

KITCHENER - WATERLOO**Principal Office**

204 - 607 King Street West
Kitchener, Ont, N2G 1C7

Brampton

10 George Street North, Unit 116

Brantford

218 Brant Avenue

Cambridge

8 George Street North, 2nd Floor

Chatham

75 Thames Street

Etobicoke

The Clarica Center, Suite 3140
Center Tower 3300 Bloor Street W

Goderich

138 Court House Square

Guelph

207 Woolwich Street

Hamilton

10 George Street, 4th Floor

Leamington

1 Russell Street

London

186 Albert Street, Suite 207

Mississauga

2 Robert Speck Pkwy, Suite 750

North York

4950 Yonge Street, Suite 1906

Sarnia

265 North Front Street, Suite 411

Scarborough

55 Town Centre Court, Suite 700

Strathroy

16 Front Street East

Toronto

2 Bloor Street West, Suite 700

Vaughan

216 Chrislea Road, Suite 401

Windsor

420 Devonshire Road

HOYES • MICHALOS

& ASSOCIATES INC. – TRUSTEES IN BANKRUPTCY

Fresh Start Application Form

PHONE 310-PLAN

Please return your completed application form to one of our offices or use our toll free fax:

TOLL FREE FAX: 888 - 553 - 5519

If you have any questions, please do not hesitate to call, or visit our website at:

www.hoyes.com

Please provide the following information with your application:

Required Received

General Information:

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Photocopy of ID - Birth Certificate, Passport or Canadian Citizenship Card |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of Support Agreements, and support receipts (if not on pay stub) |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of your last pay stub received from each of your employers |
| <input type="checkbox"/> | <input type="checkbox"/> | Summary of last months business income & expenses if you are self employed |
| <input type="checkbox"/> | <input type="checkbox"/> | Details of RRSP's cashed since you filed your last tax return |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of your last income tax Notice of Assessment |

Assets:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Current Written Market Valuation of home by Real Estate Agent |
| <input type="checkbox"/> | <input type="checkbox"/> | Appraisal for vehicles |
| <input type="checkbox"/> | <input type="checkbox"/> | Photocopy of all vehicles ownership (green slip) and insurance (pink slip) |
| <input type="checkbox"/> | <input type="checkbox"/> | RRSP / RESP / Other Pension Statements |
| <input type="checkbox"/> | <input type="checkbox"/> | Life Insurance Policies |
| <input type="checkbox"/> | <input type="checkbox"/> | Canada Savings Bonds Statements |

Liabilities:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Creditor Invoices or statements |
| <input type="checkbox"/> | <input type="checkbox"/> | Confirmation of Mortgage balance (up to date statement) |
| <input type="checkbox"/> | <input type="checkbox"/> | Court Orders, Judgments, or Garnishments (So trustee can stop the garnishment) |
| <input type="checkbox"/> | <input type="checkbox"/> | Credit Cards - All credit cards must be turned over to the trustee |

Payment Information:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Open a new bank account, with an institution you do not owe money to. |
| <input type="checkbox"/> | <input type="checkbox"/> | Void cheque or pre-authorized payment form, from new bank account |
| | | or |
| | | Initial payments to trustee: |
| <input type="checkbox"/> | <input type="checkbox"/> | Cash or Cheque payable to Hoyes, Michalos & Associates Inc. for \$ |
| <input type="checkbox"/> | <input type="checkbox"/> | Post Dated Cheques, payable to Hoyes, Michalos & Associates Inc. |

Note: We may contact you prior to your appointment to review your information.

