



Name: _____

Checklist of items to provide with your Fresh Start Workbook

General Information

- Birth Certificate Valid Driver's License SIN Card
- Proof of Income (for family unit) provide recent pay stubs and/or bank statement for all sources of household income
- Separation Agreement (if applicable)
- Proof of child care expenses
- Proof of medical expenses

Asset Information

- House/Land Deed
- Current Written Market Valuation of home by Real Estate Agent
Letter of Opinion of Value addressed to Grant Thornton
- Current Mortgage Statement/Print out showing current balance
- All Vehicle Ownerships and Insurance Slips
- Vehicle loan or Lease documents

Investment Information

- RRSP / Mutual Funds / GIC / Profit Sharing (*current statement or 12 month transaction/activity report*)
- Pension / RRIF / Savings Bonds / Stocks / TFSA's / RESP's (*current statement showing current value*)
- Life Insurance Policy Documents (*with a current statement showing the cash surrender value if a whole life policy*)
- Other: _____

Liability Information

- Creditor Letters, Collection Letters, Invoices or Statements showing current balances
- Court Orders, Judgments or Garnishments (*So trustee can stop the garnishment*)
- Credit Cards - All credit cards must be turned over to the Trustee

Tax Information

- Copy of your last income tax Notice of Assessment and full Income Tax Return
- File outstanding tax returns for the tax years: _____
- Your last paystub from your current employer(s)
- Summary of year to date business income & expenses (if you're self employed or run a business)
- Receipt slips of RRSP's cashed since you filed your last tax return
- Other Information: _____

Other Information

- Voided cheque or PAD form from your bank or credit union.

If you have any questions, or require additional assistance, please do not hesitate to contact our office.

- Christie Skochyles (204) 594-7158 christie.skochyles@ca.gt.com
- Daniel Maksymchak (204) 594-7160 daniel.maksymchak@ca.gt.com
- Frank Fabiano (204) 594-7160 frank.fabiano@ca.gt.com

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Office use only

Assessment Date: _____

Trustee: _____

In Person

Bankruptcy

Remotely

Proposal

Fresh Start Workbook

My Information / My Partner's Information

Me	My Partner
Have you filed a bankruptcy or proposal before? yes <input type="checkbox"/> no <input type="checkbox"/>	
Full legal name (first, middle, last)	Full legal name (first, middle, last)
Other names/maiden name	Other names/maiden name
Residential address (street, apt., city, province, postal code)	
Resided at address since (YY/MM)	Resided at address since (YY/MM)
Previous address (if at current address less than one year)	
Mailing address (if different from residential address)	
Home/Cell (include area code)	Home/Cell (include area code)
Work (include area code)	Work (include area code)
Email	Email
Social Insurance Number	Social Insurance Number
Date of birth (DD/MM/YY)	Date of birth (DD/MM/YY)
Gender M <input type="checkbox"/> F <input type="checkbox"/>	Gender M <input type="checkbox"/> F <input type="checkbox"/>
Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Common-law <input type="checkbox"/> Separated <input type="checkbox"/>	
Has your marital status changed in the last 5 years? yes <input type="checkbox"/> no <input type="checkbox"/> If yes, date (MM/YY)	Has your marital status changed in the last 5 years? yes <input type="checkbox"/> no <input type="checkbox"/> If yes, date (MM/YY)
What is the best way to contact you between 8:30 a.m. – 5:00 p.m.? Home phone <input type="checkbox"/> Work phone <input type="checkbox"/> Cell phone <input type="checkbox"/> Email <input type="checkbox"/>	
I HAVE <input type="checkbox"/> or HAVE NOT <input type="checkbox"/> carried on business either as a sole proprietor or corporation with accountancy services provided by Grant Thornton.	I HAVE <input type="checkbox"/> or HAVE NOT <input type="checkbox"/> carried on business either as a sole proprietor or corporation with accountancy services provided by Grant Thornton.
I HAVE <input type="checkbox"/> or HAVE NOT <input type="checkbox"/> acted as a director or member of financial management of any entity services provided by Grant Thornton.	I HAVE <input type="checkbox"/> or HAVE NOT <input type="checkbox"/> acted as a director or member of financial management of any entity services provided by Grant Thornton.

