Restructuring Worksheet

Interviewed By:	Referred By:_					
Date Interviewed:	Date Signing:	Date Signing:				
Last name:	All given names:					
Are you known by any other names?			_(M/F)			
Address (Number and Street Name, City, Provin	ice, Postal Code):					
		Date moved in: (D)(I	M)(Y)			
MAILING Address, if different from above (Numb	per and Street Name, City, Province, P	ostal Code):				
,		Date moved in: (D)(I	M) (Y)			
Telephone numbers:			,			
Residence:	Cell:	Business:				
Emergency contact:						
Name: H	lome:	Cell:				
Previous Address if at current is less than one you						
SIN:	Date of birth: (M)	(D)(Y)				
Marital status:		٦				
Married Widowed Divorce	ed Single Separated Commo	コ on-Law Since when: (D)((M) (Y)			
Occupation:		, <u>,</u> .	,			
Current Employer:	Since w	/hen: (D)(M)(Y)				
Address of employer:						
If unemployed, since when:						
Legal name of spouse:	Spouse's SIN	N				
Are you known by any other names?		(M/F)				
Spouse's Address, if different from above (Numb	per and Street Name, City, Province, Pe	ostal Code):				
Spouse's employer:						
•		Since when:				
Spouse's occupation:			_			
Spouse's business phone:						
			-			
Dependents (all those who rely on you for finan	сіаі ѕирроп:					
Names:	Relationship DOB	Address	Income			
		<u> </u>				
If over 18, why dependent?						

Monthly income and expense statement of the debtor and the family unit $^{\text{Page 2 of 4}}$

Monthly income - # of people in the family			
	Debtor	Spouse	Total
Net employment income (take home)			
Pension/Annuities			
Child support			
Spousal support			
Child tax benefit			
Employment insurance benefits			
Social assistance			
Self-Employment income (Gross)	(Net)		
Net monthly income:	(1)	(2)	
Net monthly income of the family unit: (1+2)			(3)
Monthly non-discretionary expenses: family	unit		
Child support			
Child care		·	
Prescriptions _			
Fine/Penalties imposed by the court			
Other _			
Totals: _			
Monthly discretionary expenses: family unit Housing expenses:		Living expenses:	
Rent/Mortgage _		Food/groceries	
Property taxes/condo fees _		Laundry / dry cleaning /	
Heating/gas/oil			
Telephone _		Clothing	
Cable _		Transportation:	
Power/water		Car lease / payments	
Other _	_	Repairs / maintenance / gas	
Personal expenses:		Insurance expenses:	
Smoking		House	
Entertainment/sports/dining		Furniture/contents	
Gifts/charitable donations		Life insurance	
Allowance		Vehicle	
Non-Recoverable medical expenses:		Payments: (OFFICE USE ONLY)	
Dental	<u></u>	To the estate	
Other		To secure creditors	
Total monthly discretionary expenses (family un	it)		(10)

Assets

	scription/Location	Estimated	Exempt Secured
·	N #, Account #)	Value	(Y/N) (Y/N)
Cash on hand/in bank			
Stocks, bonds, investments			
RRSP's, RRIF's, GIC's, RESP's			
Pension Plans			
Cash Surrender value of insurance polices			
Household furnishings/personal effects			
Real Estate (in Canada of elsewhere) House			
and/Cottage/Time Share			
Rental/Business Properties			
Motorized Vehicles (Year, make, model) Cars _			
Fruck(s)/Van(s)			
Recreational Vehicle(s)			
Mobile Home(s)			
Fools of Trade			
Other assets of value:			
Farming assets (Use separate page)			
For which year was your last tax return filed?			Owing \$
	Refund to come \$		
All employers for the last year:			
Employers name:	Address:	Date started:	Date ended:
-			
		·	_
f you have borrowed money or pledged any	of these assets as security, sh	now details below:	
Creditors name:	Assets pledged		Amount of loan
	-		

List all debts, including all mortgages, vehicles, leases, and family debts Complete Names of all creditors Who's Debt? Amount Owing (\$) Account Number **Business Debt** Y/N If you have co-signed a loan or contract for anyone else, show details below: Lender's name Amount Borrower's name Address: