



HALEY & ASSOCIATES INC

Insolvency Consultants / Trustee in Bankruptcy

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Where did you first hear about Haley & Associates Inc.? _____

Family Name (Last Name)	
First AND Middle Names (All names in full, as shown on your birth certificate)	
Also known as:	Email address (only if checked regularly):
Date of Birth (dd/mm/yyyy):	Social Insurance Number:

Telephone (home):	Telephone (cell):
Address (mailing): _____	At this address since (dd/mm/yyyy): If less than two years, please provide previous address(es):
Address (civic): <input type="checkbox"/> same as mailing	

Marital Status:
 Single Common-law Married Divorced Separated Widow(er)
 Since (dd/mm/yyyy): _____
 If this has changed since the filing of your last income tax return, please provide details (including dates):

<u>Spouse or Common Law Partner Information:</u>	Social Insurance Number:
Family Name (Last Name):	Date of Birth (dd/mm/yyyy):
First AND Middle Names:	
Also known as:	

All Dependents who rely on you for financial support:					
Full Name	Relationship	Date of Birth (dd/mm/yyyy)	Social Insurance Number (for 16+)	Have primary custody?	Currently living with you?
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If over 18, please explain why they are still a dependent:

Total number of people in household, including yourself: _____
 *Please list names of any individuals not already included as spouse or dependent: _____

Office Use Only		Comments:
Date of Initial Interview:	Summary <input type="checkbox"/> Division II <input type="checkbox"/> Ordinary <input type="checkbox"/> Division I <input type="checkbox"/>	
Interviewer:	Joint filing? Yes <input type="checkbox"/> No <input type="checkbox"/>	

APPLICANT

Name of Present Employer:	Job Title:
Present Employer's Address (including postal code):	Employer's Phone Number:
Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Contract <input type="checkbox"/> Seasonal (specify season: _____)	Employed with company since (dd/mm/yyyy):
How often are you paid? Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input type="checkbox"/> (please specify) _____	

List all other employers for the past two years, starting with the most recent, including any periods in which you were drawing E.I. benefits:

Employer's Name	Employer's Full Address	Started (dd/mm/yyyy)	Ended (dd/mm/yyyy)

SPOUSE

Name of Present Employer:	Job Title:
Present Employer's Address (including postal code):	Employer's Phone Number:
Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Contract <input type="checkbox"/> Seasonal (specify season: _____)	Employed with company since (dd/mm/yyyy):
How often are you paid? Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input type="checkbox"/> (please specify) _____	

List all other employers for the past two years, starting with the most recent, including any periods in which you were drawing E.I. benefits:

Employer's Name	Employer's Full Address	Started (dd/mm/yyyy)	Ended (dd/mm/yyyy)

SELF-EMPLOYMENT DETAILS

Please complete if you or your spouse are currently or have been self-employed or owned a business in the last 5 years.

Type of ownership? <input type="checkbox"/> Incorporated <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship % of ownership: _____%	Name of Business:
	Address:
Description of Business Activity:	Date Business started:
	Date Business ended:
Give Total Amount of Debts: \$ _____ Source deductions outstanding: \$ _____ All business debts that you are responsible for must be on your list of creditors	List assets owned by business: Please provide the last three years' financial statements
Tax Account Numbers:	
GST: _____ Corporate: _____	RST: _____ Other: _____ (please specify): _____ Payroll: _____

Office Use Only:

PERSONAL TAX INFORMATION

Details of most recent tax return filed:

Year filed: _____

Applicant: _____

Spouse: _____

Amount Owing: \$ _____

Amount Owing: \$ _____

Refund Received: \$ _____

Refund Received: \$ _____

Refund to Come: \$ _____

Refund to Come: \$ _____

Please provide a copy of the most recent tax assessment

Do you or your spouse currently apply for the GST/HST credit?

Yes No

If yes, who applies?

Myself Spouse

Estimated quarterly amount: _____

\$ _____

EDUCATIONLevel of Education: *(please put an "A" beside the applicant's highest level and an "S" beside the spouse's)*

_____ 0-8 years

_____ some high school

_____ high school graduate

_____ some post-secondary

_____ post-secondary certificate or diploma

_____ university degree

OTHER INFORMATION

Briefly describe the circumstances which caused your financial difficulties:

On approximately what date did you realize you were unable to meet your debts as they became due (dd/mm/yyyy): _____

What made you aware that you were unable to meet your obligations: _____

Have you paid for any financial advice within the last six months? Yes No

If yes, from where? _____

How much did it cost? \$ _____

Have you filed a bankruptcy or proposal before?