Asset Information

Asset	Description	Estimated value	This asset belongs to	
			Me (√)	My Partner (√)
Cash on hand				
Household furnishings				
Clothing and personal effects				
Antiques, Collectables, Art work				
Other				
Policies and RRSPS				
<i>(include company, policy number and beneficiary)</i>				
Pension plans				
RRSPs	<i>(indicate contributions made in the last 12 months)</i>			
RESPs				
Mutual funds				
GICs				
TFSAs				
Canada Savings Bonds				
Stocks/Shares				
Life insurance	<i>(include company, policy number and beneficiary)</i>			
Other				
Tools of the trade	<i>(required for work)</i>			
Other				

Asset Information

Motor Vehicles and Equipment					This asset belongs to	
	Description <i>(include make, model, year and kms)</i>	Estimated value	Who holds loan?		Me	My Partner
					(√)	(√)
Automobile #1				<input type="checkbox"/> Retaining <input type="checkbox"/> Surrendering <input type="checkbox"/> Exempt		
Automobile #2				<input type="checkbox"/> Retaining <input type="checkbox"/> Surrendering <input type="checkbox"/> Exempt		
Motorcycle				<input type="checkbox"/> Retaining <input type="checkbox"/> Surrendering <input type="checkbox"/> Exempt		
Boat				<input type="checkbox"/> Retaining <input type="checkbox"/> Surrendering		
Trailers				<input type="checkbox"/> Retaining <input type="checkbox"/> Surrendering		
Snowmobile, ATV, etc.				<input type="checkbox"/> Retaining <input type="checkbox"/> Surrendering		
Other				<input type="checkbox"/> Retaining <input type="checkbox"/> Surrendering		
Other				<input type="checkbox"/> Retaining <input type="checkbox"/> Surrendering		

Real Property					This asset belongs to	
	Address/Property Identification Number	Estimated value	Mortgage Holder/Amount Owing		Me (√)	My Partner (√)
House				<input type="checkbox"/> Retaining <input type="checkbox"/> Surrendering		
Cottage				<input type="checkbox"/> Retaining <input type="checkbox"/> Surrendering		
Land				<input type="checkbox"/> Retaining <input type="checkbox"/> Surrendering		
Mobile home <input type="checkbox"/> rented land <input type="checkbox"/> owned	(make, model, serial #)			<input type="checkbox"/> Retaining <input type="checkbox"/> Surrendering		

Income Tax	
Me	My Partner
For which year was your last income tax return filed?	For which year was your last income tax return filed?
Do you have any money owing to Revenue Canada?	Do you have any money owing to Revenue Canada?

Debts (including student loans, mortgages, vehicle loans, leases or rental agreements)

Claim Type: U or blank = Unsecured; S = Secured; C = Contingent

Creditor Name & Account Number	Claim Type U/S/C	Address	Business Debt? yes <input type="checkbox"/> no <input type="checkbox"/>	Estimated \$ Owing	This debt belongs to	
					Me <input type="checkbox"/>	My Partner <input type="checkbox"/>
1.			yes <input type="checkbox"/> no <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2.			yes <input type="checkbox"/> no <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3.			yes <input type="checkbox"/> no <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4.			yes <input type="checkbox"/> no <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
5.			yes <input type="checkbox"/> no <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
6.			yes <input type="checkbox"/> no <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
7.			yes <input type="checkbox"/> no <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Creditor Name & Account Number	Claim Type U/S/C	Address	Business Debt?	Estimated \$ Owing	This debt belongs to	
					Me	My Partner
8.			yes <input type="checkbox"/> no <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9.			yes <input type="checkbox"/> no <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
10.			yes <input type="checkbox"/> no <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
11.			yes <input type="checkbox"/> no <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
12.			yes <input type="checkbox"/> no <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
13.			yes <input type="checkbox"/> no <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
14.			yes <input type="checkbox"/> no <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Have you co-signed or guaranteed a debt for anyone? yes <input type="checkbox"/> no <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide details.						
Has anyone co-signed for any of your debt? yes <input type="checkbox"/> no <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide details.						

Do you have debts arising from:	Me	My Partner
Fine or penalty imposed by Court?	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Recognizance or Bail Bond?	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Are you making alimony and/or maintenance payments? To whom:	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
What is your monthly payment?	\$	\$
Do you have an agreement or Court Order? (If yes, please bring it with you.)	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Are you in arrears?	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Can you claim for tax purposes?	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Fraud, Embezzlement, Misappropriation?	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Obtaining property by false pretense or fraudulent misrepresentation?	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Do you have any student loans outstanding? When last attended? (End period study date) _____ Institution attended? _____	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>

Please enter the number of persons in household family unit, including applicant(s) # _____		
Name of dependents	Date of birth	Relationship
1.		
2.		
3.		
4.		

