Doyle Salewski Inc.
MEMBER DOYLE GROUP

NAME: _____

PERSONAL FINANCIAL PROFILE

#	DOCUMENT	Attached (√)
1	Copy of your **Birth Certificate**, or if you do not have one, a copy of your Canadian Citizenship card or Passport. Include a copy of your Social Insurance Card - or a second piece of identification & please have your SIN number ready.	
2	Vehicles, Motorcycles, etc… »Copy of ownership »Copy of insurance policy »copy of purchase invoice (if applicable) »Copy of lease	
3	Real Estate »Copy of recent appraisal/listing agreement »Copy of deed »Copy of house insurance policy	
4	Life Insurance & Other Investments (GICs, RRSPs, Shares, etc…) »Copy of policy & status »Copy of most recent statement of investments	
5	Tax Information »Most recent pay stub »T4's for previous years	
6	OTHER:	

Doyle Salewski Inc.
MEMBER DOYLE GROUP

Sign-up Date/Time:

Received for input on: _____
Keyed-in by: _____

Date: _____
Counsellor: _____

□ **Bankruptcy** □ **Proposal** *Summary* □ *Ordinary* □	Single File □ Joint File □ Split File □

□PEMBROKE □ARNPRIOR □RENFREW □CORNWALL □CARLETON PLACE □SMITHS FALLS □PERTH □BROCKVILLE □BARRY'S BAY

PERSONAL INFORMATION | Email address:

Surname | Given Name(s)

Street address | City | Province | Postal Code | Since:

SIN Number | Birth date (yy/mm/dd) | Home Phone | Business Phone

Employer | Usual Occupation

Employer's address | Employment date

If unemployed, since when? | UIC dates:

May we contact your employer for pre-tax information? (If no - you must supply YTD statement ASAP)
Yes □ No □

Marital Status - since when? _____
Single □ Married □ Separated □ Divorced □ Widowed □ Common Law □
Sex: Male □ Female □

SPOUSAL INFORMATION | Email address

Surname | Given Name(s)

Street address | City | Province | Postal Code | Since:

Sin Number | Birth date (yy/mm/dd) | Home Phone | Business Phone

Employer | Usual Occupation

Employer's address | Employment date

If unemployed, since when? | UIC dates: | **Sex:** Male □ Female □

DEPENDENT INFORMATION | **CLAIM ON INCOME TAX?** **Yes** □ **No** □

Full Name	Relationship	Birth date	Income

REFERRED BY:
Yellow Pages
Lawyer _____
Accountant _____
Other _____

DOYLE SALEWSKI INC.
STATEMENT OF AFFAIRS - DEBTS & LIABILITIES

LIABILITIES TYPE CODE (LTP)

1. Real Property Mortgage
2. Bank loans (except real property mortgage)
3. Finance Company Loans
4. Credit cards - Bank/trust companies issuers
5. Credit cards - Other issuers
6. Taxes - Federal/Provincial/Municipal
7. Student Loans
8. Loans from individuals
9. Other

Creditors Name & Address	Account #	Amount Owing	S/U/P/C*	LTP	Notes

*Secured/Unsecured/Preferred/Contingent

DOYLE SALEWSKI INC.

ASSETS

Assets	Description/ Details	Estimated Dollar Value	Exempt Y/N	Secured Amount/Liens	Estimated Net Realizable Dollar
CASH IN BANK (b)					
CASH ON HAND (a)					
BANK ACCOUNTS					
SAFETY DEPOSIT BOX					
HOUSEHOLD FURNITURE (c)					
PERSONAL EFFECTS (d)	List: Jewelry, Furs, Collections, Musical instruments)				
INVESTMENTS, BONDS, RRSP's, ETC (f)					
INSURANCE CASH VALUE (e)					
INVESTMENT PROPERTY					
REAL ESTATE	(legal description)				
Tools of the Trade	List:				
Vehicle (h) VIN #					
Vehicle (h) VIN #					
Leased Vehicle VIN #					
Other Motorized Vehicles (k) VIN#	Recreation (Year/Model/Serial#/ Registered owner)				
Computers (R)					
Guns, Rifles					
Other					
Total Assets					

DOYLE SALEWSKI INC.