Yes No

If yes: When (dd/mm/yyyy): _____

Which Province: _____

Has your spouse filed a bankruptcy or proposal before?

Yes No

Spouse: When (dd/mm/yyyy): _____

Which Province: _____

BANKING INFORMATIONBank Accounts:

Cash on hand: \$ _____

Cash in bank:

Financial Institution	Address	Transit & Account Number	Name of Account Holder(s)	Current Balance
				\$ _____
				\$ _____
				\$ _____

Do you have a safety deposit box? Yes No

If so, which financial institution?

Address: _____

Please provide details of the contents: _____

Office Use Only:

Cause of Bankruptcy:

 Misfortune Inexperience Incompetence Carelessness Overexpansion Unwarranted Speculation Gross Negligence Fraud Other: _____

ASSETS

Please make a complete list of your assets, indicating in the "Owned by" column whether the asset is owned by applicant (A), spouse (S), or joint (J). Also indicate in the "Secured?" column whether the asset has been pledged as security on a loan and to which financial institution.

Asset	Description	Current Resale Value	Owned by (A, S, J)	Secured?
Furniture/Appliances		\$		
Personal Effects (i.e. Clothing)		\$		
Life Insurance (Cash surrender value)	Company / Policy No.	\$		
RRSP's, Stocks, Bonds, Shares	Company / Account No.	\$		
Real Estate (i.e. House, Cottage, Land, Mobile/Mini Home) Please be sure to include the complete address, Serial Number, and PID Number, where applicable	1.	\$		
	2.	\$		
	3.	\$		
Vehicles (i.e. Automobile, Motorcycle, Truck) Please bring a copy of your current registration and insurance for each vehicle	Year / Make / Model	\$		
	VIN			
	Year / Make / Model	\$		
	VIN			
Recreational Vehicles (i.e. Boat, Motor, Trailer, ATV, Snowmobile, Camper) Please provide a copy of current registration and insurance for each vehicle	Year / Make / Model	\$		
	Serial No.			
	Year / Make / Model	\$		
	Serial No.			
Tools	Household / Hobbies	\$		
	Trade (used to earn income)	\$		
Other Assets (i.e. money owed to you, inheritances, etc.)		\$		
		\$		
		\$		
<input type="checkbox"/> Jewellery \$ _____ <input type="checkbox"/> Collections \$ _____ <input type="checkbox"/> Original Art \$ _____ <input type="checkbox"/> Antiques \$ _____ <input type="checkbox"/> Sculptures \$ _____	<input type="checkbox"/> Organ/Piano \$ _____ <input type="checkbox"/> Other Musical Instruments \$ _____ <input type="checkbox"/> Pool Table \$ _____ <input type="checkbox"/> Large Screen TV \$ _____	<input type="checkbox"/> Computer \$ _____ <input type="checkbox"/> Digital/Video Camera \$ _____ <input type="checkbox"/> Camping Gear \$ _____ <input type="checkbox"/> Sports Equipment \$ _____		
Office Use Only: Total Assets: \$ _____				

LIABILITIES

Please make a complete list of your debts, indicating in the "Debt Owed By" column whether the debt belongs to the applicant (A), spouse (S), or joint (J). Also indicate in the "Secured?" column whether an asset has been pledged as security on the loan. Be sure to include all debts owing, including **income tax, employment insurance overpayments, private loans, spousal/child support arrears, fines, leases, student loans, co-signed or guaranteed loans**, etc.

Creditor Name & Address (including postal code)	Account Number	Debt Description	Debt Owed By (A, J, S)	Secured? Y/N	Total Owing Monthly payment
					\$ _____
					\$ _____/mo
					\$ _____
					\$ _____/mo
					\$ _____
					\$ _____/mo
					\$ _____
					\$ _____/mo
					\$ _____
					\$ _____/mo
					\$ _____
					\$ _____/mo
					\$ _____
					\$ _____/mo
					\$ _____
					\$ _____/mo
					\$ _____
					\$ _____/mo
					\$ _____
					\$ _____/mo

Office Use Only:

Ratio of Assets to Liabilities = _____ %

Explain deficiency (if any): _____

Total unsecured: \$ _____ Total secured: \$ _____ Total debt: \$ _____

MONTHLY INCOME

Please make a complete list of the **MONTHLY** household **NET** income.

Please provide proof of all income (i.e. paystubs, support agreements, benefit stubs, statement of business income and expenses, etc.)

Type of Income	Applicant	Spouse/Others	Office Use Only:
Net Employment Income (provide a copy of a recent paystub)			
Net Pension Income			
Child/Spousal Support			
Net Employment Insurance Benefits			
Social Assistance			
Net Self-Employment Income			
Child Tax Benefit			
Universal Child Care			
Other Net Income			
Total Net Monthly Income	\$	\$	

MONTHLY EXPENSES

Please provide a monthly total for **HOUSEHOLD** and **FAMILY** expenses.

