



FINANCIAL EVALUATION FORM

South: 110 – 5800 2nd Street SW
T: 403-252-1766 F: 403-640-0591
North: 485, 433 Marlborough Way NE
T: 403 777 9999 F: 403 235 0559
www.insolvency.net

SIGN UP DATE: _____ **1ST STAGE:** _____

Personal Information:

Surname: _____	Surname: _____
Given: _____	Given: _____
Middle: _____	Middle: _____
SIN # _____	SIN # _____
Birthdate: (y/m/d) _____	Birthdate: (y/m/d) _____
Telephone: (res) _____ (bus) _____ (cell) _____	
Address (including postal code): _____	
_____ email _____	
Resided at above since: _____ Resided in Alberta since: _____	
Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Common-law <input type="checkbox"/> Separated <input type="checkbox"/> (date of change) _____	
Highest Level of Education: 0-8 yrs <input type="checkbox"/> Some High School <input type="checkbox"/> High School <input type="checkbox"/> Some Post-Secondary <input type="checkbox"/> Post-Secondary <input type="checkbox"/> University <input type="checkbox"/> Refuse to Answer <input type="checkbox"/>	

Employed _____ Unemployed _____ Self-employed _____	DEBTOR	Employment Information	SPOUSE	Employed _____ Unemployed _____ Self-employed _____
Occupation: _____		Occupation: _____		
Employer: _____		Employer: _____		
Employer Address: _____		Employer Address: _____		
_____		_____		
Date Started: _____		Date Started: _____		

Are you bonded in present position? Y N

Do you anticipate that bankruptcy will affect your employment in any way? Y N

Dependents Who Rely on You for Support

How many dependents do you have? _____ How many dependents live with you? _____

Full Name	Relationship	Date of Birth	Address (if different)	Income

Do you pay/receive alimony or child support? Yes _____ No _____ If yes, please specify name, address, SIN and amount per month of recipient/payee: _____

INCOME TAX INFORMATION

	Yourself	From/To	Spouse	From/To
1				
2				
3				
E/I or Social Assist.				
Pensions				
RRSP CASHED				
RRSP – Home Buyer Plan				
RRSP/LLLP				
Last Year's Tax IF NO, WHAT RETURNS ARE O/S? _____	YES / NO		YES / NO	
	IF NO, WHAT RETURNS ARE O/S? _____		IF NO, WHAT RETURNS ARE O/S? _____	

DO YOU OR YOUR SPOUSE (IF APPLICABLE) PAY OR RECEIVE ANY SPOUSAL SUPPORT? YES / NO

IF YES, PLEASE EXPLAIN: _____

DO YOU HAVE SELF-EMPLOYMENT/BUSINESS INCOME? YES / NO

OPERATED A BUSINESS IN THE PAST 5 YEARS? YES / NO

Business Information

SELF EMPLOYED (SOLE PROPRIETOR) - BUSINESS # _____

NAME OF BUSINESS _____

TYPE OF BUSINESS _____

OPERATED FROM _____ TO _____

GST RETURNS – TYPE OF FILING MONTHLY _____ QUARTERLY _____ YEARLY _____

LAST GST RETURN FILED _____

INCOME AND EXPENSE DETAIL REQUIRED FOR:

CORPORATION BUSINESS # _____

LEGAL NAME & OPERATING AS NAME (if more than one business – attach separate sheet)

TYPE OF BUSINESS _____

OPERATED FROM _____ TO _____

HAVE CORPORATE TAX/GST RETURNS BEEN FILED? YES NO

If applicable –T4s / ROE /WCB --Have they been filed? YES NO

FOR PERSONAL INCOME TAX RETURN:

NEED – THE AMOUNT OF DRAW OR MANAGEMENT FEE FOR EACH OUTSTANDING YEAR (OR – T4 FROM COMPANY)

DIRECTOR LIABILITY DEBTS – ENSURE TO INCLUDE ON CREDITOR LISTING.

(IE – GST, SOURCE DEDUCTIONS, PERSONAL GUARANTEES)

Monthly Income	Bankrupt	Other Family Members	Total
Net employment income			
Net pension/Annuities			
Net child support			
Net spousal support			
Net employed insurance benefits			
Net social assistance			
Self-employment income- Gross _____	Net	Net	Net
Other net income			
TOTAL MONTHLY INCOME	\$ (1)	\$ (2)	
TOTAL MONTHLY INCOME - family unit ((1) + (2))			\$ (3)
MONTHLY NON-DISCRETIONARY EXPENSES			
Child support payments			
Spousal support payments			
Child care			
Medical/prescription expenses			
Expenses as a condition of employment			
Other expenses			

MONTHLY DISCRETIONARY EXPENSES <i>family unit</i>			
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		Repair/Maintenance/Gas	
Other		Public transportation	
Personal expenses		Other	
Smoking		Insurance expenses	
Alcohol		Vehicle	
Dining/Lunches/Restaurants		House	
Entertainments/sports		Furniture/contents	
Gifts/Charitable donations		Life Insurance	
Allowances		Other	
Other		Payments	
Bank fees		To the estate	
Non-recoverable medical expenses		Spouses payment to trustee	
Dental		To secured creditor (other than mortgage/vehicle)	
Other		Other	
Total Monthly Discretionary Expenses (Family Unit)			\$
Monthly Surplus or (Deficit) Family Unit			\$
Calculated Surplus			\$

ASSETS	Details	Location	Original Cost	Present Value	Claimed Exempt		Owner
					Yes	No	
Furniture							
Personal Effects and Jewellery							
Loans owned to you, accounts receivable (provide details)							
Insurance Policies Cash Surrender Value	Beneficiary/Policy# _____	Company					
Stocks, Bonds, Mutual Funds, Investments, Co-op, CSBs							
RRSP's, Savings Plans (include plan name & #)	Plan Name: Plan # _____	With what company: Beneficiary: _____					
Property, Cottage, House, Land							
Vehicles	Year & Model						
Boats, Trailers, Motors (provide details)							
Estimated Tax Return (for what year)							
Other Assets (specify) ie: computers, tools							

Debts not Forgiven

Have you any debts arising from:

Fine or penalty imposed by the court? Yes _____ No _____

Alimony? Yes _____ No _____

Maintenance and support of separated family? Yes _____ No _____

Fraud? Yes _____ No _____

Embezzlement? Yes _____ No _____

Misappropriation? Yes _____ No _____

Obtaining property by false pretenses or fraudulent misrepresentation? Yes _____ No _____

Have you been convicted of assault for which a civil suit is pending or has been finalized? Yes _____ No _____

Student Loans Yes _____ No _____

School	Date	Subject	Graduated (Y/N)	Worked (Y/N)

If you answered yes to any of the above questions, that debt may not be discharged by the bankruptcy process. It may be advisable to seek the aid of an insolvency lawyer.

Miscellaneous

1. Within the last 12 months have you:

a) Disposed of or transferred any of your assets? (i.e.: cashed in RRSPs, sold a car)

Yes _____ No _____

If yes, give details _____

b) Made payments in excess of regular payments to a creditor? Yes ____ No ____

If yes, give details _____

c) Had any assets seized by a creditor? Yes _____ No ____

If yes, give details _____

2. Within the last 5 years have you:

a) Sold, disposed of, or transferred any real estate? Yes _____ No _____

If yes, give details _____

b) Made any gifts to relatives or others in excess of \$500? Yes _____ No _____

If yes, give details _____

3. Have you made arrangements to continue to pay any creditors if you file for Bankruptcy?

Yes _____ No _____

If yes, give details _____

4. Are you involved in any Civil Litigation? (Are you being sued or suing someone?)

Yes _____ No _____

If yes, give details _____

5. Have you or may you possibly receive an inheritance? Yes _____ No _____

If yes, give details _____

6. Have you made a voluntary assignment of your wages? Yes _____ No _____

If yes, give details _____

7. Has any creditor commenced Court action against you? Yes _____ No _____

If yes, give details _____

8. Have you co-signed or guaranteed a debt for anyone or a business? Yes _____ No _____

If yes, give details _____

9. Do you have any Payday loans? Yes _____ No _____

10. Have you ever applied under the Orderly Payment of Debts Program? Yes _____ No _____

If yes, give details _____

11. Have you ever been bankrupt or filed a consumer proposal before? Yes _____ No _____

If yes, give details:

Name of Trustee(s): _____

City/Town of filing(s): _____

Date(s) of Bankruptcy/proposal: _____

Date(s) of Discharge/Completion of Proposal: _____

Cause of previous insolvency (s): _____

12. Are you purchasing Canada Savings Bonds or stocks on payroll deductions?

Yes _____ No _____

Referral Source

How did you hear about Hardie and Kelly Inc's personal bankruptcy program?

_____ Previously bankrupt with Hardie and Kelly Inc.

_____ Yellow Pages (Paper or Canada 411)/CanPages

_____ Referral:

Professional (name or relationship) _____

Personal (name or relationship) _____

_____ Money Mentors

_____ Internet/Bankruptcy Canada (details) _____

_____ Knew Hardie & Kelly Name (details) _____

_____ Other, please give details _____

- Have you ever seen our advertisement in the Yellow Pages/CanPages? Yes ____ No ____
- Were you aware of our website (www.insolvency.net)? Yes ____ No ____
- If yes, have you ever used the service? Yes ____ No ____

Causes of Financial Difficulties

What are the principal causes of your financial difficulties? _____

Trustee's Fee (Administration Cost)

Minimum amount of fee: _____ (includes disbursements & GST)

How do you propose to pay for the costs of administration in these proceedings?

_____ Monthly payments of \$ _____ per month

_____ Guarantor

Name of guarantor _____

_____ Other _____

I hereby certify that this Information Questionnaire is true, correct and complete in every respect and fully discloses the state of my assets and liabilities AND SPECIFICALLY THAT I HAVE NO INTEREST IN REAL ESTATE OR IN A MOBILE HOME OTHER THAN THAT STATED HEREIN.

Signature of applicant _____ Date _____

(Signing this form does not mean that you have committed yourself to file an assignment in bankruptcy.)