLVENCY TRUSTEE under the Bankruptcy & Insolvency Act.

I hereby certify that the information contained in this application is true and complete in every respect and fully discloses the state of my affairs. In addition, I recognize that any income in excess of a reasonable cost of living, with reference to the Superintendent of Bankruptcy Standards, must be paid to the Trustee for the general benefit of the creditors. Further, if there is a disagreement on the amount of payment mediation is available to my creditors and myself.

I understand that according to **PIPEDA** the information collected by the Trustee will be forwarded to the Superintendent of Bankruptcy, the Courthouse, creditors and any other "interested party" when a stay of Proceedings is issued. Further I understand that the information may become "public".

Date

Signature of Applicant

Date

Signature of Applicant



Effective October 25, 2021 the Office of the Superintendent of Bankruptcy has requested the voluntary self identification information be completed. The information is protected under the Privacy Act.

Male Female Other I prefer not to answer

| | | | | |
|----------------------------|----------------------|--------------------------|---------------------|--------------------------|
| LEVEL OF EDUCATION: | Grade 0-8 | <input type="checkbox"/> | Some High School | <input type="checkbox"/> |
| | High School Graduate | <input type="checkbox"/> | Some Post-Secondary | <input type="checkbox"/> |
| | Certificate/Diploma | <input type="checkbox"/> | University Degree | <input type="checkbox"/> |

AND FOR OTHER DEBTOR

| | | | | |
|----------------------------|----------------------|--------------------------|---------------------|--------------------------|
| LEVEL OF EDUCATION: | Grade 0-8 | <input type="checkbox"/> | Some High School | <input type="checkbox"/> |
| | High School Graduate | <input type="checkbox"/> | Some Post-Secondary | <input type="checkbox"/> |
| | Certificate/Diploma | <input type="checkbox"/> | University Degree | <input type="checkbox"/> |

Are you an Aboriginal Person?

Yes No I prefer not to answer
 North American Indian/First Nation
 Metis
 Inuit

Are you a person with a disability?

Yes No I prefer not to answer
 Co-ordination or dexterity
 Mobility
 Blind or visually impaired
 Deaf or hard of hearing
 Speech impairment
 Other _____

Are you a member of a visible minority?

Yes No I prefer not to answer

| | | |
|---|--------------------------|--|
| <input type="checkbox"/> Black | <input type="checkbox"/> | Japanese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> | Korean |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> | South Asia/East Indian (India, Bangladesh, Pakistan, East Indian from Guyana, Trinidad, East Africa) |
| <input type="checkbox"/> Black | <input type="checkbox"/> | Southeast Asia Burmese, Cambodia, Laotian, Thai, Vietnamese |
| <input type="checkbox"/> Person of Mixed Origin | <input type="checkbox"/> | Non-White West Asian < north African or Arab (Egyptian, Libyan, Lebanese, Iranian) |
| <input type="checkbox"/> Other visible Minority | <input type="checkbox"/> | Non White Latin American (inc indigenous persons from Central and South America) |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> | |