

## David Sklar & Associates Inc.

Trustee in Bankruptcy. Receiver & Manager. Insolvency Consultants.

### Interview Checklist

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FAMILY NAME			ALL GIVEN NAMES			M <input type="checkbox"/> F <input type="checkbox"/>	
MAILING ADDRESS:		APT. #:	TOWN/CITY:	PROVINCE	POSTAL CODE		
DATE OF BIRTH	YEAR	MONTH	DAY	SOCIAL INSURANCE NUMBER			
MARITAL STATUS	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Widow(er) <input type="checkbox"/>	Divorced <input type="checkbox"/>	Common Law <input type="checkbox"/>	Separated <input type="checkbox"/>	
If legally Separated/Divorced: Date of Separation/Divorce: _____ Copy of Separation/Divorce papers attached: Yes <input type="checkbox"/> No <input type="checkbox"/>							
TELEPHONE	HOME		BUSINESS		CELL	PAGER	
Married in Quebec: Yes <input type="checkbox"/> No <input type="checkbox"/> Marriage Contract: Yes <input type="checkbox"/> No <input type="checkbox"/> DATE: _____							
USUAL OCCUPATION		NAME OF PRESENT EMPLOYER				SINCE WHEN	
ADDRESS OF EMPLOYER					IF UNEMPLOYED, SINCE WHEN		
SPOUSE'S NAME		SPOUSE'S ADDRESS		BIRTH DATE	SOCIAL INSURANCE		
SPOUSE'S USUAL OCCUPATION			NAME OF PRESENT EMPLOYER			SINCE WHEN	
ADDRESS OF EMPLOYER			PHONE # OF EMPLOYER		IF UNEMPLOYED, SINCE WHEN		
LIST ALL DEPENDENTS WHO RELY ON YOU FOR FINANCIAL SUPPORT							
Full Name	Relationship	Date of Birth Day/ Month/year		Address if Different from Applicant		Income	
ALL EMPLOYERS FOR THE PAST TWO YEARS In periods when drawing U.I.C. show each period separately							
Employer's Name		Employer's Address		Date Job or U.I.C.			
Self				Started	Ended		
Spouse							
For which year was your last tax return filed?				Amount owing \$			
What was your address when you filed that return?				Refund received \$			
				Refund to come \$			
Income Tax Information:							
RENT PAID – PAST CALENDAR YEAR							
Addresses of Principal Residence(s)		# of Months Resident	Rent Paid	Property Tax Paid	Name of Landlord or Municipality Payment made to		

## ASSETS

Estimated Value

Cash on Hand			\$		
Cash on Deposit	Bank	Account	\$		
Savings	Bank	Account	\$		
Chequing	Bank	Account	\$		
Other Assets (Collections, Musical Instruments, Furs, Jewellery, etc) Recreational items, camper, boat, jet-ski, ski-doo, motorcycle			\$		
Securities (Stocks, Bonds, RRSP, Cash value of Life Insurance, Savings, Mutual Funds etc.)			\$		
Monies owed to you (loans, receivables, etc.)			\$		
Real Estate, House, Cottage, Land			\$		
Furniture & Appliances			\$		
Motorized and Recreational Vehicles: Include here details of cars, trucks, campers, trailers, boats, motors, snowmobiles, motorcycles etc.					
Details	License No.	Year	Make	Serial Number	Value
					\$
					\$
					\$
					\$
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 Assets Pledged	Type of Asset Pledged	Present Amount of Loan	Present Value of Assets	
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 <input type="checkbox"/> NO <input type="checkbox"/>					
Have you co-signed for anyone      YES <input type="checkbox"/> NO <input type="checkbox"/>					
If you paid Alimony or Maintenance Payments during the past Year:					
Amount:    \$			To Whom Paid:		
Address of Person receiving payments:					

