

Requirements For Your Sign Up

Name: _____

Your Next Appointment Date: DD / MM / YYYY at _____ : _____ am/pm

Office: _____ With: _____

Please ensure you have the following items at your Appointment

- Government Issued ID (Passport, Birth Certificate, Citizenship Card, PR Card)
- Void Cheque/Direct Deposit **From New Bank Account**
Automatic Withdrawals of \$ _____ will begin on DD / MM / YYYY for _____ months
- Current Statements from Creditors including Account Numbers
- Proof of Income (Your Most Recent Paystub) or if Self-Employed (Your Last Tax Return Filed)
- Opinion of Value for Real Estate from a Real Estate Agent/Realtor and Mortgage Statements
- Separation Agreement/Support Payment Order/Support Receipts
- RRSP/Pension/RESP/Life Insurance Policy Statement
- Vehicle(s) Ownership
- Copy of Your Most Recent Tax Return/Notice of Assessment
- Garnishee Order/Lawsuit Against You
- Trust Agreement where applicable
- Credit Cards
- Cash Payment \$ _____

Email Transfer can be made to jay@harrispartners.ca Password: harris

Please contact hello@harrispartners.ca or your Administrator with any questions or concerns regarding your scheduled appointment or these required documents.

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Licensed Insolvency Trustee
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Please answer to the best of your knowledge. If you have any questions, please call us. When you have filled out the information contact us to arrange a confidential complimentary consultation.

APPLICANT 1 INFORMATION

Last Name: _____ Social Insurance No. _____
 Given Names: _____ Date of Birth: DD / MM / YYYY
 Are you known by any other names? _____ Gender: M F
 Address: _____ Apt/Unit #: _____ Title: Mr Ms Mrs Miss
 Town/City: _____ Province: _____ Home: (_____)
 Postal Code: _____ At this Address Since: DD / MM / YYYY Work: (_____)
 Email Address: _____ Cell: (_____)
 Resided in Ontario since: DD / MM / YYYY

Mailing Address (if different): _____

Present Occupation: _____ Employer Name: _____

Employed Since: DD / MM / YYYY

Highest Level of Education Achieved:

- 0-8 Years Some High School High School Grad Some Post Secondary Post Secondary Cert/Diploma University Degree

Marital Status: (Specify month/year of event if it occurred in the last five years, if applicable, for each of the below)

- Married Common-Law Single Widowed Separated Divorced

Month/Year Event: _____

APPLICANT 2/AND OR SPOUSE INFORMATION

Full Legal Name: _____ Social Insurance No. _____
 Address: _____ Apt/Unit #: _____ Date of Birth: DD / MM / YYYY
 Town/City: _____ Province: _____ Gender: M F
 Postal Code: _____ At this Address Since: DD / MM / YYYY Title: Mr Ms Mrs Miss
 Email Address: _____ Phone: (_____)
 Present Occupation: _____ Employer Name: _____

Highest Level of Education Achieved:

- 0-8 Years Some High School High School Grad Some Post Secondary Post Secondary Cert/Diploma University Degree

Number of persons in the household family unit, including Debtor: _____

Number of persons age 17 or under who rely on you for financial support: _____

Information for all dependents in household:

NAME	RELATIONSHIP	DATE OF BIRTH	ADDRESS
		<u>DD / MM / YYYY</u>	
		<u>DD / MM / YYYY</u>	
		<u>DD / MM / YYYY</u>	
		<u>DD / MM / YYYY</u>	

CAUSE OF INSOLVENCY

- Marital Breakdown (*includes common-law*)
 Over-extension of credit
 Financial mismanagement
 Business losses
 Loss of Income
 Real Estate loss
 Health related problems
 Gambling
 Alcohol/drugs
 Other:

APPLICANT 1 2

Have you received advice in the last six (6) months? Y N From who _____ Cost \$ _____

PRIOR INSOLVENCIES

BANKRUPTCY: APPLICANT 1 2

Have you ever filed a **Bankruptcy** in Canada or elsewhere under the *Bankruptcy and Insolvency Act*? Y N

Bankruptcy Filing Date: DD / MM / YYYY Discharge Date: DD / MM / YYYY
 Type of Discharge: _____ Trustee Name: _____
 Is there a copy available? (*Please provide copy*) Y N

