

#### POWELL ASSOCIATES LTD.

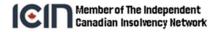
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# <u>CONSULTATION INFORMATION PACKAGE</u> When completed, please return by fax, email or mail.

#### **PERSONAL DATA**

	My Information	My Partner's Information		
Surname:				
First given name:				
Middle name(s):				
Known by other names?				
S.I.N.				
Birthdate: (eg. Jan 17/68)				
Cell Tel. #:				
Home Tel. #:				
Work Tel. #:				
Email address:				
Marital status:				
Mth/Yr of last change				
DDRESS HISTORY (for at least	the last 12 months)			
Full Home Mailing & Physical Ac	ldress – include postal code		From (eg. Feb 16/14)	To (eg. Nov 30/15)
			(09.100.10/11)	(09.1101 00/10)
IELP US OUT				
	How did your hear about u	s?		
	Tiow did your near about u	· · · · · · · · · · · · · · · · · · ·		
OFFICE USE ONLY:				



<b>DEPENDENTS</b> – those that live with while away at university or college.					
your partner part of the time.	DO 1101 1110.0.0	of maron that you all a	aying capp	Jit 101 din 000 di.e.,	1110 111111 , 50. 5
Name F	Relationship	Birthdate (eg. Jan 17/95)		Address	
	•				
MY INCOME SOURCES – list your i	ving EI or soc	cial assistance and period	ds of no inco	me.	de all periods o
→ Current Occupation / Job Title	):				
				Period (	Covered
	Income / Emp	oloyer Name t tax return filed)		Start	End
(IIUIII Jahi i Ui	year arter ias	t tax return meu)		(eg. Jan 12/14)	(eg. Apr 30/16)
					L
<ul> <li>→ Current Occupation / Job Title</li> </ul>		-			
Source of	Income / Emp	oloyer Name		Period C Start	Covered End
		t tax return filed)		(eg. Jan 12/14)	(eg. Apr 30/16)
PRIOR BANKRUPTCY OR PROPO	SAL		_	1	
		Me		My Par	tner
Have you ever been bankrupt proposal in Canada or elsewhere?		□YES   □ N	0	□YES	□NO
Type of filing (check one)		□Bankruptcy   □F	roposal	□Bankruptcy	□Proposal
Name of Trustee					
Date of filing (estimate if you can't reme	ember)				
Location of filing (City/Province/Countr					
Did you obtain your discharge?	,,	□YES   □ N	0	□YES	□ NO
Dia you obtain your disentarge.			0		<u> </u>

## SELF-EMPLOYMENT & BUSINESSES OWNED IN THE LAST 5 YEARS

	Business #1	Business #2	Business #3
Corporation/Business name			
Type (corporation, sole proprietorship, partnership)			
Owner(s) & percentage(s)			
Nature of business (what does/did it do?)			
Last business address			
Business start date			
Why did the business stop? (if still going, just write "ongoing")			
Business closure date			
HST account #			
Last HST return filed			
Payroll account #			
Last payroll return filed			
How many employees now?			
Employees fully paid?			
Who has books & records?			
Who does the accounting?			
Are you an officer or a director of			
OFFICE USE ONLY:			

#### **MONTHLY INCOME AND EXPENSE BUDGET**

In a succession	<u>Mine</u>	My Partner's	<u>Otners</u>	<u>i otai</u>	
Income				$\neg$	
Employment Income	\$	\$	\$	_	
Pension/Annuities				_	
Child Support					
Spousal Support					
Employment Insurance Benefits					
Social Assistance					
Self-employment income					
Child Tax Benefit					
Other net income					
Description:					
SUBTOTALS	\$	\$	\$	\$	(A)
Non-discretionary Expenses					
Child Support Payments	\$	\$	\$		
Spousal Support Payments					
Child Care					
Medical / Dental / Optical / Prescriptions					
Fines/Penalties Imposed by Court					
Expenses as a condition of employment					
Other:					
SUBTOTALS	\$	\$	\$	\$	(B)
Manthly Diagratian and Francisco					
Monthly Discretionary Expenses Housing Expenses:		Living Expense	c·		
Rent / Mortgage	\$	Food/grocery		\$	
Property taxes/condo fees	Ψ	Laundry/dry		Ψ	
Heating/gas/oil		Toiletries/per			
Telephone		Clothing	30Hai item3		
Cable					
Hydro		Other			
Water		Transportation	Evnancas:		
Other:		Car lease/pa			
Other		Repairs/mair			
Personal Expenses:		Public transp			
Smoking		•			
Alcohol		Other			
Dining/lunches/restaurants		Insurance Expe	ncoc:		
Entertainment/sports		Vehicle	11303.		
Gifts/charitable donations		House			
Allowances		Furniture/con	tonto		
		Life Insuranc			
Other:		Other	E		
		Other			
Othor		Dovmonto:			
Other:		Payments: To Trustee			
Other:			ditor		
Other:		To secured cre			_
Other:		(other than mortg Other:	-		
		- · · · · · · · · · · · · · · · · · · ·			
T	OTAL MONTHLY	/ DISCRETIONAR	Y EXPENSES	\$	(C)
					``
	SURPLUS	/ (SHORTFALL) =	: (A) - (B) - (C)	\$	