BUSINESS INFORMATION:

Have you been self-employed or in business in the last 5 years? Yes No

Name of Business	**Total debt due to business: %**
Type of Business	**Started** _____ **Closed** _____ **Did you have any employees?**
ADDRESS OF BUSINESS (including postal code) **GST OWING** Yes No **Last remittance filing date** _____ **PST OWING** Yes No **Last remittance filing date** _____ **Source Deductions owing** Yes No	**Type of Ownership:** □ Proprietorship □ Partnership □ Corporation **Location of records:** _____

Briefly describe the circumstances which have caused your financial problems:

□ Marital breakdown □ Overuse of credit □ Legal Action
□ Illness □ Tax Assessment □ Creditor Garnishee
□ Loss of Income □ Business Failure (%)

Other: _____

HISTORICAL INFORMATION	***Yes***	***No***	***If "Yes", Provide details***
Have you been bankrupt before?			Date of bankruptcy: _____ Location: _____ Name of Trustee: _____ Discharge Date:
Have you ever filed a Proposal under the Bankruptcy & Insolvency Act?			Date of proposal: _____ Location: _____ Name of Trustee: _____ **UNDER WHAT NAME:**
Within the last 12 months, have you: »disposed of or transferred any assets? »made payments to a creditor in excess of regular payments? »Had any assets seized by a creditor?	____ ____ ____	____ ____ ____	***When? How much? To Whom?*** _____ _____ _____
Within the last 5 years have you: »sold, disposed of, or transferred any real estate? »made any gifts in excess of $500 to relatives or to others?	____ ____	____ ____	_____ _____ _____
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?	____	____	_____ _____

INCOME & EXPENSE - SURPLUS INCOME OBLIGATIONS

Monthly Income & Expense Statement of the Bankrupt and the Family Unit and information (or amended information) concerning the financial situation of the bankrupt. (Section 68 & Subsection 102(3) of the Act and Rule 105(4))

The information concerning the monthly income and expense statement of the bankrupt and the family unit, the financial situation of the bankrupt and the bankrupt's obligation to make payments required under Section 68 of the Act to the estate of the bankrupt are as follows:

MONTHLY INCOME	**Bankrupt**	**Other members of the family unit**
Net employment income.....	_____	_____
Net pension/Annuities.....	_____	_____
Net child support	_____	_____
Net emp. insurance benefits.....	_____	_____
Net social assistance.....	_____	_____
Self-employment income		
Gross (_____) Net.....	_____	_____
Other net income.....	_____	_____
(Provide details) _____		

TOTAL MONTHLY INCOME..... $_____(1) $_____(2)

TOTAL MONTHLY INCOME OF
THE FAMILY UNIT (1)+(2).....$_____(3)

MONTHLY NON-DISCRETIONARY EXPENSES

Child support payment.....	_____
Spousal support payments.....	_____
Child care.....	_____
Medical condition expenses.....	_____
Fines/Penalties imposed by court.....	_____
Debts where a stay has been lifted.....	_____
Expenses permitted by the Income Tax Act/ Excise Tax Act that are a condition of employment	

OFFICE USE ONLY

TOTAL NON-DISCRETIONARY EXPENSES..... _____(4) _____(5)

TOTAL MONTHLY NON-DISCRETIONARY
EXPENSES OF THE FAMILY UNIT (4) + (5) _____(6)

AVAILABLE MONTHLY INCOME OF THE BANKRUPT (1) - (4)..... $_____(7)

AVAILABLE MONTHLY INCOME OF THE FAMILY UNIT (3)-(6)..... $_____(8)

BANKRUPT'S PORTION OF THE AVAILABLE MONTHLY FAMILY UNIT INCOME (7)/(8)X100.. %_____(9)

***Where one or more members of the family unit have refused to divulge this information, please provide details as required by Section 10 of Direction 11R.**

MONTHLY DISCRETIONARY EXPENSES

(Family Unit)

Housing Expense		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	_____	Repair/maintenance/gas	_____
Other _____	_____	Public transportation	_____
Personal Expenses		Other	_____
Smoking	_____	Insurance Expenses	
Alcohol	_____	Vehicle	_____
Dining/lunches/restaurants	_____	House	_____
Entertainment/Sports	_____	Furniture/content	_____
Gifts/charitable donations	_____	Life Insurance	_____
Allowances	_____	Other _____	_____
Other _____	_____	Payments	
Non-recoverable medical expense		To the estate	_____
Prescriptions	_____	To secured creditor	_____
Dental	_____	Other _____	_____
Other _____	_____		