Highest education level completed: <input type="checkbox"/> 0-8 years <input type="checkbox"/> Some high school <input type="checkbox"/> High school graduate <input type="checkbox"/> Some post-secondary <input type="checkbox"/> Post-secondary certificate/diploma <input type="checkbox"/> University Degree	Highest education level completed: <input type="checkbox"/> 0-8 years <input type="checkbox"/> Some high school <input type="checkbox"/> High school graduate <input type="checkbox"/> Some post-secondary <input type="checkbox"/> Post-secondary certificate/diploma <input type="checkbox"/> University Degree
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Me	My Partner
Employment Status <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> not employed <input type="checkbox"/> self-employed <input type="checkbox"/> retired <input type="checkbox"/> other	Employment Status <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> not employed <input type="checkbox"/> self-employed <input type="checkbox"/> retired <input type="checkbox"/> other
Occupation	Occupation
Current employer / Address	Current employer / Address
Employed since (DD/MM/YY)	Employed since (DD/MM/YY)

Business Information		
	Me	My Partner
Have you owned or had an interest in a business or have you been self-employed in the last 5 years?	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Type of business	corporation <input type="checkbox"/> partnership <input type="checkbox"/> sole proprietorship <input type="checkbox"/>	corporation <input type="checkbox"/> partnership <input type="checkbox"/> sole proprietorship <input type="checkbox"/>
Name of business		
Nature of business		
Address of business		
Percentage of ownership	%	%
Are you a director?	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Year end (DD/MM)		
Were any of your debts incurred in the conduct of a business?	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
When did the business commence operation?		
If not operating, when did the business cease to operate?		
Where are all accounting records?		
Do you have a GST/HST number? If yes, please record it	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
When was the last GST/HST return filed?		
Are there source deductions outstanding?	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Are there any wages outstanding?	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
During the past 12 months, what was the maximum number of employees you employed?		

Income & Expenses		
Monthly Income	Me	My Partner
Net employment income		
Net pension/annuities		
Net child support		
Net spousal support		
Net employment insurance benefits		
Net social assistance		
Self-employment income		
Child tax benefit		
Rental income		
Other net income		
Total monthly income	\$	\$
Total Monthly Income (family unit)	\$	
Monthly Non-Discretionary Expenses		
Child support payments		
Spousal support payments		
Child care		
Medical condition expenses		
Fines/penalties imposed by Court		
Expenses as a condition of employment		
Debts where stay has been lifted		
Other non-discretionary expenses		
Total monthly nondiscretionary expenses	\$	\$
Total Non-Discretionary Expenses (family unit)	\$	

Monthly Discretionary Expense (family unit, after bankruptcy)			
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		Repair/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 _____		Payments	
Non-recoverable medical expenses		Payments to the Trustee	
Prescriptions		To secured creditor (other)	
Dental		Spouse's payment to the Trustee	
Other _____		Other _____	
Total Monthly Discretionary Expenses (family unit)		\$	
Difference between income and expenses		\$	

Within the last 6 months, have you:

Me	My Partner
<p>Received any advice regarding your financial situation? yes <input type="checkbox"/> no <input type="checkbox"/></p> <p>If yes, give details: Company you met with _____ Amount paid, if any \$ _____</p>	<p>Received any advice regarding your financial situation? yes <input type="checkbox"/> no <input type="checkbox"/></p> <p>If yes, give details: Company you met with _____ Amount paid, if any \$ _____</p>

Within the last 12 months, have you:

Me	My Partner
<p>Sold, disposed of, or transferred any assets/property? (i.e. cashed RRSP, bonds, or any other investment?) yes <input type="checkbox"/> no <input type="checkbox"/></p> <p>If yes, specify asset or property, approximate date, net proceeds and disposition of funds.</p>	<p>Sold, disposed of, or transferred any assets/property? (i.e. cashed RRSP, bonds, or any other investment?) yes <input type="checkbox"/> no <input type="checkbox"/></p> <p>If yes, specify asset or property, approximate date, net proceeds and disposition of funds.</p>
<p>Paid any debts in full or made any excess payments to a creditor? yes <input type="checkbox"/> no <input type="checkbox"/></p> <p>If yes, indicate the creditor, approximate amount and date of payment and source of funds for payment.</p>	<p>Paid any debts in full or made any excess payments to a creditor? yes <input type="checkbox"/> no <input type="checkbox"/></p> <p>If yes, indicate the creditor, approximate amount and date of payment and source of funds for payment.</p>
<p>Had assets/property seized by any creditor? yes <input type="checkbox"/> no <input type="checkbox"/></p> <p>If yes, indicate creditor, asset seized and approximate date.</p>	<p>Had assets/property seized by any creditor? yes <input type="checkbox"/> no <input type="checkbox"/></p> <p>If yes, indicate creditor, asset seized and approximate date.</p>

Within the last 5 years, have you:

Sold, disposed of or transferred any property?
yes no

If yes, specify the property, approximate date, net proceeds and disposition of funds.

