



CAMERON • OKOLITA INC.

FINANCIAL ASSESSMENT WORKSHEET

NOTE:

To help us fully understand and assess your situation, please complete this worksheet in detail ensuring that all questions are answered. If the worksheet question is not applicable, please use “N/A”.

In addition, for your initial consultation with our office, please bring the following:

1. Copies of any of your security documents, such as Mortgages, Chattel Mortgages, Conditional Sales Contracts, Lease Contracts, Financial Statements of any business owned, etc.
2. Any document with regard to any legal actions that you are involved in such as Writs, Judgments, Wage Assignments, Divorce or Marital Separation Agreements, Child or Spousal Support agreements, Garnishees, etc.
3. All of your credit cards and a copy of the last statement received from each credit card company.
4. A copy of your last personal income tax return filed.
5. A copy of your last month’s paystubs.
6. Please ensure that you sign and date the worksheet on last page (Page 6).



CAMERON • OKOLITA INC.

TRUSTEES IN BANKRUPTCY

Bank of Canada Building
650, 2220 12th Avenue
Regina, Saskatchewan
S4P 0M8

Telephone: (306) 359-7131
Facsimile: (306) 359-7144

Estate Administrator

(Trustee use only)

Bankruptcy

Proposal

Terms: _____

_____ x _____

Start date: _____



Date of First Visit to Trustee

Referred by

PERSONAL INFORMATION

SELF

SPOUSE

FULL LEGAL NAME (First, Middle, Last)

FULL LEGAL NAME (First, Middle, Last)

CURRENT MARITAL STATUS

- Married Widowed Separated
- Single Common Law Divorced

S.I.N. Number

Birthdate Y M D

S.I.N. Number

Birthdate Y M D

NOTE: REMAINDER OF PERSONAL INFORMATION ON SPOUSE TO BE COMPLETED ONLY IF SPOUSE IS ALSO FILING.

Telephone Numbers

Cell:
Work:

Telephone Numbers

Cell:
Work:

Home:

Home Address

Home:

Home Address

Postal Code

Postal Code

Occupation

Occupation

Employer Name

Employer Name

Employer Address

Employer Address

Postal Code

Postal Code

Employed since

Y M D

Employed since

Y M D

Are you bonded at your present job?

Yes / No

Are you bonded at your present job

Yes / No

DEPENDENTS

Full Name

Address (if different)

Birthdate

Annual Income

Y M D

Y M D

Y M D

Y M D

If 18 years of age or older, please explain why they are still a dependant.



ASSETS

	Name of Bank	Branch	Account No.	Trustee Use Only Exempt?			Current Market Value
				YES	NO	ENC	
Cash on Hand and in Bank							
Cash on Hand and in Bank							
Furniture and Appliances							
Personal Effects (clothing, jewelry)							
Life Insurance							
R.R.S.P's							
Pension Plans							
Savings Bonds							
Shares							
Real Estate (legal description)			Owned Jointly? Yes / No				
Real Estate (legal description)			Owned Jointly? Yes / No				
Vehicles (Year, Make, Model)			Serial Number:				
Vehicles (Year, Make, Model)			Serial Number:				
Vehicles (Year, Make, Model)			Serial Number:				
Recreational (Year, Make, Model)			Serial Number:				
Tools of Trade							
Computers/Digital Cameras/Camcorders							
Other Assets							
Other Assets							

ARE ANY OF THE ABOVE ASSETS PLEDGED TO A CREDITOR AS SECURITY? IF YES, COMPLETE SECTION BELOW.

ASSET (FROM ABOVE)	CREDITOR TO WHOM PLEDGED	TYPE OF LOAN	TOTAL DEBT	VALUE OF ASSET



BUDGET INFORMATION

MONTHLY INCOME

Net earnings from employment	
Net earnings from spouse	
Child Tax Benefit	
Employment Insurance Benefits	
Old Age Security	
Canada Pension Plan	
Pension Income	
Social Assistance	
Child Support	
Spousal Support	
Rental Income	
Employment Supplement	
Income from other sources – Specify	
Spouses Occupation:	
TOTAL MONTHLY NET INCOME	

MONTHLY EXPENSES

Child Support Payments	
Spousal Support Payments	
Child Care	
Rent/Mortgage	
Property Taxes / Condo Fees	
Heating / Gas/ Oil	
Telephone / Cell phone	
Cable / Internet	
Electricity	
Water	
Smoking / Tobacco	
Alcohol	
Entertainment	
Sports / Children’s Activites	
Gifts / Donations	
Children’s allowances	
Dental / Prescriptions / Optical	
Groceries	
Laundry/Dry Cleaning	
Grooming/Toiletries	
Clothing	
Car/Lease Payments	
Repairs / Maintenance / Gas	
Public Transportation	
Vehicle Insurance / Package Policy	
House / Content’s Insurance	
Life Insurance	
Water Heater / Water Softner	
TOTAL MONTHLY EXPENSES	

Alimony / Maintenance

If you paid spousal or child support during the last year, to whom were the payments made?

