



SPERGEL

APPLICATION FOR BANKRUPTCY & PROPOSAL SERVICES

FIRST NAME _____	MIDDLE NAME (S) _____	FAMILY NAME _____
FULL MAILING ADDRESS & POSTAL CODE		HOW LONG _____(yrs)
Number _____	Street Name _____	Apt _____
		City _____
		Postal Code _____
DATE OF BIRTH _____		PHONE BUS: _____
	DD MM YY	HOME _____
SOCIAL INSURANCE # _____		CELL _____
EMAIL: _____		
MARITAL STATUS () SINGLE () MARRIED () DIVORCED () SEPARATED () WIDOW (ER) () COMMON LAW		
SINCE WHEN _____		
	DD	MM YY
CHILD SUPPORT/ALIMONY	PAID _____ / MONTH	_____ / YEAR (CIRCLE ONE)
	RECEIVED _____ / MONTH	_____ / YEAR (CIRCLE ONE)
DATE OF AGREEMENT OR COURT ORDER _____ (ATTACH COPY)		
USUAL OCCUPATION _____	NAME OF PRESENT EMPLOYER _____	
ANNUAL SALARY _____	DATE STARTED _____	
ADDRESS OF EMPLOYER _____		
SPOUSE'S NAME _____	_____	DATE OF BIRTH _____
	SOCIAL INSURANCE #	MM DD YY
NAME OF PRESENT EMPLOYER _____	ANNUAL SALARY _____	
OCCUPATION _____	ADDRESS OF EMPLOYER _____	

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Barrie 705 722 5090

Downsview 416 633 1444

Newmarket 905 868 9348

Scarborough 416 439 1251

Brampton 905 874 4905

Hamilton 905 527 2227

Oshawa 905 721 8251

Toronto-Central 416 778 8813

Brantford 519 720 9788

Lindsay 705 359 1618

Peterborough 705 748 3333

Toronto-Downtown 416 703 0200

Burlington 905 319 8438

Mississauga 905 602 4143

Richmond Hill 905 508 5400

ALL DEPENDENTS WHO RELY ON YOU FOR FINANCIAL SUPPORT (SIN # for age 16+)

Full name	Relationship	Date of birth DD/MM/YY	Income

ALL EMPLOYERS FOR PAST TWO YEARS

(in periods when drawing UIC, show each period separately)

FROM	TO	EMPLOYER'S NAME	EMPLOYER'S ADDRESS

FOR WHICH YEAR WAS YOUR LAST TAX RETURN FILED?

AMOUNT OWING \$ _____ REFUND REC'D \$ _____ REFUND TO COME \$ _____

ARE YOU RECEIVING GST? IF YES, HOW MUCH _____

RENT PAID FOR THE PAST CALENDAR YR: ADDRESS (ES): PRINCIPAL RESIDENCE (S)	FROM MM YY	TO MM YY	RENT PAID	PROPERTY TAX PAID	NAME OF LANDLORD PAID

ASSETS

**ESTIMATED
MARKET
VALUE**

Cash on hand _____ \$ _____

Bank Balance _____ \$ _____

Name of Bank & Branch _____ \$ _____

Furniture, Appliances, Household Goods _____ \$ _____

Other Assets (collections, musical instruments, furs, jewellery, etc.)
Show details on page 4 _____ \$ _____

Securities (stocks, savings bonds, certificates, credit union shares, etc.) – circle
 appropriate word **Show details on page 4** _____ \$ _____

Registered Retirement Savings Plans, Pensions, etc.
Show details on page 4 _____ \$ _____

Life Insurance Policies (including Term) **Show details on page 4** _____ \$ _____

Tools of Trade **Show details on page 4** _____ \$ _____

Real estate (house, cottage, land) **Show details on page 4** _____ \$ _____

Motorized & Recreational Vehicles (cars, trucks, campers, trailers, boats,
 motors, snow machines, motor cycles, etc.) **Details below**

YEAR	MAKE/DESCRIPTION	SERIAL NUMBER	AMOUNT
			\$
			\$
			\$
			\$
		TOTAL	\$

NOTE: If you have borrowed money on any of the assets shown above,
 provide details below (attach copies of contracts and/or agreements)

CREDITOR'S NAME	DATE OF LOAN (MM/DD/YY)	TYPE OF LOAN	PRESENT AMOUNT OF LOAN	PRESENT VALUE OF ASSETS
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Note: If you have co-signed a loan or contract for anyone else, show details below:

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

Has anyone co-signed for you? Yes _____ No _____

USE THIS SHEET TO EXPLAIN ANSWERS TO QUESTIONS ON PRECEDING PAGES IN THOSE CASES WHERE SPACE WAS INSUFFICIENT. IF MORE SPACE IS REQUIRED, PLEASE USE SEPARATE SHEETS.