Sold, disposed of or transferred any real estate?
yes no

If yes, specify the property, approximate date, net proceeds and disposition of funds.

Made gifts to relatives or others in excess of \$500?
yes no

If yes, provide details:

Made gifts to relatives or others in excess of \$500?
yes no

If yes, provide details:

Have you:

Made arrangements to continue to pay any creditors?
yes no

If yes, specify to whom, how much you are paying and why you are paying.

Made arrangements to continue to pay any creditors?
yes no

If yes, specify to whom, how much you are paying and why you are paying.

Have you recently separated from your spouse? Have all issues related to support and assets been decided? Please provide details.

Supplemental personal information	Me	My Partner
Are you involved in civil litigation from which you may receive monies or property? If yes, give details:	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Has anyone left you an inheritance which you have not yet received? If yes, give details:	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Do you expect to receive any sums of money which are not related to your normal income such as retroactive payments (i.e.: support, Child tax benefit arrears, or Disability Tax Credits) or any other property within the next 12 months? If yes, give details:"	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Are you anticipating receiving any other income such as amounts received as damages for wrongful dismissal, as pay equity settlements or that relate to workers' compensation? If yes, give details:	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Are there any judgments or wage garnishments outstanding against you? If yes, give details:	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Has any creditor commenced Court Action against you? If yes, give details:	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>

Prior Bankruptcy or Proposal (if applicable):	
Me	My Partner
Name of Trustee and location filed:	Name of Trustee and location filed:
Was your bankruptcy / proposal completed?	Was your bankruptcy / proposal completed?
Cause:	Cause:

Cause of Insolvency:	
Me	My Partner
Cause of financial difficulties	Cause of financial difficulties
<input type="checkbox"/> Business failure	<input type="checkbox"/> Business failure
<input type="checkbox"/> Financial mismanagement	<input type="checkbox"/> Financial mismanagement
<input type="checkbox"/> Health-related problems	<input type="checkbox"/> Health-related problems
<input type="checkbox"/> Marital breakdown/personal problems	<input type="checkbox"/> Marital breakdown/personal problems
<input type="checkbox"/> Over-extension of credit	<input type="checkbox"/> Over-extension of credit
<input type="checkbox"/> Unemployment or adverse employment change	<input type="checkbox"/> Unemployment or adverse employment change
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

How did you hear about us?

Me	My Partner
How did you hear about Grant Thornton Limited?	How did you hear about Grant Thornton Limited?
<input type="checkbox"/> Internet (specify website)	<input type="checkbox"/> Internet (specify website)
<input type="checkbox"/> Yellow pages (app or phonebook)	<input type="checkbox"/> Yellow pages (app or phonebook)
<input type="checkbox"/> Prior filing with our firm	<input type="checkbox"/> Prior filing with our firm
<input type="checkbox"/> Television Ads (specify station)	<input type="checkbox"/> Television Ads (specify station)
<input type="checkbox"/> Radio (specify station)	<input type="checkbox"/> Radio (specify station)
<input type="checkbox"/> Bus Ad	<input type="checkbox"/> Bus Ad
<input type="checkbox"/> Newspaper (please specify)	<input type="checkbox"/> Newspaper (please specify)
<input type="checkbox"/> Counselling services (please specify)	<input type="checkbox"/> Counselling services (please specify)
<input type="checkbox"/> Lawyer (name/firm)	<input type="checkbox"/> Lawyer (name/firm)
<input type="checkbox"/> Accountant (name/firm)	<input type="checkbox"/> Accountant (name/firm)
<input type="checkbox"/> Banker (name)	<input type="checkbox"/> Banker (name)
<input type="checkbox"/> Friend/Family (name)	<input type="checkbox"/> Friend/Family (name)
<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Other (please specify)

I hereby certify that the information contained in this application is true and complete in every respect and fully discloses the state of my affairs. In addition, I recognize that any income in excess of a reasonable cost of living must be paid to the Trustee for the general benefit of the creditors.

Date

My Signature

Date

My Partner's Signature