Name: _____

Address: _____

City: _____

Postal Code: _____

Amount Paid: \$ _____

Arrears: \$ _____

NET INCOME (minus) TOTAL EXPENSES	
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SUPPLEMENTARY INFORMATION

During the last 12 months, have you

Disposed of or transferred any of your assets (including RRSP's, Savings Bonds, etc.)			YES / NO
1	What asset disposed:		To whom sold:
	Date disposed:	Amount received:	Market value at date of disposal:
	Where funds spent:		
2	What asset disposed:		To whom sold:
	Date disposed:	Amount received:	Market value at date of disposal:
	Where funds spent:		
Made payments in excess of regular payments to a creditor (including family members)			YES / NO
1	To whom:		
	Date of payment:	Amount of payment:	
2	To whom:		
	Date of payment:	Amount of payment:	
Had any assets seized by a creditor (including wages)			YES / NO
1	By whom:		
	Date of seizure:	What seized:	
2	By whom:		
	Date of seizure:	What seized:	
Given security to any creditors			YES / NO
1	To whom security provided:		Date provided:
	What item secured:		Why provided:

Do you have any debts arising from.....

Child Support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Student Loans?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when were you a full or part-time student for which you received student loan funding?
_____		_____		
Spousal Support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fraud / Misrepresentation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fine or penalty Imposed by Court?
				Yes <input type="checkbox"/> No <input type="checkbox"/>



SUPPLEMENTARY INFORMATION (...continued)

During the last five years, have you.....

Sold, disposed of or transferred any assets (including Real Estate)			YES / NO
1	What asset disposed:		To whom sold:
	Date disposed:	Amount received:	Market value at date of disposal:
	Where funds spent:		
	What asset disposed:		To whom sold:
2	Date disposed:		Amount received:
	Market value at date of disposal:		
	Where funds spent:		
	What asset disposed:		To whom sold:
Made any gifts to relatives or others in excess of \$500.00			YES / NO
What:		To whom:	
Date of gift:		Value of gift:	

EMPLOYMENT HISTORY

List all employers (except present employer) since the year of the last tax return filed, including periods of EI benefits. If bankruptcy application is joint, list spouse's employers/EI also, and mark with an "S" in the far right column.

Employer's Name	Address	Started			Ended			Spouse
		Y	M	D	Y	M	D	
		Y	M	D	Y	M	D	
		Y	M	D	Y	M	D	
		Y	M	D	Y	M	D	
		Y	M	D	Y	M	D	
		Y	M	D	Y	M	D	

HOW LONG HAVE YOU LIVED IN PROVINCE?

CURRENT GARNISHEES

Creditor	Court Action #	Amount	Payroll Contact name	Payroll Fax Number



BUSINESS INVOLVEMENT

Have you been self-employed in the last five years? YES / NO

If yes, please complete the following:

Are any of your debts business debts? YES / NO

What percentage of debts are from business? _____ %

Name of business	
City	Province
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation	% of ownership _____
Type of business	
GST Registration?	YES / NO
GST #	
When did business commence?	Y M D
Business still operating?	YES / NO
If no, when did business cease?	Y M D

Name of business	
City	Province
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation	% of ownership _____
Type of business	
GST Registration?	YES / NO
GST #	
When did business commence?	Y M D
Business still operating?	YES / NO
If no, when did business cease?	Y M D

TAX RETURNS

For which year was your last tax return filed?		
Refund received	Refund to come	Amount owing

TAX RETURNS

For which year was your last tax return filed?		
Refund received	Refund to come	Amount owing

BANKRUPTCY HISTORY

Have you ever been bankrupt before? Yes / No	
Trustee Name	Bankruptcy Date
Place Filed	Discharge Date

BANKRUPTCY HISTORY

Have you ever been bankrupt before? Yes / No	
Trustee Name	Bankruptcy Date
Place Filed	Discharge Date



ADDITIONAL INFORMATION

1. Have you co-signed or guaranteed a loan or contract for anyone else or any business? (If yes, please explain)

2. Has anyone co-signed or guaranteed some of your debt? (If yes, please explain)

3. Has anyone left you an inheritance, which you have not yet received or are you expecting to receive any sums of money not related to your income or property within the next 12 months?

4. Are you involved in litigation from which you may receive monies or property or that may restrict your ability to deal with your assets? (ie:insurance claims, divorce settlements, wrongful dismissal, etc.)

5. Do you bank with a financial institution to which you owe money or do you have any automatic debits or post-dated cheques for debt payments? If yes, please provide account number and address of financial institution.

Briefly describe the circumstances that caused your financial problems.

Next of kin: _____ Address/Phone number: _____

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.

SIGNATURE

SIGNATURE

DATE

DATE