APPLICANT 1 2

Bankruptcy Filing Date: DD / MM / YYYY Discharge Date: DD / MM / YYYY
 Type of Discharge: _____ Trustee Name: _____
 Is there a copy available? (*Please provide copy*) Y N

PROPOSAL: APPLICANT 1 2

Have you ever filed a **Proposal** in Canada or elsewhere under the *Bankruptcy and Insolvency Act*? Y N

Proposal Filing Date: DD / MM / YYYY Certificate of Full Performance Date: DD / MM / YYYY
 Proposal Completed: Y N Trustee Name: _____
 Is there a copy available? (*Please provide copy*) Y N

APPLICANT 1 2

Proposal Filing Date: DD / MM / YYYY Certificate of Full Performance Date: DD / MM / YYYY
 Proposal Completed: Y N Trustee Name: _____
 Is there a copy available? (*Please provide copy*) Y N

EMPLOYMENT INFORMATION

List all of your employers, showing dates started and terminated, for the past two years. If there were periods when you were drawing EI Benefits, show those periods separately. *Be advised that we do not contact your employer without your knowledge.*

APPLICANT 1

EMPLOYER'S NAME	EMPLOYER'S ADDRESS	DATE OF JOB OR EI BENEFITS	
		COMMENCED	TERMINATED
		DD / MM / YYYY	DD / MM / YYYY
		DD / MM / YYYY	DD / MM / YYYY
		DD / MM / YYYY	DD / MM / YYYY

APPLICANT 2

EMPLOYER'S NAME	EMPLOYER'S ADDRESS	DATE OF JOB OR EI BENEFITS	
		COMMENCED	TERMINATED
		DD / MM / YYYY	DD / MM / YYYY
		DD / MM / YYYY	DD / MM / YYYY
		DD / MM / YYYY	DD / MM / YYYY

BUSINESS DETAILS

APPLICANT 1 2

Do you own or operate a business? Y N

Have you been self-employed in the last five (5) years? Y N

BUSINESS 1: APPLICANT 1 2

Business Name: _____ Nature of Business: _____

Business Address: _____

Business Type: Self-employed Sole-proprietor Partnership Corporation Ownership % _____

Commenced on: DD / MM / YYYY Ceased on: DD / MM / YYYY Still operating? Y N

of Employees (*past 12 months*) _____ Are you an officer or a director of a limited company? Y N

HST Number #: _____ Payroll Remittance #: _____

Are there any returns outstanding? Y N If yes, what year(s)? _____

Partner(s) Full Legal Name: _____

BUSINESS 2: APPLICANT 1 2

Business Name: _____ Nature of Business: _____

Business Address: _____

Business Type: Self-employed Sole-proprietor Partnership Corporation Ownership % _____

Commenced on: DD / MM / YYYY Ceased on: DD / MM / YYYY Still operating? Y N

of Employees (*past 12 months*) _____ Are you an officer or a director of a limited company? Y N

HST Number #: _____ Payroll Remittance #: _____

Are there any returns outstanding? Y N If yes, what year(s)? _____

Partner(s) Full Legal Name: _____

BUSINESS 3: APPLICANT 1 2

Business Name: _____ Nature of Business: _____

Business Address: _____

Business Type: Self-employed Sole-proprietor Partnership Corporation Ownership % _____

Commenced on: DD / MM / YYYY Ceased on: DD / MM / YYYY Still operating? Y N

of Employees (*past 12 months*) _____ Are you an officer or a director of a limited company? Y N

HST Number #: _____ Payroll Remittance #: _____

Are there any returns outstanding? Y N If yes, what year(s)? _____

Partner(s) Full Legal Name: _____

BUSINESS 4: APPLICANT 1 2

Business Name: _____ Nature of Business: _____

Business Address: _____

Business Type: Self-employed Sole-proprietor Partnership Corporation Ownership % _____

Commenced on: DD / MM / YYYY Ceased on: DD / MM / YYYY Still operating? Y N

of Employees (*past 12 months*) _____ Are you an officer or a director of a limited company? Y N

HST Number #: _____ Payroll Remittance #: _____

Are there any returns outstanding? Y N If yes, what year(s)? _____

Partner(s) Full Legal Name: _____

MONTHLY INCOME & EXPENSE STATEMENT OF DEBTOR AND FAMILY UNIT

APPLICANT 1 Pay Period: Weekly Bi-Weekly Monthly Spouse refuses to declare income

