

HOYES • MICHALOS

& ASSOCIATES INC. – TRUSTEES IN BANKRUPTCY

Fresh Start Application Form

Call us Today at
1(866)747-0660 or 310-PLAN

Your Next appointment is scheduled for: _____ at _____

Checklist of Items to provide with your application:

General Information:

- Birth Certificate, Passport or Canadian Citizenship Card
- Proof of Income, such as a current bank statement and/or pay stubs
- Separation Agreement *(If applicable)*

Asset Information:

- Current Written Market Valuation of home by Real Estate Agent *(Letter of Opinion of Value)*
- Up to date Mortgage Statement/Print out showing current balance
- All Vehicle Ownerships *(green slip)* and Insurance Slips *(pink slip)*
- Vehicle loan or Lease documents
- Appraisal for Vehicles / Boat / Trailer / Motorcycle / Other: _____

Investment Information:

- RRSP / Mutual Funds / GIC / Profit Sharing *(up to date statement or 12 month transaction/activity report)*
- Pension / RRIF / Savings Bonds / Stocks / TFSA's / RESP's *(up to date 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, 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
- File outstanding tax returns for the tax years: _____
- Your last paystub from each employer you've had since January 1st
- 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: _____

Banking Information:

- Open a new bank account *(With an institution you do not owe money to)*
- Void cheque or pre-authorized payment form *(from new bank account)*

If you have any questions or problems with this application form, call us at 1 (866) 747-0660 or 310-PLAN.

You can also fax your completed application form with backing information to 1(888) 553-5519

Our Head Office: #204 - 607 King Street West, Kitchener, Ontario, N2G 1C7

Our Other Ontario offices:

Barrie Brampton Cambridge Goderich Hamilton London North York Sarnia St. Catharines Vaughan
Brantford Burlington Chatham Guelph Leamington Mississauga Orillia Scarborough Toronto Windsor

	Applicant	Spouse	
Family Name (Last Name):			
First AND Middle Names:			
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"/>	
<small>Date you married, separated, divorced, became common law or became widowed:</small>	DAY: MONTH: YEAR:	DAY: MONTH: YEAR:	
Email Address:			
Telephone Numbers:	Home: Work: Cell:		
Residential Address: <small>(include postal code)</small>			
At This Address Since?	MONTH: YEAR:		
Mailing Address: <small>(Only required if your mailing address is different to your residential address)</small>			
List All Dependants Currently Living With You:	Full Name	Relation	Date of Birth (dd/mm/yyyy)
For Office Use Only	Summary PB <input type="checkbox"/> Ordinary PB <input type="checkbox"/> Consumer Proposal <input type="checkbox"/> DIV 1 Proposal <input type="checkbox"/> Joint Filing? Yes <input type="checkbox"/> No <input type="checkbox"/>	Referral Source: _____ Counsellor: _____	
TERMS: _____ x _____			

Employment & Tax Information

Applicant

Employer:	Occupation:	
Address (inc Postal Code):	Phone Number:	Employed From (dd/mm/yyyy):
Name of Payroll Contact to Stop Garnishment:	Fax Number:	Email:
Is your job likely to be affected by insolvency proceedings? <i>(Special Licences, Regulatory Restrictions, Cash Handling)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		

Spouse (if also filing)

Employer:	Occupation:	
Address (inc Postal Code):	Phone Number:	Employed From (dd/mm/yyyy):
Name of Payroll Contact to Stop Garnishment:	Fax Number:	Email:
Is your job likely to be affected by insolvency proceedings? <i>(Special Licences, Regulatory Restrictions, Cash Handling)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		

Taxes

Personal Taxes

Applicant

Spouse

For what year did you last file a return?

How much do you owe? *(if applicable)* \$

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Liens

Are you aware of CRA holding a lien against any of your assets?

Yes

No

If "Yes", what property? *(please specify):* _____

THE FOLLOWING SECTION ONLY NEEDS TO BE COMPLETED IF YOU INTEND ON FILING A BANKRUPTCY

Applicant

Spouse

Please list all employers and sources of income you have had since January 1st of this year?

Family Monthly Income & Expenses Statement

INCOME

	Applicant	Spouse	Total
Employment	\$ _____	\$ _____	\$ _____
Pension	\$ _____	\$ _____	\$ _____
Support Received	\$ _____	\$ _____	\$ _____
Child/Universal Tax Benefits	\$ _____	\$ _____	\$ _____
Employment Insurance	\$ _____	\$ _____	\$ _____
Welfare/Assistance	\$ _____	\$ _____	\$ _____
Self Employment Net Income	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____
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/Cell	\$ _____	Clothing	\$ _____
Cable/Internet	\$ _____	Total	\$ _____
Hydro	\$ _____		
Water	\$ _____	Car Lease / Loan	\$ _____
Furniture	\$ _____	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	\$ _____	Payment to Trustee	\$ _____
Dental	\$ _____	Other (specify) _____	\$ _____
Total	\$ _____	Other (specify) _____	\$ _____
		Other (specify) _____	\$ _____
		Total	\$ _____
		Total All Expenses	\$ _____

Property Information

1 Do you own any property/real estate?

Yes No

Type of property

House Condo Cottage Land Time Share

Property Address

Person(s) holding title on deed

Date Property Purchased

Purchase Price \$

Current Estimated Value \$

Current Market Value by Real Estate Agent attached? Yes
No

Mortgages & Credit Lines Secured to the Property

	Name of Company	Who's Debt Is It?	Up to date Statement attached to Application Form?	Account # <small>(if no account number, put address of mortgage company)</small>	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 are the arrears? _____

Property Tax: Yes No

If No, how much are the arrears? _____

Utilities: Yes No

If No, how much are the arrears? _____

Insurance: Yes No

If No, how much are the arrears? _____

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

I/we intend to surrender the property back to the mortgage holder

Vehicles and Household Asset Information

2. Do you own or lease any vehicles? (Include recreational vehicles) Yes No

Who's Name is Vehicle in?	Vehicle Details	Secured Creditor	Balance Owing	Account Number <small>(or Address if No account number available)</small>	Office Use Only
Applicant <input type="checkbox"/> Joint <input type="checkbox"/> Spouse <input type="checkbox"/>	Make: _____ Model: _____ Year: _____ Value: \$ _____		\$	<input type="checkbox"/> Continue Payments <input type="checkbox"/> Surrendering Back to Creditor	Not Exempt <input type="checkbox"/> Exempt <input type="checkbox"/>
Applicant <input type="checkbox"/> Joint <input type="checkbox"/> Spouse <input type="checkbox"/>	Make: _____ Model: _____ Year: _____ Value: \$ _____		\$	<input type="checkbox"/> Continue Payments <input type="checkbox"/> Surrendering Back to Creditor	Not Exempt <input type="checkbox"/> Exempt <input type="checkbox"/>
Applicant <input type="checkbox"/> Joint <input type="checkbox"/> Spouse <input type="checkbox"/>	Make: _____ Model: _____ Year: _____ Value: \$ _____		\$	<input type="checkbox"/> Continue Payments <input type="checkbox"/> Surrendering Back to Creditor	Not Exempt <input type="checkbox"/> Exempt <input type="checkbox"/>
Applicant <input type="checkbox"/> Joint <input type="checkbox"/> Spouse <input type="checkbox"/>	Make: _____ Model: _____ Year: _____ Value: \$ _____		\$	<input type="checkbox"/> Continue Payments <input type="checkbox"/> Surrendering Back to Creditor	Not Exempt <input type="checkbox"/> Exempt <input type="checkbox"/>
Applicant <input type="checkbox"/> Joint <input type="checkbox"/> Spouse <input type="checkbox"/>	Make: _____ Model: _____ Year: _____ Value: \$ _____		\$	<input type="checkbox"/> Continue Payments <input type="checkbox"/> Surrendering Back to Creditor	Not Exempt <input type="checkbox"/> Exempt <input type="checkbox"/>

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

Household Goods

\$

For example: Furniture, Appliances

Personal Effects

\$

For example: Jewelry, Clothing, Collectibles

Please list any items included in the above totals that you believe to be worth over \$500

<u>Item</u>	<u>Value</u>	<u>Item</u>	<u>Value</u>

4. Do you own a safety deposit box or hold foreign bank accounts/assets? Yes No

If yes, please describe the contents/asset and value:

<u>Items:</u>	<u>Approximate Value:</u>

Investments & Asset Disposal

5 Do you own any Investment Assets?

(i.e. RRSP's, GIC's, Mutual Funds, Pensions, Life Insurance, Savings Bonds, Stocks, RESP's, DPSP's, TFSA's, RRIF's)

Yes No

Type of Asset (i.e. RRSP)	Name of Company Holding The Investment	Who's name is it in?	Policy Number	Total Value of Policy	Office Use Only <i>(Estimated Realizable Value / 12 month Contributions)</i>
1		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	\$
2		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	\$
3		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	\$
4		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	\$
5		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	\$

6 In the last 12 months, have you had an asset repossessed or have you voluntarily surrendered an asset to a secured creditor?

Yes No

	Asset Details	Date	Repossessed / Surrendered	Office Use Only SOA?
1			Repossessed <input type="checkbox"/> Voluntarily Surrendered <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2			Repossessed <input type="checkbox"/> Voluntarily Surrendered <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3			Repossessed <input type="checkbox"/> Voluntarily Surrendered <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

7 In the last 5 years, have you Sold, Transferred or Disposed of any Assets?

Yes No

(such as selling or transferring Real Estate and/or Vehicles; Cashing in RRSP's, Life Insurance, Savings Bonds, Stocks, Shares, RESP's)

	Asset Details <small>(if vehicle, put year, make & model if a property, put address of property)</small>	Amount Received	Date Money Received <small>(dd/mm/yyyy)</small>	What did you do with the money?	Office Use Only SOA?
1		\$			Yes <input type="checkbox"/> No <input type="checkbox"/>
2		\$			Yes <input type="checkbox"/> No <input type="checkbox"/>
3		\$			Yes <input type="checkbox"/> No <input type="checkbox"/>
4		\$			Yes <input type="checkbox"/> No <input type="checkbox"/>
5		\$			Yes <input type="checkbox"/> No <input type="checkbox"/>

List All Unsecured Debts (i.e. Credit Cards, Credit Lines, Overdrafts, Income Tax, Pay Day Loans etc.)