NON-DISCRETIONARY Please provide proof of these expenses (i.e. support agreements, court documents, receipts, etc.)

Child Support Payments		Court-ordered Fines/Penalties	
Spousal Support Payments		Employment expenses (tax deductible)	
Child Care		Debts where stay has been lifted	
Medical Condition Expenses		Other (please specify) _____	
TOTAL:			\$ _____

DISCRETIONARY

HOUSING EXPENSES		LIVING EXPENSES	
Rent/Mortgage		Food/Groceries	
Property Taxes/Condo Fees		Laundry/Dry Cleaning	
Heating/Gas/Oil		Grooming/Toiletries	
Telephone		Clothing	
Cable/internet		Other (please specify) _____	
Power			
Furniture			
Other (please specify) _____			
PERSONAL EXPENSES		TRANSPORTATION EXPENSES	
Smoking		Car lease/Payments	
Alcohol		Repair/Maintenance/Gas	
Dining/Lunches/Restaurants		Public Transportation	
Entertainment/Sports		Other (please specify) _____	
Gifts and Donations			
Allowances			
Other (please specify) _____			
NON-RECOVERABLE MEDICAL EXPENSES		INSURANCE EXPENSES	
Prescriptions		Vehicle	
Dental		House	
Other (please specify) _____		Furniture/Contents	
		Life Insurance	
		Other (please specify) _____	
TOTAL:			\$ _____

Office Use Only:

Income _____ - Non-Discretionary _____ - Discretionary _____ = _____

Total current payments to debt: _____ Total payments to keep: _____

GENERAL INFORMATION QUESTIONNAIRE

1) Within the last 12 months, have you, either in Canada or elsewhere:

a. Sold, disposed, or transferred any of your assets Yes No
 (i.e. vehicles, RRSP's, GIC's, furniture, etc)

Description of Asset	Date Disposed	To Whom	Proceeds	Dispositions of Proceeds

b. Made payments in excess of the regular payments to any creditor? Yes No
 To Whom?: _____ How much?: _____ Date: _____

c. Had any property seized by a creditor? Yes No
 Asset seized: _____ Date: _____ By whom?: _____

2) Within the last 5 years, while you knew yourself to be insolvent, have you, either in Canada or elsewhere:

a. Sold, disposed, or transferred any of your assets Yes No
 (i.e. vehicles, RRSP's, GIC's, furniture, etc)

Description of Asset	Date Disposed	To Whom	Proceeds	Dispositions of Proceeds

b. Made any gifts to relatives or others in excess of \$500.00? Yes No
 To whom?: _____ Value of gift: \$ _____ Date: _____

3) a. Have you received in the last year any property or sums of money not related to your regular income?
 Yes No Details: _____

b. Do you expect to receive in the next 12 months, any property or sums of money not related to your regular income?
 Yes No Details: _____

4) Are you currently storing or in possession of any property which does not belong to you? Yes No
 (i.e. vehicles, household items, tools, etc.) Details: _____

5) Are you currently, or have you recently, been involved in a civil litigation from which you may receive or be required to pay any monies or property? Yes No
 (i.e. insurance claim, divorce settlement, etc.) Details: _____

6) Are there any wage garnishments, judgments, or other court actions outstanding against you? Yes No
 If yes, please provide details, including copy of court papers: _____

7) Do you have any debts arising from a student loan program? Yes No
 Date you ceased to be a full or part time student: _____
 Please make sure to list this debt on the liabilities page

8) Do you have a debt arising from any of the following: **Please make sure to list these debts on the liabilities page**

Fine or penalty imposed by the court?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fraud, embezzlement, misappropriation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Alimony or maintenance payments?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Employment insurance overpayments?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Traffic fine?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Obtaining property fraudulently?	Yes <input type="checkbox"/> No <input type="checkbox"/>

9) a. Have you co-signed or guaranteed a loan for any individual or business? Yes No

Lender's Name/Address	Borrower's Name/Address	Amount of Loan	Is the Borrower Bankrupt?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

b. Has anyone co-signed or guaranteed a loan for you? Yes No

Lender's Name/Address	Co-signer's Name/Address	Amount of Loan	Is the Co-signer Bankrupt?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

I hereby certify that the information contained in this application is a true, correct and complete statement that fully discloses the state of my affairs, to the best of my knowledge.

Signature – Applicant _____
Date

Signature – Co-Applicant _____
Date