

KITCHENER - WATERLOO**Principal Office**

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Kitchener, Ont, N2G 1C7

Barrie

92 Caplan Avenue

Brampton

10 George Street North, Unit 116

Brantford

218 Brant Avenue

Cambridge

8 George Street North, 2nd Floor

Chatham

193 St. Clair Street

Goderich

54 West Street

Guelph

207 Woolwich Street

Hamilton

10 George Street, 4th Floor
1030 Upper James Street

Leamington

11 Russell Street

London

339 Wellington Road South

Mississauga

2 Robert Speck Pkwy, Suite 750

North York

45 Sheppard Avenue East

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

www.hoyes.com

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

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.

We may call you before your next appointment to review the information you provide in this application form.

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"/>	Common Law <input type="checkbox"/>
	Separated <input type="checkbox"/> Divorced <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

Causes of Insolvency:

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

Referral Source: _____

Counsellor: _____

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:	Employed From (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:	Employed From (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"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
	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? _____

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"/>	Sole Proprietor <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)	Check here if business is still operating <input type="checkbox"/>		
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	\$ _____	\$ _____	\$ _____
Baby Bonus/CTC	\$ _____	\$ _____	\$ _____
EI	\$ _____	\$ _____	\$ _____
Welfare/Social Assistance	\$ _____	\$ _____	\$ _____
Self Employed Income	\$ _____	\$ _____	\$ _____
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/Cell	\$ _____	Clothing	\$ _____
Cable/Internet	\$ _____	Total	\$ _____
Hydro	\$ _____		
Water	\$ _____	Car Lease / Loan	\$ _____
Furniture	\$ _____	Repairs / Gas / Maintenance	\$ _____
Total	\$ _____	Public Transportation	\$ _____
		Total	\$ _____

Smoking	\$ _____	Vehicle Insurance	\$ _____
Alcohol	\$ _____	House Insurance	\$ _____
Restaurants	\$ _____	Furniture / Contents	\$ _____
Entertainment	\$ _____	Life Insurance	\$ _____
Gifts/Donations	\$ _____	Total	\$ _____
Allowances	\$ _____		
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
(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?		Name of Secured Creditor	Amount Owed	Creditor Information
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1	Applicant <input type="checkbox"/> Joint <input type="checkbox"/> Spouse <input type="checkbox"/>	Make: _____ Model: _____ Year: _____ Value: _____	Keeping <input type="checkbox"/> Surrender <input type="checkbox"/>	\$	Account Number: _____ Address: _____
2	Applicant <input type="checkbox"/> Joint <input type="checkbox"/> Spouse <input type="checkbox"/>	Make: _____ Model: _____ Year: _____ Value: _____	Keeping <input type="checkbox"/> Surrender <input type="checkbox"/>	\$	Account Number: _____ Address: _____
3	Applicant <input type="checkbox"/> Joint <input type="checkbox"/> Spouse <input type="checkbox"/>	Make: _____ Model: _____ Year: _____ Value: _____	Keeping <input type="checkbox"/> Surrender <input type="checkbox"/>	\$	Account Number: _____ Address: _____
4	Applicant <input type="checkbox"/> Joint <input type="checkbox"/> Spouse <input type="checkbox"/>	Make: _____ Model: _____ Year: _____ Value: _____	Keeping <input type="checkbox"/> Surrender <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>

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	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"/>		\$	\$

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

If "yes", how much? _____

When? (dd/mm/yyyy) _____

From which creditor? _____

b) 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 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:
