

JOINT / INDIVIDUAL

LAST NAME:		FIRST NAME:	
ARE YOU KNOWN BY ANY OTHER NAMES?			
ADDRESS:		APT #	CITY
PROVINCE		POSTAL CODE	LIVING SINCE ____/____ Year Month

TEL:			
RES : _____		Work: _____	
CELL: _____		Fax: _____	
EMAIL: _____			
BIRTH DATE: ____/____/____ Year Month Date	S.I.N.	OCCUPATION	GENDER M / F

MARITAL STATUS:	AS OF:
<input type="checkbox"/> COMMON LAW <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED	YEAR ____ MONTH ____

NUMBERS OF PERSON(S) IN THE FAMILY UNIT, INCLUDING DEBTOR _____		
NUMBER OF PERSONS AGE 17 OR UNDER WHO RELY ON YOU _____		
NUMBER OF CHILDREN AGE 17 OR UNDER		
NAME	D.O.B.	RELATIONSHIP
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Level of Education: _____

SPOUSE / CO-APPLICANT

LAST NAME:		FIRST NAME:	
ARE YOU KNOWN BY ANY OTHER NAMES?			
ADDRESS:		APT #	CITY
PROVINCE		POSTAL CODE	LIVING SINCE ____/____/____ Year Month

TEL			
RES : _____		WORK: _____	
CELL: _____		FAX: _____	
EMAIL: _____			
BIRTH DATE: ____/____/____ Year Month Date	S.I.N.	OCCUPATION	GENDER M / F

EMPLOYER DETAILS

NAME OF CURRENT EMPLOYER:		ADDRESS		CITY
PROVINCE	POSTAL CODE	EMPLOYED SINCE ____/____/____ YEAR MONTH DAY	POSITION	

SPOUSE/CO-APPLICANT'S EMPLOYER DETAILS

NAME OF CURRENT EMPLOYER:		ADDRESS		CITY
PROVINCE	POSTAL CODE	EMPLOYED SINCE ____/____/____ YEAR MONTH DAY	POSITION	

BUSINESS INFORMATION

<p>Have you ever owned or had an interest in a business in last five years? Y / N</p> <p>Have you ever been self-employed in last five years? Y / N</p> <p>Address _____ City _____</p> <p>Province _____ Postal Code _____</p> <p>Name of Business _____</p> <p>Nature of business _____</p> <p>When commenced _____</p> <p>When ceased _____</p> <p>Do you want to continue Business? _____</p> <p>Do you want to cease Business? _____</p> <p>Does the business have any assets of receivables? Y/N</p> <p>If so, please provide amount and details _____</p>	<p>Percentage of debts incurred in business _____ %</p> <p>Have you guaranteed any loans for the business?</p> <p>Y/N</p> <p>If yes, provide details _____</p> <hr/> <p>Names of Partners/Directors</p> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p> <p>4 _____</p> <p>GST/ HST NO:</p> <p>_____</p>
<p>Type of ownership</p> <p><input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership</p>	

Additional information _____

REASONS OF INSOLVENCY

<p>Describe the situation which caused you financial problems _____</p> <p>Have you previous bankrupt Y / N. If yes, provide details _____</p> <p>_____</p>

TRANSFER OF ASSETS

9A. Have you disposed of/transferred property in the last 12 months _____ Y/N

10A. Have you sold, disposed of transferred property in the last 5 years _____ Y/N

If yes, specify net proceeds and disposition of proceeds as

What was your share? _____

When you did first bought the house? _____

What was the value of house? _____

What was the mortgage balance and how much was the down payment? _____

When did you transfer or sell or refinance the house? _____

What was the value of house? _____

What was the mortgage balance? _____

How much money did you receive and where did you spend this amount? _____

9B. Have you made excess payments to creditors in the last 12 months _____ Y/N

9C. Have you had property seized by creditors in the last 12 months _____ Y/N

10B. Have you made any gifts to relatives or others over \$500 in the last 5 year _____ Y/N

If yes, provide details _____

12. Do you expect to receive extra sums of money in the next 12 months(other than your usual income) Y/N

If yes please provide details _____

FORM 79	DESCRIPTION	ESTIMATED VALUE	SECURED AMOUNT	NET REALIZATION
Real Estate House/Land/cottage				
Cash in hand/bank				
Household furniture and effects upto \$10,000 at liquidation value	Exempt			
Personal effects Exempt upto \$5000 at liquidation value				
Insurance Policies	Policy # Beneficiary:			
Stocks, Bonds and Investments				
Registered Education Saving Plan	Policy # Beneficiary:			
Registered Retirement Saving Plan (In last one year, how much have you contributed?)	Policy # Beneficiary:			
Automobile Truck, Van	Year/Make/Model			
Finance / Lease / Own				
Recreational Vehicle Snowmobiles, Trailer or mobile home				
Tools of the Trade Exempt upto \$10,000 at liquidation value				

Home equity calculation:

Market value _____ selling cost (6%) _____ Net Equity _____
 1st Mortgage _____ 2nd Mortgage _____ Debtor's Share _____

FORM 65
MONTHLY INCOME AND EXPENSE STATEMENT OF DEBTOR & THE FAMILY UNIT

PAY PERIOD WEEKLY _____ BY-WEEKLY _____ MONTHLY _____

	DEBTOR	SPOUSE/OTHER HOUSEHOLD MEMBERS
NET EMPLOYMENT INCOME		
NET PENSION/ANNUITIES		
NET CHILD SUPPORT		
NET CHILD TAX BENEFIT/FAMILY ALLOWANCE		
NET SPOUSAL SUPPORT/ALIMONY		
NET EMPLOYMENT INSURANCE BENEFITS		
NET SOCIAL ASSISTANCE /WELFARE BENEFITS		
NET SELF-EMPLOYMENT INCOME		
PENSION-EMPLOYER		
PENSION-O.A.S		
O.A.S. FEDERAL SUPPL		
PENSION C.P.P.		
RENTAL INCOME		
W.C.B. BENEFITS		
COMMISSIONS		
HELP FROM FAMILY		

DDEBTOR'S TOTAL NET INCOME \$ _____

SPOUSE /OTHER TOTAL NET INCOME \$ _____

TOTAL FAMILY INCOME \$ _____

MONTHLY NON-DISCRETIONARY EXPENSES

	BANKRUPT	SPOUSE
CHILD SUPPORT PAYMENTS		
SPOUSAL SUPPORT PAYMENTS		
CHILD CARE		
MEDICAL CONDITION EXPENSES		
FINES/PENALTIES IMPOSE BY THE COURT		
EXPENSES AS CONDITION OF EMPLOYMENT		
DEBTS WHERE STAY HAS BEEN LIFTED		

TOTAL MONTHLY NON-DISCRETIONARY EXPENSES : \$ _____

**IF YOU PAY CHILD SUPPORT/ALIMONY PAYMENTS AND THERE IS A COURT ORDER OR
LEGAL SEPARATION AGREEMENT YOU MUST PROVIDE A COPY TO THE TRUSTEE FOR THE
TAX DEPARTMENT OR DEDUCTIONS WILL BE DISALLOWED
MONTHLY EXPENSES (FAMILY UNIT)**

FORM 65

RENT/MORTGAGE	\$	FOOD/GROCERY	\$
PROPERTY TAXES/CONDOS FEES	\$	LAUNDRY/DRY CLEANING	\$
HEATING/GAS OIL	\$	GROOMING/TOILETRIES	\$
TELEPHONE/CELL PHONE	\$	CLOTHING	\$
CABLE/INTERNET	\$	EDUCATION EXPENSES	\$
HYDRO	\$	WATER	\$
SMOKING/ALCOHAL	\$	CAR PAYMENTS LEASED/FINANCED	\$
DINING/LUNCHES/RESTAURANTS	\$	GAS&MAINTENACE	
ENTERTAINMENT/SPORTS	\$	PUBLIC TRANSPORTATION	\$
GIFTS/CHARITABLE DONATIONS	\$	VEHICLE INSURANCE	\$
PRESCRIPTIONS	\$	HOUSE INSURANCE	\$
DENTAL	\$	LIFE INSURANCE	\$

PAYMENTS

TO THE ESTATE	\$	SPOUSAL PAYMENT TO ESTATE	\$
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TOTAL = _____

IN CASE OF PB

CONSUMER PROPOSAL

SURPLUS INCOME _____

CP TERMS _____

R.E. NET REALIZATION _____

Please understand that the information provided on this application will be used to prepare your financial affairs which will be sworn under oath as being to the best of your knowledge and belief, a full, true and complete statement of your personal information and financial affairs.

Name -----

Signature -----

Date -----