

JANES NOSEWORTHY

TRUSTEE IN BANKRUPTCY

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APPLICATION

PERSONAL DATA

Surname: _____

S.I.N. _____

Given & Middle Names: _____

Birth date: (D/M/Y) ____ / ____ / ____

Any other name(s): _____

Telephone: (Home) _____

Street Address: _____

Telephone: (Cell) _____

Town/City: _____, NL

Telephone: (Bus.) _____

Postal Code: _____

Email address: _____

At this address since: _____

Present Occupation: _____

Employed Since: _____

Number of Dependants: _____

Name & Address of Present Employer: _____

Highest Level of Education: 0-8 years __, High School __, Graduation __, Post Secondary __, Diploma __, Degree __

Marital Status (please circle)

Married Common-law Single Widowed Separated Divorced

Full Name Spouse or Common-law Partner: _____

Address, if different: _____

Birth date of spouse: (D/M/Y): ____ / ____ / ____ S.I.N.: _____

Highest Level of Education: 0-8 years __, High School __, Graduation __, Post Secondary __, Diploma __, Degree __

Name & Address of Spouse's Present Employer: _____

List all dependants who rely on you for financial support:

Name	Relationship	Birthdate (D/M/Y)	Address (If Different)

Please describe briefly, the circumstances which caused your financial difficulties:

ASSETS

ASSET	LOCATION/DESCRIPTION	Exempt Yes/No	PRESENT VALUE
Cash on Hand/In Bank			
Household Furniture (Fully/Partially Pledged/Exempt)			
Clothing/Personal Effects			
Retirement/Education Savings Plans (RRSP, RESP, Pensions)			
Cash Surrender Value of Insurance Policies			
Savings Plans/Bonds			
Stocks/Shares			
Estimated Tax Refund			
Collectibles (Stamps, etc.)			
House/Cottage/Land (Sole/Joint/Part Owner) (Fully/Partially Pledged/Exempt)			
Mobile Home			
Automobile/Model (Fully/Partially Pledged/Exempt) Serial No.:			
Motorcycle/Model Serial No.:			
Other Motorized Vehicle (Snowmobile, ATV, etc.)			
Boat/Trailer			
Any Other Assets/Tools of the Trade			

TOTAL

\$ _____

JANES F. NOSEWORTHY
TRUSTEE IN BANKRUPTCY

List all debts including secured debts and utility arrears **DEBTS**

Creditor	Complete Address (Including Postal Code)	Account No.	Approximate Amount Owing	Monthly Payment
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
Total Amount Owing:			\$	

MONTHLY INCOME

Net Earnings	_____	Child Tax Benefit	_____
Net Earnings of Spouse	_____	E.I. Benefits	_____
Net Pensions (Applicant/Spouse)	_____	E.I. Benefits of Spouse	_____
Child Support Received	_____	Social Assistance	_____
Other income (Rent, etc.)	_____	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	_____	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	_____	Any other Payments:	_____
Non-recoverable Medical Expenses:			
Prescriptions	_____		
Dental	_____		
Other	_____		
TOTAL MONTHLY DISCRETIONARY EXPENSES (D)		_____	
TOTAL SUPRLUS/SHORTFALL (C)-(D)		_____	

TAX INFORMATION

List all employers for past two years. In periods when drawing unemployment benefits, show each period separately.

EMPLOYER'S NAME	ADDRESS AND POSTAL CODE	STARTED	ENDED
<u>Self</u>		Month / Year	Month / Year
<u>Spouse</u>			

Applicant

Spouse

Have you been self-employed in the last five (5) years?

Yes ___ No ___

Yes ___ No ___

Are you an officer or a director of a limited company?

Yes ___ No ___

Yes ___ No ___

For which year did you file you last income tax return?

20__.

20__.

Are there arrears owing?

Amount \$ ___ /Nil

Amount \$ ___ /Nil

GENERAL

1. Within the last twelve (12) months, have you sold, disposed of or transferred any of your assets? (e.g. vehicles, RRSP's, stocks/bonds, furniture)

Yes _____

No _____

Description of Asset	Date Disposed	To Whom	Proceeds	Disposition of Proceeds

2. Within the last twelve (12) months, have you made payments in excess of regular payments to any creditors?

Yes _____

No _____

If yes, provide details

3. Within the last twelve (12) months, have you had any assets seized by a creditor?

Yes ___

No ___

If yes, provide details: Asset seized: _____ Date seized: _____

Name of party seized by: _____

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?

Yes _____

No _____

If yes, provide details:

5. Within the last five (5) years have you sold, disposed of, or transferred any real estate?

Yes _____ No _____

Description of Real Estate	Date Disposed	To whom	Proceeds	Disposition of Proceeds

6. Within the last five (5) years have you made any gifts to relatives or others in excess of \$500?

Yes _____ No _____

7. a) Please list the banks that you are currently dealing with:

Bank	Address	City	Postal Code	Amount Currently In Account

b) Do you have a safety deposit box?

Yes _____ No _____

8. Are you a beneficiary of a will or will you receive an inheritance?

Yes _____ No _____

9. Has anyone started legal proceedings against you?

Yes _____ No _____

10. Do any of your debts arise from?

- A fine or penalty imposed by court
- Alimony or maintenance payments

Yes _____ No _____
Yes _____ No _____

11. Are you paying/receiving any alimony or maintenance?

Yes _____ No _____

If yes, to/from whom _____ Amount since January 1st \$ _____

12. Have you ever been bankrupt or filed a proposal under the *BIA*?

Yes _____ No _____

If yes, give: Location(s): _____ Date(s): _____

I, HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS A TRUE, CORRECT, AND COMPLETE STATEMENT THAT FULLY DISCLOSES THE STATE OF MY ASSETS AND LIABILITIES.

Your Signature

Date

Referred by: _____.