

D. & A. MacLeod Company Ltd.
 Trustees In Bankruptcy
 343 O'Connor Street
 Ottawa, Ontario K2P 1V9
 Fax - (613) 236-6766

Ottawa (613) 236-9111
 Smiths Falls (613) 284-2002
 Brockville (613) 498-2012
 Pembroke (613)732-0882
 Cornwall (613) 936-8965

INFORMATION SHEET

Family Name		Given Name (s) as per Birth Certificate (attach copy if available)	
Address (including postal code) At this residence since / / 19			
Recommended by:			
If in business, give name and address of business			
Social Insurance Number:		Occupation:	Date of Birth:
Marital Status:		If Separated or Divorced, give date:	
Business Telephone #	Home Telephone #	Message	
Contacts - Name, Relationship, Address & Phone Number:			
1)			
2)			
Spouse	Address		Social Insurance Number
Spouse's Employer	Since When		Occupation

DEPENDENTS: Other than Spouse

NAME	RELATIONSHIP	DATE OF BIRTH	INCOME

EMPLOYERS from January 1st to date:

Name	Address	Start (date)	Finish (date)

Year Last Tax Return filed:		Amount Owing:	
Address when filed:		Refund received:	
		Refund to come:	
Solicitor: _____	Auditor: _____	Insurance Agent: _____	
		Landlord: _____	

I hereby certify that all information provided to D. & A. MacLeod Company Ltd. is true and correct to the best of my knowledge and belief.

Signature: _____

* Attach copy of Birth Certificate if Available

STATEMENT OF ASSETS

NOTE: Value all assets on basis of their present condition as well as encumbered assets (assets with liens against them).

1.	Cash on Hand	\$ _____
	Cash in Bank	\$ _____
	<u>Name of Bank</u> <u>Location</u> <u>Account Number</u>	
	_____	\$ _____
	_____	\$ _____
2.	Furniture (All household Furniture Belonging to you)	\$ _____
3.	Personal Effects	
	Coin Collection \$_____ Art Work \$_____ Jewellery \$_____	
	Musical Instruments \$_____ Firearms \$_____	\$ _____
	Photographic Equipment \$_____ Cellular Phone \$_____	
4.	Life Insurance - List Company, Policy Number, Beneficiary and Cash Value	
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
5.	Investments (Stocks - Bonds - RRSP - GIC etc)	\$ _____
6.	Real Estate - Lot, Street Number, etc. - Provide Deeds and Mortgage	Market Value
	(a) _____	\$ _____
	(b) _____	\$ _____
	(c) _____	\$ _____
7.	Motorized Vehicles - List including Make , Model, Year & V.I.N.	
	Automobile _____	\$ _____
	Automobile _____	\$ _____
	Motorcycle _____	\$ _____
	Other _____	\$ _____
8.	Recreational Equipment (Include Make, Model & Year)	
	Boat & Motor _____	\$ _____
	Trailer _____	\$ _____
	Camper _____	\$ _____
9.	Income Tax Refunds - Estimated	\$ _____
10.	Other Assets	
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
TOTAL		\$ _____

QUESTIONS TO BE ANSWERED		Yes	No
1.	Have you been bankrupt before?		
2.	Have you applied for assistance through Credit Counselling?		
3.	Have you made payments, returned any goods or given any security to your creditors within the last three months?		
4.	Are you an officer or director of any corporation?		
5.	Do you have a safety deposit box?		
6.	Do you have any credit cards?		
7.	Do you have or own any assets outside Canada?		
8.	Have you been self-employed in the last five years?		
9.	Within the last 12 months have you:		
(a)	Disposed or transferred any of your assets?		
(b)	Made payments in excess of regular payments to a creditor?		
(c)	Had any assets seized by a creditor?		
10.	Within the last five years have you:		
(a)	Sold, disposed of or transferred any real estate?		
(b)	Made any gifts to relations or others in excess of \$500.00?		
11.	Have you made any arrangements to continue to pay any creditor?		
12.	Has anyone co-signed or guaranteed any debts on your behalf?		
13.	Have you co-signed or guaranteed any debt for another person?		
14.	Have you in the last 10 years received a loan for education purposes which is still unpaid? (If yes, provide details)		
15.	What is the cause of your financial difficulties?		
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NOTE: IF answer to any of the above questions is yes, explain below:			
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STATEMENT OF FAMILY INCOME AND LIVING EXPENSES

NAME: _____ ADDRESS: _____

DEPENDENTS: SPOUSE - YES _____ NO _____ NUMBER OF CHILDREN _____

EMPLOYER: _____ TYPE OF WORK : _____

FAMILY INCOME (NET AFTER DEDUCTIONS) PER MONTH

My Salary (Take Home Pay)	\$ _____	U.I.C. Benefits	\$ _____
Spouses Salary (Take Home Pay)	\$ _____	Pensions	\$ _____
Social Assistance	\$ _____	Other Income	\$ _____
Child Tax Benefit	\$ _____	TOTAL NET INCOME	\$ _____

MONTHLY EXPENSES

Living	Food Clothing Child Care Cleaning & Laundry Telephone Cable Sundry Household	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____
Housing	Rent Mortgage Payments Condominium Fees Fuel Taxes, Hydro, Water	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____
Transportation	Car Expenses Bus Tickets Other	\$ _____ \$ _____ \$ _____	\$ _____
Personal	Cigarettes/Liquor Entertainment Christmas/Anniversaries Medical/Dental Holidays Donations Drugs Other	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____
Insurance	Life House Furniture Car Medical/Dental	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____

Miscellaneous	Alimony or Support	\$ _____	
	Legal Fees	\$ _____	
	Payments on Furniture	\$ _____	
	Sundry (i.e. newspapers, magazines, barber & beauty services, school supplies)	\$ _____	
	Other	\$ _____	\$ _____
	TOTAL MONTHLY EXPENSES		\$ _____
	EXCESS (DEFICIENCY) OF NET INCOME OVER EXPENSES		\$ _____

I hereby certify that the above is an accurate statement of family income and expenses.

SIGNATURE _____ DATE _____