

DEBTOR INFORMATION FORM

ESTATE NAME: _____
(first five letters of last name and first three letters of first name)

SIGNING DATE/LOCATION: _____

ASSESSMENT DATE/TRUSTEE: _____

TYPE OF FILE: SUMMARY _____ JOINT _____ / PROPOSAL _____ JOINT _____

PREVIOUS BANKRUPT: YES _____ NO _____

PPSA: N/A _____ NAME: _____ VIN#: _____

REFERRAL (Mandatory): _____

PAYMENTS TO THE TRUSTEE: _____ OF \$ _____ = _____

EXPLANATION: _____

COUNSELLING: _____

PERSONAL INFORMATION

M/F _____
Gender Family Name Given Name

_____ A.K.A. _____
Middle Name(s)

_____ Town / City Province Postal Code
Street Address

I have resided at this address since: _____ D. O.B. _____ S.I.N. _____ - _____ - _____
DA / MO / YR DA / MO / YR

Marital Status: Married _____ Single _____ Divorced _____ Common-Law _____ Widow(er) _____ Separated _____

If marital status changed in the last five years, indicate date: _____
DA / MO / YR

Phone Number: at home: _____ Work _____ Other _____

E-Mail Address: _____

Usual Occupation: _____

Name of present employer: _____

Date hired: _____ If unemployed, since when? _____
DA / MO / YR DA / MO / YR

List all employers and /or EI received in the past 2 years (if applicable) :

	<u>Employers Name</u>	<u>Employers Address</u>	<u>Started</u>	<u>Ended</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Level of Education _____

GAMBLING

1. Did gambling contribute to your financial difficulty?

2. If yes, where did you gamble?

3. What games did you play and frequency of gambling?

4. Amount of money lost gambling?

5. Amount of debt attributable to gambling.

6. Remedies that have been taken to ensure gambling has ceased?

counselling _____

self exclusion _____

other support mechanisms _____

7. When was the last time you gambled?

SPOUSAL INFORMATION – INCLUDES COMMON-LAW

M/F
Gender _____ Family Name _____ Given Name _____

Middle Name(s) _____ A.K.A. _____

Street Address _____ Town / City _____ Province _____ Postal Code _____

I have resided at this address since: _____ D. O.B. _____ S.I.N. _____ - _____ - _____
DA / MO / YR DA / MO / YR

Marital Status: Married___ Single___ Divorced___ Common-Law___ Widow(er)___ Separated ___

If marital status changed in the last five years, indicate date: _____
DA / MO / YR

Phone Number: at home: _____ Work _____ Other _____

Usual Occupation: _____

Name of present employer: _____

Date hired: _____ If unemployed, since when? _____
DA / MO / YR DA / MO / YR

List all employers and /or EI received in the past 2 years (if applicable):

	<u>Employers Name</u>	<u>Employers Address</u>	<u>Started</u>	<u>Ended</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

DEPENDANTS (LIST ALL INDIVIDUALS WHO RELY ON YOU FOR FINANCIAL SUPPORT)

	<u>Full Name</u>	<u>Relationship</u>	<u>D.O.B. (DA/MO/YR)</u>	<u>Address (If different)</u>	<u>Income</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

If any dependants over 18 years why dependant? _____

INCOME (MONTHLY) AFTER DEDUCTIONS/"NET TAKE HOME"

	DEBTOR	SPOUSE
Employment Income.....	\$ _____	\$ _____
Pensions / Annuities.....	_____	_____
Child Support.....	_____	_____
Spousal Support.....	_____	_____
Employment Insurance.....	_____	_____
Social Assistance.....	_____	_____
Self-Employment Income.....	_____	_____
Child Tax Benefit.....	_____	_____
Other Income (Specify: _____).	_____	_____
TOTAL INCOME	_____	_____

Monthly Non-discretionary expenses:

Child support.....	\$ _____
Spousal support.....	_____
Child Care.....	_____
Medical condition expenses.....	_____
Fines/Penalties being paid.....	_____
Expenses as a condition of employment.....	_____
Debts where stay has been lifted.....	_____

Monthly Discretionary expenses:

Housing expenses

Rent/Mortgage.....	\$ _____
Property Taxes/Condo fees.....	\$ _____
Heating/Gas/Oil.....	\$ _____
Telephone.....	\$ _____
Cable.....	\$ _____
Hydro.....	\$ _____
Water.....	\$ _____
Furniture.....	\$ _____

Personal expenses

Smoking.....	\$ _____
Alcohol.....	\$ _____
Dining/Lunches/Restaurants.....	\$ _____
Entertainment/Sports.....	\$ _____
Gifts/Charitable Donations.....	\$ _____
Allowances.....	\$ _____

Non-recoverable medical expenses

Prescriptions.....	\$ _____
Dental.....	\$ _____

Living expenses

Food/Grocery.....	\$ _____
Laundry/Dry cleaning.....	\$ _____
Grooming/Toiletries.....	\$ _____
Clothing.....	\$ _____

Transportation expenses

Car lease/Payments.....	\$ _____
Repair/Maintenance/Gas.....	\$ _____
Public transportation.....	\$ _____

Insurance expenses

Vehicle..... \$ _____
 House..... \$ _____
 Furniture/Contents..... \$ _____
 Life insurance..... \$ _____

Payments to be maintained

To secured creditor..... \$ _____
 Other (specify: _____)..... \$ _____

TOTAL MONTHLY EXPENSES..... \$ _____

SURPLUS INCOME CALCULATION

A. Family Income:

1. Net monthly family Income (all sources) \$ _____
 2. Minus Non-Discretionary Expenses \$ _____
 3. = Total net monthly family income \$ _____

B. Bankrupt's Income:

1. Total (net of payroll deductions) monthly income of the bankrupt \$ _____
 2. Bankrupt's income as a percentage of Total Family Income _____%

C. Surplus Income – Family:

1. Total Net Monthly Family Income (line A3) \$ _____
 2. minus Standard (see chart below) \$ _____
 3. = Family surplus Income \$ _____

D. Required monthly payment per the Directives on surplus income:

1. Family surplus income \$ _____ X _____ % = \$ _____ X 1/2 = \$ _____
(Line C3) (Line B2) Bankrupt's Surplus Income Required S.I. Payment

2. Amount bankrupt has agreed to pay monthly: \$ _____
 3. Difference between amounts (D1) and (D2) \$ _____
 4. Amount bankrupt has agreed to pay to repurchase assets \$ _____

**Superintendent's Standards
 - 2011 -**

Total Monthly Surplus Income

Persons	S	Family Unit's Available Monthly Income																	
		2026	2126	2226	2326	2426	2626	2826	3026	3226	3426	3626	3826	4026	4226	4526	4826	5126	5426
1	1926	100	200	300	400	500	700	900	1100	1300	1500	1700	1900	2100	2300	2600	2900	3200	3500
2	2398	0	0	0	0	0	228	428	628	828	1028	1228	1428	1628	1828	2128	2428	2728	3028
3	2948	0	0	0	0	0	0	0	0	278	478	678	878	1078	1278	1578	1878	2178	2478
4	3579	0	0	0	0	0	0	0	0	0	0	0	247	447	647	947	1247	1547	1847
5	4059	0	0	0	0	0	0	0	0	0	0	0	0	0	167	467	767	1067	1367
6	4578	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	248	548	848
7+	5097	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	329

ASSETS TO BE LINKED

TRANSFER OF ASSETS

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 1. Have you been bankrupt or filed a Consumer Proposal before? | _____ | _____ |
| Date _____ Date of Discharge or Full Performance _____
<small style="margin-left: 100px;">DA /MO / YR</small> <small style="margin-left: 300px;">DA /MO / YR</small> | | |
| Name of Trustee _____ | | |
| City filed in _____ | | |
| 2. Within the last 12 months have you either in Canada or elsewhere: | | |
| (A) Sold or disposed of any of your property? | | |
| DETAILS: _____ | _____ | _____ |
| (B) Made payments in excess of regular payments to a creditor? | | |
| DETAILS: _____ | _____ | _____ |
| (C) Had any property seized by a creditor? | | |
| DETAILS: _____ | _____ | _____ |
| 3. Within 5 years prior to the date of the initial bankruptcy event, while you knew yourself to be insolvent, have you either in Canada or Elsewhere: | | |
| (A) Disposed or transferred any property? | | |
| DETAILS: _____ | _____ | _____ |
| (B) Made any gifts to relatives or others in excess of \$500.00? | | |
| DETAILS: _____ | _____ | _____ |
| 4. Have you made any arrangements to continue to pay any creditors? | | |
| DETAILS: _____ | _____ | _____ |
| 5. 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? | _____ | _____ |

BUSINESS DETAILS

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 1. Have you been in business in the last 5 years? | _____ | _____ |
| Name of Business _____ | | |
| Address of Business _____ | | |
| Type of Business _____ | | |
| Check One: Sole Proprietorship _____ Partnership _____ Incorporated _____ | | |
| 2. What period did you operate? | | |
| _____ TO _____ | | |
| <small style="margin-left: 100px;">DA/MO/YR</small> <small style="margin-left: 100px;">DA/MO/YR</small> | | |
| 3. What is the Year-End of the business? | | |
| _____ | | |
| 4. For what period were the last returns completed for: | | |
| Income Tax _____ T4-Slips _____ GST _____ RST _____ | | |
| <small style="margin-left: 100px;">DA/MO/YR</small> <small style="margin-left: 100px;">DA/MO/YR</small> <small style="margin-left: 100px;">DA/MO/YR</small> <small style="margin-left: 100px;">DA/MO/YR</small> | | |
| 5. For what period are financial statements completed? | | |
| _____ | | |
| <small style="margin-left: 100px;">DA/MO/YR</small> | | |
| 6. Where are the books and records of the business kept? | | |
| _____ | | |
| 7. Was there a company pension plan for employees? | _____ | _____ |
| 8. Names of partners or directors, if any? | | |
| _____ | | |
| 9. Has Taylor Leibow been your accountant or auditors in the last 2 years? | _____ | _____ |
| 10. Disposition of asset? _____ | | |
| _____ | | |
| 11. % of Business Debts: _____ | | |
| Guaranteed Business Debts: _____ | | |

ASSETS

A. **CASH ON HAND:** \$ _____

B. **CASH IN BANK:**

	<u>NAME OF BANK</u>	<u>ADDRESS</u>	<u>ACCOUNT#</u>	<u>AMOUNT</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

C. **HOUSEHOLD FURNITURE & APPLIANCES:**

	<u>DESCRIPTION</u>	<u>VALUE(estimated auction price)</u>
1.	_____	\$ _____
2.	_____	\$ _____
	TOTAL	\$ _____

D. **PERSONAL EFFECTS:**

	<u>DESCRIPTION</u>	<u>VALUE(estimated auction price)</u>
1.	Tools of the Trade _____	\$ _____
2.	_____	\$ _____
	TOTAL	\$ _____

E. **CASH SURRENDER VALUE OF INSURANCE POLICIES**

	<u>COMPANY</u>	<u>POLICY #</u>	<u>BENEFICIARY/RELATIONSHIP</u>	<u>C.S.V.</u>
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____

F. **STOCKS, BONDS, RRSP'S AND PENSION PLANS**

	<u>INVESTMENT TYPE</u>	<u>COMPANY NAME/ADDRESS</u>	<u>ACCOUNT</u>	<u>VALUE</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

G. **REAL ESTATE**

1. Description (House, Cottage, etc.) _____

Address _____

Owner(s) _____

Mortgage Holder(s) 1. _____ Amount Owing \$ _____

2. _____

Estimated gross value of property \$ _____

Less: 6% Commission \$ _____

G.S.T. on Commission _____

Legal Fees _____

Mortgage Penalty _____

Estimated net value of property \$ _____

Bankrupt maintaining property? _____ Estimated to realize \$ _____

2. Description (House, Cottage, etc.) _____

Address _____

Owner(s) _____

Mortgage Holder(s) 1. _____ Amount Owing \$ _____

2. _____

Estimated gross value of property \$ _____

Less: 6% Commission \$ _____

G.S.T. on Commission _____

Legal Fees _____

Mortgage Penalty _____

Estimated net value of property \$ _____

Bankrupt maintaining property? _____ Estimated to realize \$ _____

H. MOTORIZED AND RECREATIONAL VEHICLES:

	<u>YEAR/MODEL</u>	<u>VALUE</u>	<u>LOCATION*</u>		<u>REALIZATION/ COMMENTS</u>
			Storage	Bankrupt's Possession	
Automobile(s)	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Motorcycle(s)	_____	_____	_____	_____	_____
Boat/Motor	_____	_____	_____	_____	_____
Snowmobile	_____	_____	_____	_____	_____
Trailer/Camper	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

* For ISS: storage = The Storage Yard and Bankrupt's possession = keeping

Note: obtain copy of ownership for encumbered vehicles

I. **Any other assets:** YES ___ NO ___

If yes, provide details: _____

J. **Other:**

Are any of the above assets presently insured _____

If yes, provide details _____

Please describe briefly the reason(s) for your financial difficulty.

Debts/Liabilities

Creditor Name & Address

Amount Owing

Account#

**Asset
Given as Security**

1. _____

Postal Code

2. _____

Postal Code

3. _____

Postal Code

4. _____

Postal Code

5. _____

Postal Code

6. _____

Postal Code

7. _____

Postal Code

8. _____

Postal Code

9. _____

Postal Code

Creditor Name & Address

Amount Owing

Account #

Given as Security

10. _____

_____ Postal Code

11. _____

_____ Postal Code

12. _____

_____ Postal Code

13. _____

_____ Postal Code

14. _____

_____ Postal Code

15. _____

_____ Postal Code

16. _____

_____ Postal Code

17. _____

_____ Postal Code

18. _____

_____ Postal Code