OTHER ASSETS

SECURITIES

INSURANCE POLICIES

COMPANY NAME _____

POLICY # (s) _____

TYPE _____

REGISTERED RETIRED SAVINGS PLANS

REAL ESTATE – Address	Purchase Price & Date	Current Value
_____	\$ _____	\$ _____
Less Mortgages:		
1 st held by: _____		\$ _____
2 nd held by: _____		\$ _____
3 rd held by: _____		\$ _____
Value of Equity in Real Estate _____		\$ _____

Property Taxes

SUMMARY OF MONTHLY INCOME AND EXPENSES

INCOME

NET SALARY	\$_____	.00
SPOUSE'S SALARY	\$_____	.00
RENTAL SALARY	\$_____	.00
RENTAL INCOME	\$_____	.00
PENSION	\$_____	.00
E.I.	\$_____	.00
CHILD TAX CREDIT	\$_____	.00
SOCIAL ASSISTANCE / WELFARE	\$_____	.00
OTHER INCOME	\$_____	.00
TOTAL MONTHLY INCOME	\$_____	.00

NON-DISCRETIONARY EXPENSES

CHILD SUPPORT PAYMENTS	\$_____	.00
SPOUSAL SUPPORT PAYMENTS	\$_____	.00
CHILD CARE	\$_____	.00
MEDICAL CONDITION EXPENSES	\$_____	.00
FINES/PENALTIES IMPOSED BY THE COURT	\$_____	.00
EXPENSES AS A CONDITION OF EMPLOYMENT	\$_____	.00
DEBTS WHERE STAY HAS BEEN LIFTED	\$_____	.00

(ATTACH RECEIPT(S) OF ALL NON-DISCRETIONARY EXPENSES)

SELF EMPLOYMENT INFORMATION – CURRENT & FORMER

Corporation _____ Proprietorship _____ Partnership _____

Name _____

Address _____

Since when: Day _____ Month _____ Year _____

Has the business ceased operations?

Yes _____ No _____ If yes, what percentage of the debts are business debts? _____ %

Do you have a GST number? # _____ Payroll Remittance # _____

If yes, are there any returns outstanding? Yes _____ No _____

What year? _____

Are you an officer or a director of a limited company? Yes _____ No _____

If yes, give details _____

Have Canada Customs and Revenue Agency (CCRA) registered any claims against you or your company for unpaid source deductions, GST or any other governmental claims? Yes _____ No _____

Please provide details _____

FINANCIAL PROFILE

**IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES,
PLEASE EXPAND YOUR ANSWER ON THE INDICATED PAGE**

		YES	NO
1.	Have you ever been bankrupt before OR filed a consumer proposal before		
2.	Have you applied for assistance through credit counselling, court consolidation or voluntary deposit		
3.	Are you bonded in your present position		
4.	Have you or will you receive an inheritance		
5.	Are there any writs, judgements, garnishments or wage assignments outstanding against you		
6.	Have you been self-employed in the last 5 years (If yes, see page 10)		
7.	Have you made arrangements to continue to pay any creditors		
8.	Do you have a safety deposit box		
9.	Do you have any credit cards		
10.	Does your spouse have any assets		
11.	Do you bank with a financial institution to which you owe money		
12.	Do you expect to receive any funds in the next year that is not from normal earnings (for example, pay equity payments, bonuses, etc.)		
13.	Are you involved in civil litigation from which you might receive monies or property		
14.	Have you given any post-dated cheques to anyone		
15.	If renting, have you ever owned the property or does a family member own it		
16.	Are you purchasing Canada Savings Bonds or RRSPs on a payroll deduction		
17.	Do you have a home buyers plan with Canada Customs and Revenue Agency		
18.	Do you have student loan debts		
19.	Within the last 12 months have you (if yes, explain on following page)		
	(a) Disposed of or transferred any of your assets (includes stocks, bonds, RRSPs, and any motorized vehicles)		
	(b) made any payments in excess of regular payments to a creditor (within the last 3 months)		
	(c) had any assets seized by any creditors Includes bank accounts and any motorized vehicles		
20.	Within the last 5 years have you (if yes, explain on following page)		
	(a) sold, disposed of or transferred any real estate (includes property sold under power of sale by a bank)		
	(b) made any gifts to relatives or others in excess of \$500.00		

Cont'd on next page



FINANCIAL PROFILE (cont'd)

PLEASE DESCRIBE BRIEFLY THE CIRCUMSTANCES WHICH HAVE CAUSED YOUR FINANCIAL PROBLEMS

TELL US WHAT COLLECTION ACTIONS CREDITORS ARE NOW TAKING

HOW DO YOU FEEL THAT A BANKRUPTCY OR PROPOSAL WILL HELP YOU?

Please provide a phone number where you can be contacted between the hours of 8.30 am and 4.30 pm Monday to Friday.

Telephone Number _____

I hereby certify that the information in the application is true and complete in every respect and fully disclose the state of my affairs.

Signature of Applicant

Date

Who referred you to us? _____

Have you seen our website at www.trustee.com? _____