

Fresh Start Workbook

MY INFORMATION

Family Name		All Given Names	<input type="checkbox"/> M <input type="checkbox"/> F
Are you known by any other names?		Maiden Name	
Street, Apt #, etc			When Moved There YY/MM
City	Province	Postal Code	
How long have you lived in this province?	Previous address (If at current address for less than one year)		
Mailing Address (If different from above)			
Telephone numbers (Include area code)		Residence:	Work:
_____/_____/_____		Date of Birth (YY/MM/D)	
Social Insurance Number			
Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Common-law <input type="checkbox"/> Separated <input type="checkbox"/> Date of Separation: _____			
Occupation	Current Employer	Since when (YY/MM/D)	
Address of Employer		If unemployed, Since when	

MY PARTNER'S INFORMATION

Family Name		All Given Names	<input type="checkbox"/> M <input type="checkbox"/> F
Are you known by any other names?		Maiden Name	
Street, Apt #, etc			When Moved There YY/MM
City	Province	Postal Code	
How long have you lived in this province?	Previous address (If at current address for less than one year)		
Mailing Address (If different from above)			
Telephone numbers (Include area code)		Residence:	Work:
_____/_____/_____		Date of Birth (YY/MM/D)	
Social Insurance Number			
Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Common-law <input type="checkbox"/> Separated <input type="checkbox"/> Date of Separation: _____			
Occupation	Current Employer	Since when (YY/MM/D)	
Address of Employer		If unemployed, Since when	
Partner also filing for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Assets

(things you own)

	Description/Location	Estimated Value	This asset belongs to		
			Me (✓)	My Partner (✓)	Both (✓)
Cash on Hand / In Bank					
Stocks, Bonds, Investments					
RESP's, RRSP'S, RRIF's					
Pension Plans					
Cash Surrender Value of Whole Life Insurance Policies <i>(attach copies)</i>					
Name of Insurance Company					
Policy Number					
Name of Insured					
Name of Beneficiary					
Household Goods & Personal Effects	See Page 3				
Real Estate <i>(insert address)</i>					
House					
Cottage					
Land					
Rental / Business Properties					
Mobile Home/Minihome					
Make					
Model					
Year					
Serial Number					
Motorized Vehicles					
Cars <i>(insert make, model and year)</i>					
Truck(s) <i>(insert make, model and year)</i>					
Motor Cycle(s) <i>(insert make, model and year)</i>					
Boat(s) <i>(insert make, model and year)</i>					
Trailer(s) <i>(insert make, model and year)</i>					
Snowmobile, Quad(s), Etc. <i>(insert make, model and year)</i>					
Tools of Trade	See Page 3				
Other					

DEPENDENTS <i>(all those who rely on you for financial support)</i>			
Full Name	Relationship	Date of Birth	Address

HOUSEHOLD GOODS & PERSONAL EFFECTS (FOR YOU AND YOUR PARTNER TOGETHER):

Check items in your possession and indicate the estimated value if you were to sell by auction or at a garage sale

- 1. Appliances \$ _____
- 2. Furniture \$ _____
- 3. Stereo & other Electronic Equipment \$ _____
- 4. Computer \$ _____
- 5. Other \$ _____

TOTAL ESTIMATED VALUE \$ _____

TOOLS OF TRADE (Please list below)

Mine

Description

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

TOTAL ESTIMATED VALUE \$ _____

My Partner's

Description

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

\$ _____

FOR WHICH YEAR WAS YOUR LAST INCOME TAX RETURN FILED?

Me _____ My Partner _____

IF YOU HAVE DEBT OWING TO REVENUE CANADA, PLEASE DESCRIBE CIRCUMSTANCES

(eg. director's liability, self employed earnings)

Me

My Partner

MONTHLY INCOME AND EXPENSE BUDGET FOR MY HOUSEHOLD (ie: After Bankruptcy)

Net Monthly Income

Net Salary (*take home*)
 Pensions/Annuities
 Family Allowance
 Alimony/Child Support
 Employment Insurance Benefits
 Social Assistance
 Rental Income
 Other Income *Specify* _____

My Information

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
A SUBTOTAL

My Partner's Information

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
= **A** \$ _____

Non-discretionary Expenses

Child Support Payments
 Spousal Support Payments
 Childcare (Babysitting) Expenses
 Health-Related Expenses
 Employment-Related Expenses

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
B SUBTOTAL

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
= **B** \$ _____

MONTHLY DISCRETIONARY EXPENSE BUDGET (Family unit)

Household Expenses:

Rent/Mortgage \$ _____
 Property Tax/Lot Rent \$ _____
 Heating/Gas/Oil \$ _____
 Telephone/Cellular Phone \$ _____
 Cable/Satellite \$ _____
 Internet \$ _____
 Hydro \$ _____
 Water \$ _____
 Furniture \$ _____
 Other _____ \$ _____
 (*insert description*)

Personal Expenses:

Smoking \$ _____
 Alcohol \$ _____
 Dining/Lunches/Restaurants \$ _____
 Entertainment/Sports \$ _____
 Gifts/Charitable Donations \$ _____
 Allowances \$ _____
 Other _____ \$ _____
 (*insert description*)

Non-Recoverable Medical Expenses:

Prescriptions \$ _____
 Dental \$ _____
 Other _____ \$ _____
 (*insert description*)

Living Expenses:

Food/Grocery \$ _____
 Laundry/Dry Cleaning \$ _____
 Grooming/Toiletries \$ _____
 Clothing \$ _____
 Other _____ \$ _____
 (*insert description*)

Transportation Expenses:

Car lease/Payments \$ _____
 Repair/Maintenance/Gas \$ _____
 Public Transportation \$ _____
 Other _____ \$ _____
 (*insert description*)

Insurance Expenses:

Vehicle \$ _____
 House \$ _____
 Furniture/Contents \$ _____
 Life \$ _____
 Other _____ \$ _____
 (*insert description*)

Payments:

To the Trustee \$ _____
 To secured creditor
 (*Other than mortgage and vehicle*) \$ _____
 Other _____ \$ _____
 (*insert description*)

C TOTAL MONTHLY DISCRETIONARY EXPENSES (*Family unit*) **=** **C** \$ _____
SURPLUS OR DEFICIT **=** (A-B-C) **=** \$ _____

MY INFORMATION

ALL EMPLOYERS FOR THE LAST YEAR		(YY/MM)	(YY/MM)
Employer's Name	Address	Date Started	Date Ended

Have you received Social assistance during the past year? Yes No

When? _____ Total amount received \$ _____

DO YOU HAVE ANY DEBTS ARISING FROM

- Fine or Penalty Imposed by the Court Yes No
- Bail Bond Yes No
- Fraud, Embezzlement, Misappropriation Yes No
- Obtaining Property by False Pretenses or Fraudulent Misrepresentation Yes No
- Employment Insurance Overpayments Yes No

MY PARTNER'S INFORMATION

ALL EMPLOYERS FOR THE LAST YEAR		(YY/MM)	(YY/MM)
Employer's Name	Address	Date Started	Date Ended

Have you received Social assistance during the past year? Yes No

When? _____ Total amount received \$ _____

DO YOU HAVE ANY DEBTS ARISING FROM

- Fine or Penalty Imposed by the Court Yes No
- Bail Bond Yes No
- Fraud, Embezzlement, Misappropriation Yes No
- Obtaining Property by False Pretenses or Fraudulent Misrepresentation Yes No
- Employment Insurance Overpayments Yes No

HOW DID YOU HEAR ABOUT A. C. POIRIER & ASSOCIATES INC.?

- Yellow Pages
- Internet/ Website
- Counselling Services
- Lawyer/ Accountant
- Word of Mouth
- Other (Specify)

My • Business Information

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

If yes – Corporation Proprietorship Partnership

Name of Business _____

Nature of Business _____

Your Title/Role _____

Location of Business _____

When Commenced _____

When Ceased _____

Does the business have any assets? Yes No

If Yes, please list – If No, what happened to them?

H.S.T. Account No.: _____

Have you filed all of the required H.S.T. Returns? Yes No

If No, you will be required to bring your H.S.T. returns up to date. Which ones are outstanding, and why:

Source Deduction Account No.; _____

Required T4's Prepared? Yes No

Where are the Accounting Records? _____

Where are the Payroll Records? _____

My Partner's • Business Information

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

If yes – Corporation Proprietorship Partnership

Name of Business _____

Nature of Business _____

Your Title/Role _____

Location of Business _____

When Commenced _____

When Ceased _____

Does the business have any assets? Yes No

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If No, you will be required to bring your H.S.T. return up to date. Which ones are outstanding, and why:

Source Deduction Account No.; _____

Required T4's Prepared? Yes No

Where are the Accounting Records? _____

Where are the Payroll Records? _____

My • Recent Transactions

Have you disposed of or transferred any assets in the past twelve months? Yes No

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

Have you made payments in excess of regular payments to a creditor in the past twelve months? Yes No

If yes, give details below:

Have you had any assets seized by any creditor within the past twelve months? Yes No

If yes, give details below:

Have you sold or transferred any real estate in the past five years? Yes No

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

Have you made any gift to a relative or other person that were of a value in excess of \$500.00 in the past five years? Yes No

If yes, give details below:

My Partner's • Recent Transactions

Have you disposed of or transferred any assets in the past twelve months? Yes No

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

Have you made payments in excess of regular payments to a creditor in the past twelve months? Yes No

If yes, give details below:

Have you had any assets seized by any creditor within the past twelve months? Yes No

If yes, give details below:

Have you sold or transferred any real estate in the past five years? Yes No

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

Have you made any gift to a relative or other person that were of a value in excess of \$500.00 in the past five years? Yes No

If yes, give details below:

My • Supplementary Personal Data

Are you involved in civil litigation from which you may receive monies or property? Yes No

If yes, give details below:

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

If yes, give details below:

Are there any writs, judgments or garnishments outstanding against you? Yes No

If yes, give details below:

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

If yes, give details below:

Have you used your credit cards in the last three months? Yes No

If yes, give details below:

My Partner's • Supplementary Personal Data

Are you involved in civil litigation from which you may receive monies or property? Yes No

If yes, give details below:

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

If yes, give details below:

Are there any writs, judgments or garnishments outstanding against you? Yes No

If yes, give details below:

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

If yes, give details below:

Have you used your credit cards in the last three months? Yes No

If yes, give details below:

1. Are your vehicles or other assets insured?
2. Has anyone co-signed any of your outstanding debts? *If yes, give details below.*
3. Have you co-signed for anyone else's debt? *If yes, give details below.*
4. Do you have a safety deposit box?.
5. Does your partner own any assets? *If yes, give details below.*

Me

Yes No

Yes No

Yes No

Yes No

Yes No

My Partner

Yes No

Yes No

Yes No

Yes No

Yes No

Student Loans

Mine (Fill this in only if you have a Student Loan)

The date you last attended school _____

Institution Attended _____

Have you taken any courses since then? If yes, when? _____

My Partner's (Fill this in only if your partner has a Student Loan)

The date you last attended school _____

Institution Attended _____

Have you taken any courses since then? If yes, when? _____

** Please make sure the Student Loan is on your creditors list on page 4*

Causes of Insolvency

Describe what, in your opinion, caused the current financial problems for you and your partner:

Trustee's Notes

My • Previous Insolvency Data

Have you previously been bankrupt or made a proposal to your creditors?

Yes No

What was your name at that time? _____

If Yes, please provide the following details:

Name of Trustee or Administrator _____

Date of Bankruptcy/Proposal _____

City Bankruptcy/Proposal was Filed _____

Date of Discharge/Certificate of full _____

Performance _____

Please provide a Brief Description of the causes of your first bankruptcy/proposal:

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

My Partner's • Previous Insolvency Data

Have you previously been bankrupt or made a proposal to your creditors?

Yes No

What was your name at that time? _____

If Yes, please provide the following details:

Name of Trustee or Administrator _____

Date of Bankruptcy/Proposal _____

City Bankruptcy/Proposal was Filed _____

Date of Discharge/Certificate of full _____

Performance _____

Please provide a Brief Description of the causes of your first bankruptcy/proposal:

My • Banking Information

Please provide the following details concerning your current bank account. If you have more than one account, provide the same information for those accounts on a separate sheet of paper.

Name of Bank: _____ Account Number: _____

Do you owe this bank any of the following:

Mortgage _____ Loans _____ Overdraft _____ Line of Credit _____ Credit Card _____

Do you have any automatic deposits to this account? Yes _____ No _____

Do you have any automatic withdrawals to this account? Yes _____ No _____

Are any post-dated cheques outstanding on this account Yes _____ No _____

If you owe your current banking institution money, they will receive a notice of your bankruptcy and they may close or freeze your account.

You must open a new account in a banking institution to which you do not owe money as soon as possible

My Partner's • Banking Information

Please provide the following details concerning your current bank account. If you have more than one account, provide the same information for those accounts on a separate sheet of paper.

Name of Bank: _____ Account Number: _____

Do you owe this bank any of the following:

Mortgage _____ Loans _____ Overdraft _____ Line of Credit _____ Credit Card _____

Do you have any automatic deposits to this account? Yes _____ No _____

Do you have any automatic withdrawals to this account? Yes _____ No _____

Are any post-dated cheques outstanding on this account Yes _____ No _____

If you owe your current banking institution money, they will receive a notice of your bankruptcy and they may close or freeze your account.

You must open a new account in a banking institution to which you do not owe money as soon as possible

PLEASE UNDERSTAND THAT A STATEMENT OF YOUR FINANCIAL AFFAIRS WILL BE PREPARED FROM THE INFORMATION YOU SUPPLIED 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.

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 must be paid to the Trustee for the general benefit of the creditors. I further acknowledge that I have read the Fresh Start Booklet.

Date

My Signature

Date

My Partner's Signature

For your convenience you can make your monthly payments for the basic costs or any other matter agreed upon by

PRE-AUTHORIZED WITHDRAWAL FROM YOUR BANK ACCOUNT

Please attach a "void" cheque to this form

OR

Have the bank you will be dealing with fill in the following information on this form. Make sure that this information relates to your *new* bank account and not an account you are planning to close.

Send us the form with your completed Fresh Start Workbook

No funds will be taken from your bank account until you come in and sign your documents but if we have this information now it will make it easier when you come in to sign your papers.

MY AUTOMATIC DEBIT FORM

Your Name _____

Name of Bank _____

Address of Bank _____

Branch (3 digit #)

Transit (5 digit #)

Account #

MY PARTNER'S AUTOMATIC DEBIT FORM

Your Name _____

Name of Bank _____

Address of Bank _____

Branch (3 digit #)

Transit (5 digit #)

Account #