APPLICANT 2/and or Spouse Pay Period: Weekly Bi-Weekly Monthly Post Discharge Agreement

MONTHLY INCOME

Net Employment Income	_____	Child Tax Benefit	_____
Net Earnings of Spouse	_____	Net Spousal Support	_____
Net Pensions/Annuities (OAS)	_____	Net Employment Insurance Benefits	_____
Net Pensions (CPP)	_____	Net Social Assistance	_____
Net Pensions (Private)	_____	Self-Employed	_____
Net Child Support	_____	Gross _____ Net _____	_____
Other Net Income	_____	TOTAL MONTHLY INCOME (A)	_____

MONTHLY NON-DISCRETIONARY EXPENSES

Child Support Payments	_____	Fines/Penalties Imposed by Court	_____
Spousal Support Payments	_____	Expenses as a Condition of Employment	_____
Child Care	_____	Debts Where Stay Has Been Lifted	_____
Medical Condition Expenses	_____	Other	_____
TOTAL MONTHLY NON-DISCRETIONARY EXPENSES (B)		_____	
AVAILABLE MONTHLY INCOME (A – B) = (C)		_____	

MONTHLY DISCRETIONARY EXPENSES

Housing Expenses		Living Expenses	
Rent/Mortgage	_____	Food/Grocery	_____
Property taxes/Condo Fees	_____	Laundry/Dry Cleaning	_____
Heating/Gas/Oil	_____	Grooming/Toiletries	_____
Telephone	_____	Clothing	_____
Cable	_____	Other	_____
Hydro	_____	Transportation Expenses	
Water	_____	Car Lease/Payments	_____
Furniture	_____	Repairs/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	_____
Other	_____	Payments	
Non-recoverable Medical Expenses		To Trustee	_____
Prescriptions	_____	To Secured Creditor	_____
Dental	_____	(Other than Mortgage and Vehicle)	_____
Other	_____	Other	_____
TOTAL MONTHLY DISCRETIONARY EXPENSES (D)		_____	
TOTAL – SURPLUS/(SHORTFALL) (C)-(D)		_____	

Other Comments/Notes:

ASSET INFORMATION

ASSETS DESCRIPTION	LOCATION/COMPANY/ACCOUNT #	ESTIMATED PRESENT VALUE	ESTIMATED TO REALIZE
Cash on Hand /In Bank			
Household Furniture (Fully/Partially Pledged/Exempt)			
Retirement Savings Plans (RRSP)			
RESP			
Cash Surrender Value of Insurance Policies			
Savings Plans/Bonds			
Clothing and Medical Aids			
Tax Free Savings Account			
Stocks/Shares			
Loans Due to You/ Accounts Receivables			
Collectibles (Stamps, etc.)			
House/Cottage/Land (Sole/Joint/Part Owner) (Fully/Partially Pledged)			
Mobile Home			
Automobile/Model Serial No. (Fully/Partially Pledged/Exempt)			
Motorcycle/Model Serial No.			
Other Motorized Vehicle			
Boat/Trailer			
Any Other Assets/ Tools of the Trade			

APPLICANT 1 2

1. Do you owe any money for Student loans? Y N Amount \$ _____ Date Left School _____

APPLICANT 1 2

2. Do you owe any money for EI overpayment? Y N Amount \$ _____

APPLICANT 1 2

3. Do you owe any money for 407? Y N Amount \$ _____

APPLICANT 1 2

4. Have any of the debts listed arisen from your guarantee or co-signing of debts for another individual or corporation? Y N

If yes, indicate:

LENDER'S NAME	LENDER'S ADDRESS	AMOUNT	BORROWER'S NAME	BORROWER'S ADDRESS
		\$		
		\$		

Is the borrower bankrupt? Y N

GENERAL INFORMATION

APPLICANT 1 2

1. Within the last twelve (12) months, have you sold, disposed of or transferred any of your assets, either in Canada or elsewhere? (eg. vehicles, RRSP's, stocks/bonds, furniture) Y N

ASSET DESCRIPTION	DATE DISPOSED	TO WHOM	PROCEEDS	DISPOSITION OF PROCEEDS
	DD / MM / YYYY		\$	
	DD / MM / YYYY		\$	
	DD / MM / YYYY		\$	