	Original Creditor	Collection Agency <small>(if Applicable)</small>	Who's Debt Is It?	Account # <small>(if no account number, put address)</small>	Amount Owed	Is the Debt Business or Personal
1			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
2			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
3			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
4			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
5			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
6			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
7			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
8			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
9			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
10			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
11			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
12			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
13			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
14			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>

General Information Questionnaire

1 Within the last 3 months, have you

a) used credit cards/credit lines for any purchases or cash advances? Yes No

If "yes", how much was spent? _____

When? (dd/mm/yyyy) _____

From which creditor? _____

b) Applied for and received any loans/credit? Yes No

If "yes", how much did you receive? _____

When? (dd/mm/yyyy) _____

From which creditor? _____

2 In the last 6 months, have you talked to a company offering financial advice? Yes No

What was the name of the company? _____

How much did you pay them? _____

3 Within the last 12 months, have you

a) made excessive payments to, or paid off in full, any creditor? Yes No

If "yes", when? (mm/yyyy) _____

how much? _____

Which Creditors? _____

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 Are credit cards still in your possession? *(Must be given to the trustee if you still possess them)* Yes No

6 Are there writs, judgments, garnishments or wage assignments against you? Yes No

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

7 Do you expect to receive any lump sums of money in the next year? Yes No

(i.e. You expect to receive an Inheritance or you're expecting proceeds of litigation taken against someone else)

8 Has anyone co-signed any of your debts, or have you co-signed for someone? Yes No

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

9 Have any debts been incurred as a result of gambling or drug/alcohol addictions? Yes No

If "yes", have you taken any steps towards a rehabilitation? *(i.e.. Counselling, self exclusion)* Yes No

10 Have you ever been Bankrupt before or filed a Consumer Proposal? Yes No

If you filed under a different name to your current name, what name did you file under?

(i.e., Maiden Name, previous married name):

11 I acknowledge receiving a copy of the "Dealing with Debt: A Consumer's Guide" booklet Yes No

12 Briefly describe the reasons for your financial difficulty:

Self Employed Details

This page is to be completed, only if you have owned or operated a business in the last 5 years? Yes No

Type of Business	Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Incorporated <input type="checkbox"/>		
Name of Business			
Nature of The Business			
Head Office Address (inc Post Code)		Business #	<i>(If Incorporated)</i>
		Company Phone #	
		Fax #	
		Email	
Date Business Started	/ /	Date Business Ended	/ /
		Tick This Box If Still Operating? <input type="checkbox"/>	
List the names of any Partners and/or Directors		HST/GST account #	
		CRA Payroll account #	
		WSIB Account #	

Questionnaire

- 1 Does the (or did the) business have any employees? Yes No
 If Yes, A) If there's any employees that are owed any monies, provide a separate list showing the; Names, Addresses, SIN#, Phone #, Job Titles of each employee and the Amounts Owed to each employee. The list must also include the dates the wages/salary/vacation/termination/severance pay were earned
 B) If you owe CRA for unremitted Payroll deductions, ensure the amount owing is listed on the creditor page and attach a copy of any *Requirement To Pay* notice you may have received
- 2 Is business required to collect and remit HST/GST? Yes No
 If Yes, If you owe for unremitted HST/GST, ensure the amount owing is listed on the creditor page and attach a copy of any *Requirement To Pay* notice you may have received
- 3 Where are the financial books and records currently located? _____
- 4 Are all government tax returns filed? *(HST/GST, Payroll, Corporate Returns)* Yes No
 If Yes, Attach a copy of the last return or account statement. If No, prepare the required information for filing
- 5 Are there any legal matters or environmental orders to be addressed by the company? Yes No
 If Yes, Provide details and contact information of your legal counsel and attach copies of any orders received
- 6 In the last 12 months, have assets been sold or disposed of outside the course of ordinary business? Yes No
 If Yes, Attach copies of the sale / transfer documents for each asset sold or disposed of
- 7 Are there any security interests held over assets, inventory, receivables that you're aware of? Yes No
 If Yes, Provide copies of the security documents / agreements

8 What is the current value of the:	Fixed Assets	\$	} We may request further details, such as fixed assets list, inventory counts etc to verify these amounts
	Inventory	\$	
	Accounts Receivable	\$	
	Trade Tools	\$	