

PINDER BUECKERT & ASSOCIATES INC.
LICENSED INSOLVENCY TRUSTEE
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APPLICATION WORKSHEET

PERSONAL DATA

Surname: _____ S.I.N. _____
 Given & Middle names: _____ Birthdate: (D/M/Y) _____
 Street Address: _____ Please Circle One **Mr. / Mrs. / Ms. / Miss**
 Town/City: _____ Telephone: (Home) _____
 Province: _____ Postal Code: _____ Telephone: (Work) _____
 Alias: _____ Cell: _____
 Email: _____
 (Will you accept correspondence by email Y or N)

I have resided at the address above since: Day: _____ Month: _____ Year: _____

Mailing Address (if different): _____

Present Occupation: _____ Since: _____

Full Name and Address of Present Employer: _____

Indicate level of education: High School Graduate ___ Secondary ___ University ___ Gr.0/8 ___

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

Married Common Law Single Widowed Separated Divorced

Day/Month/Year of Event: _____

Next of Kin (name & phone #): _____

Full Name and Address of Spouse or Co-Applicant
 Common Law Partner: _____

Birthdate of Spouse:(D/M/Y) _____ Spouse's S.I.N. _____
 Telephone: (Work) _____ Cell: _____
 Email: _____ (Will you accept correspondence by email Y or N)

Spouses present occupation and employer: _____

Dependent Information

Name	Relationship	Birthdate	Resides with you Full or P/T

**LIST OF ALL DEBTS: Including any credit cards with zero balances. Indicate any assets pledged as security
PLEASE be sure to include account numbers or attach account statements from creditors.**

Creditors name (Personal or Business)	Account Number	Owing	Joint Y or No	Assets Pledged for Security
Student Loans: Last day of Studies (D/MM/YY)		Degree/Certificate received (Yes) or (No)		
Have you co-signed a loan for any other person? (please list above if yes)		Yes		No

ASSETS

a) **Cash on Hand or on Deposit** \$ _____
Name of Bank: _____

b) **Household Furniture and Personal Effects** \$ _____
Collections/Paintings
Jewelry/ Antiques etc.
Do you have extra insurance for these items? _____

c) **Insurance Policies**
Name of Insurance company(ies): _____
Named Beneficiary(ies) _____
Cash surrender value, if any \$ _____

d) **Savings Plans/Investments**

R.R.S.P.	_____	\$ _____
R.E.S.P.	_____	\$ _____
TFSA	_____	\$ _____
Pension	_____	\$ _____
Other	_____	\$ _____

e) **Stocks/Shares/Membership Equity**
Details _____

f) **Other Assets (please list)**

_____	\$ _____
_____	\$ _____

REAL ESTATE

	Address and Legal Description	Jointly Owned	Market Value	Mortgagor
Cottage				
House				
Mobile Home				
Rental Prop				
Land				

MOTORIZED & RECREATIONAL VEHICLES

	Year, Make & Model	Serial No.	Liens	Estimated value
Cars/Trucks				
Motorcycles				
Snowmobile				
Other				
Boat/Motor				
Trailers				

BUSINESS OWNED BY DEBTOR in the last five years

_____ Yes _____ No

Name & Nature of Business _____

Location of Business _____

When Commenced _____

When Ceased _____

Names of Directors/Officers/Partners _____

Tools of Trade (please list) _____

Does the business have any assets/ receivables? _____

If yes, provide details and a recent financial statements _____

Are all tax returns, GST returns, PST returns and payroll returns filed? _____ Yes _____ No

Number of employees? _____ For what period? _____

Notes: (for office use only)

PREVIOUS INSOLVENCY

Have you ever filed for Bankruptcy, Proposal or debt settlement before? _____ Yes _____ No

Name of Trustee/Administrator _____

Date of proceeding _____ Date of Discharge _____

DISPOSITION OR TRANSFER OF ASSETS

1) Have you sold or disposed of or transferred any assets _____ Yes _____ No
in the past twelve months? _____

2) Have you made any excess payments to your creditors in _____ Yes _____ No
in the past twelve months? _____

3) Have you had any property seized by a creditor _____ Yes _____ No
in the past twelve months? _____

4) Have you sold or disposed of or transferred any real estate _____ Yes _____ No
the past five years? _____

5) Have you made any gifts over \$500 to relatives in the past _____ Yes _____ No
five years when you were unable to meet your debts as they became due.? _____

MONTHLY INCOME - Net income after any business expenses

(Report all sources of Income)

Net Employment Income	_____	Canada Child Benefit (CCB)	_____
Net Earnings of Spouse	_____	Net Spousal Support	_____
Net Pensions/Annuities	_____	Net Employment Insurance Benefits	_____
Net Child Support	_____	Net Social Assistance	_____
Other Net Income	_____	Self-Employed	_____
		Gross _____ Net _____	
		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	_____	Canada Student Loan Interest	_____
Medical Expenses/Premiums	_____		
		TOTAL MONTHLY NON-DISCRETIONARY EXPENSES (B)	_____

AVAILABLE MONTHLY INCOME (A - B) = (C) _____

MONTHLY DISCRETIONARY EXPENSES

Housing Expenses

Rent/Mortgage	_____
Property Taxes/Condo Fees	_____
Utilities	_____
Telephone/Cell Phone(s)	_____
Cable	_____
Furniture	_____

Living Expenses

Food/Grocery/Toiletries	_____
Laundry/Dry Cleaning	_____
Clothing	_____

Personal Expenses

Smoking/Alcohol	_____
Dining/Lunches/Restaurants	_____
Entertainment/Sports	_____
Gifts/Charitable Donations	_____

Transportation Expenses

Car Lease/Payments	_____
Repairs/Maintenance/Gas	_____
Public Transportation	_____
Other	_____

Insurance Expenses

Vehicle	_____
House/Furniture	_____
Life Insurance	_____

Payments

To Secured Creditor	_____
Other	_____

TOTAL MONTHLY DISCRETIONARY EXPENSES (D) _____

TOTAL - SURPLUS / (SHORTFALL) (C) - (D) _____

GENERAL QUESTIONS

- a) Do you have any outstanding tax returns to be file? _____ Yes _____ No
 If yes, indicate year(s) _____
- b) Were or are you involved in civil litigation from _____ Yes _____ No
 which you may receive monies or property?
 Who are you suing? _____
- c) Do you expect to receive any inheritance in the _____ Yes _____ No
 near future?
 Estate of _____
- d) Are you expecting any lump sums of money? _____ Yes _____ No
- e) Have you received any professional advice? _____ Yes _____ No
- f) Do you have debts arising from:
- i) Court Fines,penalty or restitution order _____ Yes _____ No
 - ii) Conviction from fraud, misappropriation _____ Yes _____ No
 - iii) Bank account or wage subject to garnishee _____ Yes _____ No

Please describe briefly the circumstances which have caused your financial problems and your expectations of what help you:

I, the undersigned, declare that the information provided is true and completed to the best of my knowledge.

_____ Date

_____ Signature

FOR OFFICE USE ONLY

Referred by: _____

Date Interviewed _____ Interviewed by _____

Quoted Fee \$ _____ Deposit Amount: _____

Proposal Amount/Terms _____

Sign up date: _____

Documents	Non-business bankrupt	()		
	Summary	()	Photo I.D.	()
	Ordinary	()	Credit Card:	()
	Proposal	()	Change bank accounts	()
	Joint	()	Provisioanl Tax Return	()

FILE NOTES

Actions to be taken

Information needed

S.170 Considerations