If the answer to any of the following questions is YES Please expand your answer below				
		YES	NO	
1.	Have you been Bankrupt/ filed a Proposal before?	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Have you applied for assistance through Credit Counselling, Court Consolidation or Voluntary Deposit?	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Are you bonded in your present position	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Have you received, or do you expect to receive an inheritance?	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Are there any Writs, Judgements, Garnishments or Wages Assignments outstanding against you?	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Have you been self-employed in the last 5 Years?	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Within the last 12 months have you: a) Disposed of or transferred any of your assets? b) Made payments in excess of regular payments to a creditor? c) Had any assets seized by any Creditor?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
8.	Within the last 5 years have you: a) Sold, Disposed of or transferred any Real Estate? b) Made any gifts to relatives or others in excess pf \$500.00?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
9.	Have you made arrangements to continue to pay any Creditors?	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Do you have a Safety Deposit Box?	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Do you expect to receive any sums of money, which are not related to your normal income, or any other property within the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Have you participated in the "House Buyers" plan?	<input type="checkbox"/>	<input type="checkbox"/>	
13.	Does your spouse have any assets?	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Have you any credit cards for the Trustee to return to your creditors?	<input type="checkbox"/>	<input type="checkbox"/>	DATE
15.	Have you any Credit Cards been destroyed, lost, returned to creditors?	<input type="checkbox"/>	<input type="checkbox"/>	
16.	Have you obtained any credit in the last 3 months?	<input type="checkbox"/>	<input type="checkbox"/>	
17.	Do you owe any money for student loans?	<input type="checkbox"/>	<input type="checkbox"/>	\$
If YES, when did you complete your studies or cease to be a full time student?			Date:	

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Please describe the circumstances, which have caused your financial problems and tell us what collection action creditors are now taking, and how you feel bankruptcy will help you.

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"I hereby certify that the information contained herein is true an complete in every respect and fully discloses the state of my affairs.

Date: \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
Signature

Who referred you to us? \_\_\_\_\_



## FORM 65 Income & Expense Statement of the Family Unit

	Bankrupt	Other Members of Family Unit	Total
<b>NET MONTHLY INCOME</b>			
Net Employment Income	_____	_____	
Net Pension/Annuities	_____	_____	
Net Child Support	_____	_____	
Net Spousal Support	_____	_____	
Net Employment Insurance Benefits	_____	_____	
Net Social Assistance	_____	_____	
Gross _____	Net	_____	
Other Net Income	_____	_____	
(Provide Details _____)	_____	_____	
<b>TOTAL NET MONTHLY INCOME</b>	_____	_____	_____
<b>TOTAL MONTHLY INCOME OF FAMILY UNIT</b>			_____
<b>MONTHLY NON-DISCRETIONARY EXPENSES</b>			
Child Support Payments	_____	_____	
Spousal Support Payments	_____	_____	
Child Care	_____	_____	
Medical Condition Expenses	_____	_____	
Fines/Penalties Imposed by Court	_____	_____	
Expenses as a condition of Employment	_____	_____	
Debt where stay has been lifted	_____	_____	
Other Expenses	_____	_____	
(Provide Details _____)	_____	_____	
<b>TOTAL NON-DISCRETIONARY EXPENSES</b>	_____	_____	_____
<b>MONTHLY DISCRETIONARY EXPENSES:</b>	(FAMILY UNIT)		
<b>Housing Expenses</b>		<b>Living Expenses</b>	
Rent/Mortgage	_____	Food/Grocery	_____
Property taxes/Condo Fees	_____	Laundry/Dry Cleaning	_____
Heating/Gas/Oil	_____	Grooming/Toiletries	_____
Telephone	_____	Clothing	_____
Cable	_____	Other	_____
Hydro	_____		
Water	_____	<b>Transportation Expenses</b>	
Furniture	_____	Car Lease/Payments	_____
Internet	_____	Repair/Maintenance	_____
		Gas	_____
<b>Personal Expenses</b>		Public Transportation	_____
Smoking	_____		
Alcohol	_____	<b>Insurance Expenses</b>	
Dining/Lunches/Restaurants	_____	Vehicle	_____
Entertainment/Sports	_____	House	_____
Gifts/Charitable Donations	_____	Furniture/Contents	_____
Allowances	_____	Life Insurance	_____
Miscellaneous	_____	Other	_____
<b>Non-Recoverable Medical Expenses</b>			
Prescriptions	_____		
Dental	_____		
Other	_____		
<b>TOTAL MONTHLY DISCRETIONARY EXPENSES (FAMILY UNIT)</b>			_____
<b>MONTHLY SURPLUS OR (DEFICIT) FAMILY UNIT</b>			_____