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**Cambridge**  
8 George Street North, 2nd Floor

**Chatham**  
75 Thames Street

**Goderich**  
54 West Street

**Guelph**  
207 Woolwich Street

**Hamilton**  
10 George Street, 4th Floor  
1030 Upper James St. Suite 301

**Leamington**  
11 Russell Street

**London**  
339 Wellington Rd. S., Unit 130

**Mississauga**  
2 Robert Speck Pkwy, Suite 760

**North York**  
45 Sheppard Ave East, Suite 900

**Sarnia**  
265 North Front Street, Suite 411

**Scarborough**  
55 Town Centre Court, Suite 700

**St. Catharines**  
55 King Street, Suite 205

**Toronto**  
2 Bloor Street West, Suite 700

**Vaughan**  
216 Chrislea Road, Suite 401

**Windsor**  
420 Devonshire Road



# 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:

- Photocopy of ID - Birth Certificate, Passport or Canadian Citizenship Card**
- Copy of Support Agreements, and support receipts (if not on pay stub)
- Copy of your last pay stub received from each of your employers
- Summary of year to date business income & expenses if you are self employed
- Details of RRSP's cashed since you filed your last tax return
- Copy of your last income tax Notice of Assessment
- Other: \_\_\_\_\_

#### Assets:

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

#### Liabilities:

- Creditor Invoices or statements
- Confirmation of Mortgage balance (up to date statement)
- Court Orders, Judgments, or Garnishments (So trustee can stop the garnishment)
- Credit Cards - All credit cards must be turned over to the trustee**

#### Payment 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  
or  
Initial payments to trustee:
- Cash or Cheque payable to Hoyes, Michalos & Associates Inc. for \$
- Post Dated Cheques, payable to Hoyes, Michalos & Associates Inc.

# HOYES • MICHALOS

& ASSOCIATES INC. – TRUSTEES IN BANKRUPTCY

# Information Form

Questions? 310-PLAN

## Your Family Information

	Applicant	Spouse
<b>Family Name (Last Name):</b>		
<b>First AND Middle Names:</b> (as printed on your birth certificate / passport)		
<b>AKA / Maiden Name</b>		
<b>Date of Birth</b>	DAY:                  MONTH:                  YEAR:	DAY:                  MONTH:                  YEAR:
<b>SIN #</b>	-                  -	-                  -
<b>Marital Status</b>	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"/>
<b>Since</b>	DAY:                  MONTH:	YEAR:
<b>Email</b>		

**Telephone Number:** Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**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

Summary PB                   Ordinary PB   
Consumer Proposal                   DIV 1 Proposal   
Joint Filing? Yes                   No

Referral Source: \_\_\_\_\_

Counsellor: \_\_\_\_\_

TERMS \_\_\_\_\_ x \_\_\_\_\_

Office for Sign Up: \_\_\_\_\_

## Employment & Education Information

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

### **Applicant**

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

### **Spouse (if also filing)**

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

### **Self Employed Details**

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

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

# Family Monthly Income & Expenses Statement

## INCOME

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

## EXPENSES

### Support, Child Care, Medical and Other Expenses

Child Support	\$ _____	\$ _____	\$ _____
Spousal Support	\$ _____	\$ _____	\$ _____
Child Care	\$ _____	\$ _____	\$ _____
Medical	\$ _____	\$ _____	\$ _____
Court Imposed Fines	\$ _____	\$ _____	\$ _____
Employment Expenses	\$ _____	\$ _____	\$ _____
<b>Total</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

### Living Expenses

Rent/Mortgage	\$ _____	Food / Groceries	\$ _____
Property Taxes	\$ _____	Laundry/Dry Cleaning	\$ _____
Heat/Gas	\$ _____	Grooming / Toiletries	\$ _____
Telephone/Cell	\$ _____	Clothing	\$ _____
Cable/Internet	\$ _____	<b>Total</b>	<b>\$ _____</b>
Hydro	\$ _____		
Water	\$ _____	Car Lease / Loan	\$ _____
Furniture	\$ _____	Repairs / Gas / Maintenance	\$ _____
<b>Total</b>	<b>\$ _____</b>	Public Transportation	\$ _____
		<b>Total</b>	<b>\$ _____</b>

Smoking	\$ _____	Vehicle Insurance	\$ _____
Alcohol	\$ _____	House Insurance	\$ _____
Restaurants	\$ _____	Furniture / Contents	\$ _____
Entertainment	\$ _____	Life Insurance	\$ _____
Gifts/Donations	\$ _____	<b>Total</b>	<b>\$ _____</b>
Allowances	\$ _____		
<b>Total</b>	<b>\$ _____</b>		

Prescriptions	\$ _____	Other (specify) _____	\$ _____
Dental	\$ _____	Other (specify) _____	\$ _____
<b>Total</b>	<b>\$ _____</b>	Other (specify) _____	\$ _____
		Other (specify) _____	\$ _____
		<b>Total</b>	<b>\$ _____</b>

**Total All Expenses** \$ \_\_\_\_\_

Net Monthly Family Income \$ \_\_\_\_\_

Please  
provide  
proof  
of  
anything  
entered  
in this  
section  
(ie. Pay stubs)

# 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

## Vehicles and Household Asset Information

**2 Do you own or lease any vehicles?** (Include recreational 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"/>	_____ _____ _____ _____	_____ _____	_____	\$	Account Number: _____ Address: _____
2	Applicant <input type="checkbox"/> Joint <input type="checkbox"/> Spouse <input type="checkbox"/>	_____ _____ _____ _____	_____ _____	_____	\$	Account Number: _____ Address: _____
3	Applicant <input type="checkbox"/> Joint <input type="checkbox"/> Spouse <input type="checkbox"/>	_____ _____ _____ _____	_____ _____	_____	\$	Account Number: _____ Address: _____
4	Applicant <input type="checkbox"/> Joint <input type="checkbox"/> Spouse <input type="checkbox"/>	_____ _____ _____ _____	_____ _____	_____	\$	Account Number: _____ Address: _____
5	Applicant <input type="checkbox"/> Joint <input type="checkbox"/> Spouse <input type="checkbox"/>	_____ _____ _____ _____	_____ _____	_____	\$	Account Number: _____ Address: _____

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

Household Goods  
(ie Furniture, Appliances)

\$

Personal Effects  
(ie. Jewellery, Clothing)

\$

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?**

Yes  No

If yes, please describe the contents and value:

Items:	Approximate Value:
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## Other Assets & Asset Disposal

**5 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	Total Value of Policy	Estimated Contributions Made in the last 12 months
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, 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 &amp; model)</small>	Amount Received	Date Money Received <small>(dd/mm/yyyy)</small>	What did you do with the money?
1		\$		
2		\$		
3		\$		
4		\$		
5		\$		

**7 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   
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? \_\_\_\_\_  
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? \_\_\_\_\_

## 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 any of your debts been incurred as a result of gambling or drug/alcohol addiction? Yes No

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

## 11 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):

\_\_\_\_\_

## 12 Briefly describe the reasons for your financial difficulty:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# 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  NO

YES  NO

**If 'yes', please list below:**

**If 'yes', please list below:**

Amount: \$ \_\_\_\_\_

Amount: \$ \_\_\_\_\_

For What? (ie. Income Tax, GST) \_\_\_\_\_

For What? \_\_\_\_\_

For which tax year? \_\_\_\_\_

Which tax year? \_\_\_\_\_

**Please list all employers you have worked for since January 1st of this year?**

**Applicant**

**Spouse**


**Have you had any of the following sources of income since January 1st of this year?**

*Only tick the boxes applicable*

**Applicant**

**Spouse**

Self Employment Income	<input type="checkbox"/>		<input type="checkbox"/>
Employment Insurance	<input type="checkbox"/>		<input type="checkbox"/>
Child Tax Credit	<input type="checkbox"/>		<input type="checkbox"/>
Universal Child Tax Credit	<input type="checkbox"/>		<input type="checkbox"/>
Cashed In RRSP's	<input type="checkbox"/>		<input type="checkbox"/>
CPP	<input type="checkbox"/>		<input type="checkbox"/>
Old Age Security	<input type="checkbox"/>		<input type="checkbox"/>
Other Pension Income	<input type="checkbox"/>		<input type="checkbox"/>
Support Received	<input type="checkbox"/>		<input type="checkbox"/>
Workers Compensation or Social Assistance	<input type="checkbox"/>		<input type="checkbox"/>
Other Income (Specify)			

**Have you had any of the following expenses you'd claim on a tax return since January 1st of this year?**

*Only tick the boxes applicable*

**Applicant**

**Spouse**

Rent Receipts	<input type="checkbox"/>		<input type="checkbox"/>
Medical Expenses	<input type="checkbox"/>		<input type="checkbox"/>
RRSP Contributions	<input type="checkbox"/>		<input type="checkbox"/>
Support Paid	<input type="checkbox"/>		<input type="checkbox"/>
Child Care	<input type="checkbox"/>		<input type="checkbox"/>
Charitable Donations	<input type="checkbox"/>		<input type="checkbox"/>
Other Claimable Expenses (Specify)			