#### **ASSETS & PROPERTY**

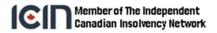
Provide descriptions in available space. Include all assets, even if you still	EstimatedCurrent	This	asset belo	ngs to
owe money for it such as a house or vehicle.	Value	Me	My partner	Both
Cash on Hand / In Bank				
Household furniture and personal effects				
Stocks, CSB's, Bonds, Mutual Funds, Investments, RESP's, RRSP's, Employer Pension Plans, RRIF's, LIRA's				
Life Insurance - Whole Life only (list insurer, policy number, insured and beneficiary)				
Mini-home or Mobile Home (address, make, model and serial number)				
Real Estate – house, cottage, camp, land (list address & PID if possible)				
Cars, Trucks, ATV's, Motorcycles, Boats (list make, model, year & mileage)				
Trailers - camper or utility (provide make, model and year of manufacture)				
Tools of Trade or Profession (provide description)				
Other assets or property not listed above (firearms, antiques, collections, artwork, other)				

<u>DEBTS & LIABILITIES</u> - list all debts, including utilities where you are behind on payments and also include secured debts such as a mortgage or vehicle loan. We have addresses for all common creditors such as banks, credit cards, vehicle lenders, student loans. However, for other types of creditors such as individuals or small businesses, please provide an address in the bottom section. Please provide account numbers for each creditor.

	Debt belongs to:		s to:		Estimated	
Craditaria Nama		My Partner		Account Number	Amount	debt? Y/N
Creditor's Name	Me	Partner	Both	Account Number	Owing	
Addresses for non-common creditors						

### **GENERAL**

טט <u>you or</u>	your partner have any debts arising from:	:					
Fine or Pe	enalty Imposed by the Court	Yes □ N	No 🗆 /	My Pa	rtner: Y	es □ No □	
Bail Bond		Yes □ N	lo □ /	My Pa	rtner: Y	es □ No □	
Fraud, Em	bezzlement, Misappropriation	Yes □ N	No 🗆 /	My Pa	ırtner: Y	es □ No □	
•	property by false pretences/ t misrepresentation	Yes □ N	No 🗆 /	My Pa	ırtner: Y	'es □ No □	
	ent Insurance or ax Benefit Overpayments	Yes □ 1	No 🗆 /	My Pa	artner: Y	′es □ No □	
ASSET O	R PROPERTY – SALES, TRANSFERS, (	GIFTS, DI	SPOSIT	IONS O	R SEIZL	JRES	
disposed of investment	ssets or property (of more than \$500 value of, cashed-in, or had seized <u>in the last 5 y</u> its, RRSP's, RESP's, life insurance, real e usinesses, etc.	<u>rears</u> . "Ass	sets or p oile hom	roperty" es, mini	include -homes,	cash, stocks, bor camps, vehicles,	nds,
			Asset	Belonge	ed To:	Date of Sale, Disposition,	
	Asset Description		Ме	My Partner	Both	Transfer or Seizure (eg. Jan 31/12)	
OFFICE US	SE ONLY:						
OFFICE US	SE ONLY:						
OFFICE US	SE ONLY:						
OFFICE US	SE ONLY:						
OFFICE US	SE ONLY:						
OFFICE US	SE ONLY:						
OFFICE US	SE ONLY:						
OFFICE US	SE ONLY:						
OFFICE US	SE ONLY:						



<u>RECENT PAYMENTS</u> – in this section, we are interested in extra or excessive payments that you have made to any of your creditors that were more than a regular or required monthly payment. If the payment was to someone related to you such as family members, you need to list the extra payments made in the last <u>12 months</u>. If the payment was made to anyone else, who was not related to you, then list the extra payments in the last <u>3 months</u>.

		Payr	nent mad	le by			
	Payment made to:	Me	My Partner	Both	Date of Payment (eg. Jan 31/12)	Payment Amount	
OFFICE	E USE ONLY:						
-							
OTHE	₹						
your pa	u or your partner involved in civil litigatio artner expect to receive any sums of mon are not related to your normal income (for	ey, or a	ny other	property	, within the next t	welve months,	do <u>you o</u>
Yes 🗆	No □ If yes, please provide details	:: 					
Are <u>yo</u>	ur or your partner's vehicles or other asse	ets insur	ed?	Y	es □ No □		
Do <u>you</u>	or your partner have a safety deposit bo	x?		Y	'es □ No □		
Has an	nyone co-signed for any of <u>your or your pa</u>	artner's	debts?				
Yes □	No $\square$ If yes, please provide details	s:					

# **STUDENT LOANS** If you have a student loan, what was the date you last attended school (month/year)? \_\_\_\_\_ School attended: If your partner has a student loan, what was the date of school last attended? \_\_\_\_\_\_ School attended: **INCOME TAXES** For which year did you file your last income tax return? For which year did <u>your partner</u> last file an income tax return? Do you or your partner have debt owing to Revenue Canada? If yes, please provide details: PLEASE DESCRIBE THE REASON(S) FOR YOUR FINANCIAL DIFFICULTIES OFFICE USE ONLY: