HARRIS & PARTNERS INC
LICENSED INSOLVENCY TRUSTEE

Insolvency Questionnaire

Harris & Partners Inc.
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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
		DD / MM / YYYY	
		DD / MM / YYYY	
		DD / MM / YYYY	
		DD / MM / YYYY	

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			

DEBT INFORMATION

List all debts (including family) to whom you owe money.

Applicant 1	Applicant 2	CREDITOR'S NAME	MAILING ADDRESS/ACCOUNT #	AMOUNT OWING	Secured Against?	Business Debt? Y / N
☐	☐					
☐	☐					
☐	☐					
☐	☐					
☐	☐					
☐	☐					
☐	☐					
☐	☐					
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☐	☐					
☐	☐					
☐	☐					

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