APPLICANT 1 2

2. Within the last twelve (12) months, have you made payments in excess of regular payments to any creditor, either in Canada or elsewhere? Y N

APPLICANT 1 2

3. Within the last twelve (12) months, have you had any assets seized by a creditor, either in Canada or elsewhere? Y N

If yes, indicate:

Asset seized _____

Date seized _____

Name of party seized by _____

Was party who made seizure a secured creditor? Y N

Form of security? _____

APPLICANT 1 2

4. Do you expect to receive any sums of money, or any other property within the next twelve (12) months, which are not related to your normal income? elsewhere? Y N

APPLICANT 1 2

5. Within the last five (5) years, while you knew yourself to be insolvent, have you sold, disposed of, or transferred any real estate? Y N

ASSET DESCRIPTION	DATE DISPOSED	TO WHOM	PROCEEDS	DISPOSITION OF PROCEEDS
	DD / MM / YYYY		\$	
	DD / MM / YYYY		\$	
	DD / MM / YYYY		\$	

APPLICANT 1 2

6. Within the last five (5) years, while you knew yourself to be insolvent, have you made any gifts to relatives or others in excess of \$500.00?

Y N

APPLICANT 1 2

7. (a) Please list the banks where you currently hold accounts:

APPLICANT 1 2

(b) Do you have a safety deposit box? Y N

If so, which bank? _____

Please provide details of the contents: _____

APPLICANT 1 2

8. Does anyone owe you any money? Y N

a) Personal loans _____ Amount \$ _____

(b) Account receivable _____ Amount \$ _____

(c) Agreement for sale _____ Amount \$ _____

(d) Other _____ Amount \$ _____

APPLICANT 1 2

9. Do you currently own any of the following?

(a) Collectibles (*stamps, coins, art, antiques, etc.*) Y N

(b) Savings bonds (*owned presently or being purchased on a payroll savings plan*). Y N

(c) RRSPs Y N

(d) Shares (*owned presently or being purchased on a payroll savings plan*)
Please provide details Y N

(e) Personal life insurance policies (*include a copy of your life insurance policy*) Y N

	POLICY 1	POLICY 2	POLICY 3
i) Life Insurance Company			
ii) Beneficiary			
iii) Cash Surrender Value			

(f) Crypto Currency Y N

(g) Are you holding any assets in trust?
Please provide details Y N

(h) Is anyone holding your assets in trust?
Please provide details Y N

APPLICANT 1 2

10. Are you a beneficiary of a will or will you receive an inheritance? Y N

APPLICANT 1 2

11. Has anyone started legal proceedings against you? Y N

APPLICANT 1 2

12. Do any of your debts arise from:

- A fine or penalty imposed by court Y N
- A recognizance or bail bond Y N
- Alimony or maintenance payments Y N
- Fraud, embezzlement, misappropriation Y N
- Defalcation while acting in a fiduciary capacity Y N
- Obtaining property by false pretenses/fraudulent misrepresentation Y N

APPLICANT 1 2

13. For which year did you file your last income tax return? _____

- Did you receive a refund? Y N Amount \$ _____
- Are there arrears owing? Y N Amount \$ _____
- Is there a copy available? Y N Amount \$ _____

APPLICANT 1 2

14. Are you paying/receiving any alimony or maintenance? Y N
If yes, to/from whom _____ Amount since January 1st \$ _____

Provide a copy of the Court Order or separation agreement.

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND ATTACHED INVENTORY SHEET IS A TRUE, CORRECT AND COMPLETE STATEMENT THAT FULLY DISCLOSES THE STATE OF MY ASSETS AND LIABILITIES.

Applicant 1 Date _____

Applicant 2 Date _____

REFERRED BY: _____
Referral Name Referral Source

FOR OFFICE USE ONLY

Assessed By: _____
Trustee Name Office

1st Counselling Date: _____

2nd Counselling Date: _____

BANKRUPTCY:

Surplus Payments: _____ X \$ _____
Months Payment

Terms of Bankruptcy: _____ X \$ _____ Post Discharge Agreement
Months Payment

Asset & Value: _____ \$ _____ Dispose Repurchase

Asset & Value: _____ \$ _____ Dispose Repurchase

PROPOSAL:

Terms of Proposal: _____ X \$ _____
Months Payment

Asset & Value: _____ \$ _____ Dispose Repurchase

Asset & Value: _____ \$ _____ Dispose Repurchase