HOYES • MICHALOS

& ASSOCIATES INC. – TRUSTEES IN BANKRUPTCY

Information Form

Questions? 310-PLAN

Your Family Information

	Applicant	Spouse
Family Name (Last Name):		
First AND Middle Names: (as printed on your birth certificate / passport)		
AKA / Maiden Name		
Date of Birth	DAY: MONTH: YEAR:	DAY: MONTH: YEAR:
SIN #	- -	- -
Marital Status	Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/>	Common Law <input type="checkbox"/> Widowed <input type="checkbox"/>
Since	DAY: MONTH:	YEAR:
Email		
Telephone Number:	Home: Cell: Work:	
Residential Address (including Postal Code):		
At This Address Since?	DAY: MONTH: YEAR:	
If you use an alternative mailing address:		

List of Dependants Currently Living With You:

	Full Name	Relation	Date of Birth (dd/mm/yyyy)	Gender (m/f)
1				
2				
3				
4				
5				

For Office Use Only

PB
 CP
 Joint? Yes No

Notes

TERMS _____ x _____

Office for Sign Up: _____

Employment / Income & Tax Information

Please indicate your current source of Income (if unemployed, please indicate if you are currently collecting benefits)

Applicant

Employer:	Occupation:		
Address (inc Postal Code):	Phone Number:	From (dd/mm/yyyy):	To (dd/mm/yyyy):
Name of Payroll contact to Stop Garnishment:	Fax Number:	Email:	

Spouse (if also filing)

Employer:	Occupation:		
Address (inc Postal Code):	Phone Number:	From (dd/mm/yyyy):	To (dd/mm/yyyy):
Name of Payroll contact to Stop Garnishment:	Fax Number:	Email:	

Income Tax

	Applicant	Spouse
For what year did you last file a tax return?		
Do you currently owe any money to Canada Revenue Agency? (ie. Income Tax, GST)	YES <input type="checkbox"/> NO <input type="checkbox"/> If 'yes', please list below:	YES <input type="checkbox"/> NO <input type="checkbox"/> If 'yes', please list below:
Amount: \$		
For What? (ie. Income Tax, GST)		
For which tax year?		

If available, please remember to attach a copy of your last **Notice of Assessment** to your application.

Self Employed Details

Are you currently Self Employed or operated a Business in the last 5 years? Yes No If yes, please complete below

Name of Business			
Type of Ownership	Incorporated <input type="checkbox"/>	Partnership <input type="checkbox"/>	Self Employed <input type="checkbox"/>
Address (inc Postal Code)			
Description of Business Activity			
List Partners or Directors if applicable			
Date Business Started (dd/mm/yyyy)			
Date Business Ended (dd/mm/yyyy)			
Was The Business GST Registered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "yes", GST Number:
Did/Does The Business have employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "yes", were all source deductions for employees remitted? Yes <input type="checkbox"/> No <input type="checkbox"/>
Can you produce books and financial records for the business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "no", what happened to them?
Does The Business Own Any Assets?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "yes", What is the value of all assets? \$

Family Monthly Income & Expenses Statement

INCOME

	Applicant	Spouse		Total
Employment	\$ _____	\$ _____		\$ _____
Pension	\$ _____	\$ _____		\$ _____
Support Received	\$ _____	\$ _____		\$ _____
EI	\$ _____	\$ _____		\$ _____
Welfare/Social Assistance	\$ _____	\$ _____		\$ _____
Self Employed Income	\$ _____	\$ _____		\$ _____
Baby Bonus/CTC	\$ _____	\$ _____		\$ _____
Other Income	\$ _____	\$ _____		\$ _____
Total	\$ _____	\$ _____		\$ _____

EXPENSES

Support, Child Care, Medical and Other Expenses

Child Support	\$ _____	\$ _____	\$ _____
Spousal Support	\$ _____	\$ _____	\$ _____
Child Care	\$ _____	\$ _____	\$ _____
Medical	\$ _____	\$ _____	\$ _____
Court Imposed Fines	\$ _____	\$ _____	\$ _____
Employment Expenses	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

Living Expenses

Rent/Mortgage	\$ _____	Food / Groceries	\$ _____
Property Taxes	\$ _____	Laundry/Dry Cleaning	\$ _____
Heat/Gas	\$ _____	Grooming / Toiletries	\$ _____
Telephone	\$ _____	Clothing	\$ _____
Cable	\$ _____	Total	\$ _____
Hydro	\$ _____		
Cell Phone	\$ _____	Car Lease / Loan	\$ _____
Internet	\$ _____	Repairs / Gas / Maintenance	\$ _____
Total	\$ _____	Public Transportation	\$ _____
		Total	\$ _____
Smoking	\$ _____		
Alcohol	\$ _____	Vehicle Insurance	\$ _____
Restaurants	\$ _____	House Insurance	\$ _____
Entertainment	\$ _____	Furniture / Contents	\$ _____
Gifts/Donations	\$ _____	Life Insurance	\$ _____
Allowances	\$ _____	Total	\$ _____
Total	\$ _____		
Prescriptions	\$ _____	Other (specify) _____	\$ _____
Dental	\$ _____	Other (specify) _____	\$ _____
Total	\$ _____	Other (specify) _____	\$ _____
		Other (specify) _____	\$ _____
		Total	\$ _____