TOTAL MONTHLY DISCRETIONARY EXPENSES (FAMILY UNIT)..... $_____(10)
MONTHLY SURPLUS OR (DEFICIT) FAMILY UNIT (8)-(10)..... $_____(11)

OFFICE USE ONLY

Information (or amended information) concerning the financial situation of the Individual bankrupt

Payments to the estate as per agreement

Number of persons in household family unit, including bankrupt _____
Total amount bankrupt has agreed to pay monthly..... _____(12)
Amount bankrupt has agreed to pay monthly to repurchase assets..... _____(13)
(Provide details_____)
Residual amount paid into the estate (12)-(13)..... _____(14)

Payments required by the Directive on Surplus Income

Monthly amount required by the Directive on Surplus Income based on percentage established on line (9)..... _____(15)
Difference between amounts at line (14) & (15)..... _____(16)
Other applicable comments: (*If amount at line (14) is less than amount at line (15), explain why the required payments are not being made:* _____
Amendment or material change: (*If the information related to a material change or an amendment, provide details:* _____

Dated at _____, this _____ day of _____.

_____ _____
Trustee Bankrupt

Note: In a joint assignment, only one form is required and each bankrupt's monthly income and non-discretionary expenses have to be explained in detail.

DOYLE SALEWSKI INC.

ADDITIONAL INFORMATION

For each "Yes" answer, please provide details:	Yes	No
1. Have you made arrangements to continue to pay any creditor?	☐	☐
2. Were you or are you involved in civil litigation from which you may receive monies or property? E.g. Accident claim	☐	☐
3. Are there any writs, judgments, garnishments, or wage assignments outstanding against you now?	☐	☐
4. Has anyone guaranteed a debt for you? (co-signed)	☐	☐
5. Have you any credit cards? (If yes, list below)	☐	☐
If you have destroyed your cards, sign here _____	☐	☐
6. Have you obtained any credit in the last three months?	☐	☐
7. Are your assets insured?	☐	☐
8. Does your husband/wife own any assets?	☐	☐
9. Are you now in possession of or storing any personal property which does not belong to you and has never belonged to you? (e.g. household goods, motor vehicles or other property?)	☐	☐

Details of above:

Additional information:

PLEASE UNDERSTAND THAT A STATEMENT OF YOUR FINANCIAL AFFAIRS WILL BE PREPARED FROM THE INFORMATION SUPPLIED BY YOU ON THIS APPLICATION AND THAT A STATEMENT MUST BE SWORN BY YOU UNDER OATH AS BEING, TO THE BEST OF YOUR KNOWLEDGE AND BELIEF, A FULL, TRUE AND COMPLETE STATEMENT OF YOUR FINANCIAL AFFAIRS.

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

Date: _____ Signature of Applicant: _____

DOYLE SALEWSKI INC.

INCOME TAX SECTION

THIS INFORMATION MUST BE COMPLETED

TAX INFORMATION TO BE COMPLETED FOR PRE-BANKRUPTCY TAX RETURN

Year last tax return filed _____ Amount Owed/Refunded $_____ Refund expected $_____

Since January 1st of THIS YEAR, did you do any of the following?

Cashed in any RRSP, CSB, etc,....

With whom?_____ Amount $_____

Received any of the following: **YTD Paystub Received** **Yes** □ **No** □

UIC

Total amount received $_____ Tax deducted $_____

Compensation:

Total amount received $_____ When ceased? _____

Social Assistance/Mother's Allowance

Total amount received $_____

Pension Income

Total amount received $_____ From who? _____

Alimony Received

Total amount received $_____ From who? _____

Alimony Paid:

Total amount paid: $_____ To who? _____

EMPLOYMENT HISTORY: (List all employers since the beginning of this year)

Employer No change in employment □	Address	Start date	End Date

LANDLORD INFORMATION

Name of Current Landlord: _____

Amount Paid in rent _____ What period? _____

Previous addresses information (if above is less than 1 year)

Name of Landlord: _____

Address of rental unit: _____

Amount paid and for how long: _____

Name of Landlord: _____

Address of rental unit: _____

Amount paid and for how long: _____

NOTE: IF YOU ARE SELF-EMPLOYED - COMMISSIONS SALES YOU WILL HAVE TO PROVIDE A FINANCIAL STATEMENT TO PREPARE YOUR INCOME TAXES NOT FILED.