Total All Expenses \$ _____

Net Monthly Family Income \$ _____

Please provide proof of anything entered in this section

Property Information

Please answer questions 1 through 6 by ticking yes or no and complete each section if applicable

1 Do you own any property/real estate? Yes No

if 'yes' please complete this section, if 'no', please go to question 2.

Type of property House Condo Cottage Land Time Share

Property Address
(inc Postal/Zip Code)

Person(s) holding title on deed

Date Property Purchased

Purchase Price \$

Current Estimated Value \$

Current Market Value by Yes
Real Estate Agent attached? No

Mortgages & Secured Credit Lines

	Name of Company	Who's Debt Is It?	Up to date Statement attached to Application Form?	If 'No', Please provide :	Address	Account #	Amount Owed
1st		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				\$
2nd		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				\$
3rd		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				\$

Are the following payments current?

Mortgages: Yes No if no, how much the arrears? _____
Property Tax: Yes No if no, how much the arrears? _____
Utilities: Yes No if no, how much the arrears? _____
Insurance: Yes No if no, how much the arrears? _____

Please advise your intention: Intend to maintain payments on mortgages to keep the property

Intend to surrender the property back to the creditor?

Please remember to attach to your application an up to date mortgage statement and a current market valuation of your property

Vehicles and Household Asset Information

2 Do you own any vehicles? Yes No

if 'yes' please complete this section, if 'no', please go to question 3.

	Who's Name is Vehicle in?	Make: Model: Year: Value:	Keeping <input type="checkbox"/> Surrender <input type="checkbox"/>	Name of Secured Creditor	Amount Owed	Creditor Information
1	Applicant <input type="checkbox"/> Joint <input type="checkbox"/> Spouse <input type="checkbox"/>	_____	<input type="checkbox"/>		\$	Account Number: _____
		_____	<input type="checkbox"/>			Address: _____
		_____	<input type="checkbox"/>			
		_____	<input type="checkbox"/>			
2	Applicant <input type="checkbox"/> Joint <input type="checkbox"/> Spouse <input type="checkbox"/>	_____	<input type="checkbox"/>		\$	Account Number: _____
		_____	<input type="checkbox"/>			Address: _____
		_____	<input type="checkbox"/>			
		_____	<input type="checkbox"/>			
3	Applicant <input type="checkbox"/> Joint <input type="checkbox"/> Spouse <input type="checkbox"/>	_____	<input type="checkbox"/>		\$	Account Number: _____
		_____	<input type="checkbox"/>			Address: _____
		_____	<input type="checkbox"/>			
		_____	<input type="checkbox"/>			
4	Applicant <input type="checkbox"/> Joint <input type="checkbox"/> Spouse <input type="checkbox"/>	_____	<input type="checkbox"/>		\$	Account Number: _____
		_____	<input type="checkbox"/>			Address: _____
		_____	<input type="checkbox"/>			
		_____	<input type="checkbox"/>			

3 Please Indicate the estimated liquidation (garage sale) value for your:

<p>Household Goods (ie Furniture, Appliances)</p> <p>\$ _____</p>	<p>Have any items been pledged as security to a creditor? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, to who?</p>									
<p>Personal Effects (ie. Jewellery, Clothing)</p> <p>\$ _____</p>	<p>Have any items been pledged as security to a creditor? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, to who?</p>									
<p>Please list any items included in the above totals that you believe to be worth over \$500</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;"><u>Item</u></th> <th style="width: 50%; text-align: left;"><u>Value</u></th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"> </td> <td> </td> </tr> </tbody> </table>	<u>Item</u>	<u>Value</u>			<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;"><u>Item</u></th> <th style="width: 50%; text-align: left;"><u>Value</u></th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"> </td> <td> </td> </tr> </tbody> </table>	<u>Item</u>	<u>Value</u>		
<u>Item</u>	<u>Value</u>									
<u>Item</u>	<u>Value</u>									

Please remember to attach to your application, a photocopy of your vehicle ownership and insurance.

Other Assets & Asset Disposal

4 Do you own any other Assets? (ie. RRSP's, GIC's, Mutual Funds, Life Insurance, Savings Bonds, Stocks, RESP's) Yes No

Type of Asset (ie RRSP)	Name of Company	Who's name is it in?	Policy Number	Value	Is the Asset: Locked In Cashable	
1		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
2		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
3		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
4		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
5		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>

5 In the last 12 months, have you, Sold, Transferred, Had Repossessed or Voluntarily Surrendered, Any Assets, including Real Estate, Vehicles, RRSP's, Life Insurance, Savings Bonds, Stocks, Shares, RESP's? Yes No

If Yes, Please list below:

	Asset Details <small>(if vehicle, put year, make & model)</small>	Amount Received	Date Money Received <small>(dd/mm/yyyy)</small>	What did you do with the money?
1		\$		
2		\$		
3		\$		
4		\$		
5		\$		

6 In the last five years, while knowing insolvent, have you Sold, Transferred, Had Repossessed or Voluntarily Surrendered, Any Assets? Yes No

If Yes, Please list below:

	Asset Details <small>(if property, put Address inc Postal Code)</small>	Amount Received	Date Money Received <small>(dd/mm/yyyy)</small>	What did you do with the money?
1		\$		
2		\$		

Please remember to attach to your application, up to date statements of all your investments

Liabilities

Unsecured Debts (ie. Credit Cards, Credit Lines, Overdrafts, Income Tax)

	Name of Company	Who's Debt Is It?	Up to date Statement attached to Application Form?	If 'No', Please provide :	Address	Account #	Amount Owed	Please Indicate if the Debt is Business or Personal
1		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
2		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
3		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
4		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
5		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
6		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
7		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
8		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
9		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
10		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
11		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
12		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>

General Information Questionnaire

1 Within the last 3 months, have you

- a) used your credit cards/credit lines for any purchases or cash advances? Yes No
- b) Received any loans? Yes No
- If "yes" to a or b, how much? _____
- When? (dd/mm/yyyy) _____
- From which creditor? _____

2 Within the last 6 months, have you paid for advice regarding your financial situation?

Yes No

- If "yes", When? (mm/yyyy) _____
- With Whom? _____
- How much did you pay? _____

3 Within the last 12 months, have you

- a) made payments in excess of minimum payments to, or paid off in full, any creditor? Yes No
- If "yes", when? (mm/yyyy) _____
- how much? _____
- Which Creditors? _____
- b) had any assets seized by any creditors? Yes No
- If "yes", what was seized? _____
- When? (mm/yyyy) _____
- By Whom? _____

4 Within the last five years, have you

- a) made any gifts to relatives or others in excess of \$500? Yes No
- If "yes", when? (mm/yyyy) _____
- how much? _____
- To Whom? _____

5 Have made arrangements to continue to pay any creditors?

Yes No

Mortgage Car Loan Car Lease Other

6 Do you have any credit cards? (Must be given to the trustee)

Yes No

7 Are there any writs, judgments, garnishments or wage assignments against you?

Yes No

If "yes", please ensure supporting documentation is provided so this can be stopped.

8 Do you expect to receive any lump sums of money in the next year (ie. Inheritance)?

Yes No

9 Has anyone co-signed for any of your debts, or have you co-signed a debt for someone?

Yes No

If "yes", please ensure they are listed on the liability page.

10 Have you ever been bankrupt before or filed a Consumer Proposal?

Yes No

If 'yes', please enter:

the number of times you have filed: _____ Year(s) filed: _____

The name you filed under, if a different name to your current name (ie, Maiden Name, previous married name):

11 Briefly describe the reasons for your financial difficulty:

