



s.funtig & associates inc.

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*Perspective is Everything*



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DATE:

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**CONSUMER DEBTOR APPLICATION - PERSONAL INFORMATION**

FAMILY NAME:	FIRST NAME:	MIDDLE & OTHER NAMES:
ADDRESS:	CITY:	POSTAL CODE:
AT ADDRESS SINCE:	GENDER:	SOCIAL INSURANCE #: - -
LANGUAGE:	MARTIAL STATUS: SINCE: / /	BIRTH DATE DD/MM/YY / /
E-MAIL ADDRESS:	LEVEL OF EDUCATION:	PHONE #: - -

SPOUSES FAMILY NAME:	FIRST NAME:	MIDDLE & OTHER NAMES:
ADDRESS, IF DIFFERENT THAN YOURS:	CITY:	POSTAL CODE:
AT ADDRESS SINCE:	GENDER:	SOCIAL INSURANCE #: - -
LANGUAGE:	MARTIAL STATUS: SINCE: / /	BIRTH DATE DD/MM/YY / /
E-MAIL ADDRESS:	LEVEL OF EDUCATION:	PHONE #: - -

LIST DEPENDENTS THAT YOU PROVIDE FINANCIAL SUPPORT FOR:			
NAME AND ADDRESS	RELATIONSHIP	BIRTH DATE DD/MM/YY	AMOUNT OF INCOME
1.		/ /	\$
2.		/ /	\$
3.		/ /	\$

PAY OR REC'D SUPPORT:	MONTHLY PAYMENT:	PAID TO - NAME AND ADDRESS:
YES - NO	\$	

SUPPORT PAID UNDER:	COURT ORDER	JUDGMENT	WRITTEN AGREEMENT
LIST RENT AND/OR TAXES PAID LAST YEAR:	MONTHLY		
ADDRESS	MONTHS AT ADDRESS	RENT OR TAXES PAID	LANDLORD OR CITY
1.		\$	
2.		\$	
3.		\$	

HAVE YOU BEEN BANKRUPT BEFORE:	YES - NO	TRUSTEE'S NAME:
HAS YOUR SPOUSE BEEN BANKRUPT BEFORE:	YES - NO	TRUSTEE'S NAME:
HAVE YOU EVER MADE A PROPOSAL BEFORE:	YES - NO	DISCHARGE DATE:



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**CONSUMER DEBTOR APPLICATION - EMPLOYMENT INFORMATION**

ARE YOU EMPLOYED?: YES or NO | IF NO SINCE WHEN?: DD/MM/YY / /

**PRESENT EMPLOYMENT INFORMATION**

NAME OF PRESENT EMPLOYER:

OCCUPATION: | DATE STARTED:

WORK TEL:

ADDRESS OF EMPLOYER:

CITY: | POSTAL CODE:

IS YOUR SPOUSE EMPLOYED? YES or NO | IF NO SINCE WHEN? DD/MM/YY / /

NAME OF SPOUSES PRESENT EMPLOYER:

OCCUPATION: | DATE STARTED:

WORK TEL:

ADDRESS OF EMPLOYER:

CITY: | POSTAL CODE:

**LIST ANY OTHER EMPLOYERS OR UNEMPLOYED PERIODS DURING THE CURRENT YEAR:**

NAME	ADDRESS	DATE STARTED	DATE ENDED
1.			
2.			
3.			

YEAR OF YOUR LAST RETURN: | YEAR OF SPOUSE'S LAST RETURN:

AMOUNT RECEIVED: \$ | AMOUNT RECEIVED: \$

AMOUNT DUE TO YOU: \$ | AMOUNT DUE TO YOU: \$

AMOUNT YOU OWE: \$ | AMOUNT YOU OWE: \$



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NAME:

ADDRESS:

FOR PERIOD ENDING:

# of Members in Household:

SG:

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**MONTHLY INCOME & EXPENSE STATEMENT**

*DUE BY THE 7th OF THE FOLLOWING MONTH*

NET MONTHLY FAMILY INCOME <i>*Attach Proof of Income*</i>			NON-DISCRETIONARY EXPENSES*	
(NET is TAKE HOME)	BANKRUPT	SPOUSE/CHILD	MUST ATTACH RECEIPTS FOR PROOF OF PAYMENT*	
EMPLOYMENT INCOME	\$	\$	DOCTORS PRESCRIPTIONS*	\$
PENSION/ANNUITIES	\$	\$	DENTAL*	\$
CHILD SUPPORT	\$	\$	CHILD SUPPORT PAYMENTS *	\$
SPOUSAL SUPPORT	\$	\$	CHILD CARE *	\$
EMPLOYMENT INSURANCE BENEFITS	\$	\$	SPOUSAL SUPPORT PAYMENTS *	\$
SOCIAL ASSISTANCE	\$	\$	MEDICAL CONDITION EXPENSE *	\$
CHILD TAX BENEFIT	\$	\$	FINES/PENALTIES IMPOSED BY THE COURT *	\$
ONTARIO TRILLIUM BENEFIT	\$	\$	EXPENSES AS CONDITION OF EMPLOYMENT *	\$
SELF-EMPLOYMENT INCOME	\$	\$	DEBTS WHERE STAY HAS BEEN LIFTED *	\$
OTHER INCOME (specify below)	\$	\$	OTHER (specify)	\$
<b>MONTHLY INCOME</b>	\$	\$		\$
<b>TOTAL INCOME</b> (BANKRUPT + SPOUSE/CHILD) (box 1)	\$	\$	<b>TOTAL NON-DISCRETIONARY EXPENSES</b> (box 2)	\$
MONTHLY FAMILY EXPENSES			NO RECEIPTS REQUIRED	
<b>HOUSING EXPENSES</b>			<b>LIVING EXPENSES CON'T</b>	
RENT/MORTGAGE	\$	\$	GROOMING/TOILETRIES	\$
PROPERTY TAXES/CONDO FEES	\$	\$	CLOTHING	\$
HEATING/GAS/OIL	\$	\$	OTHER (specify)	\$
TELEPHONE/CELL PHONE	\$	\$		\$
CABLE/INTERNET	\$	\$	<b>TRANSPORTATION EXPENSES</b>	
HYDRO	\$	\$	CAR PAYMENT/LEASE	\$
WATER	\$	\$	REPAIRS/MAINTENANCE/GAS	\$
HOUSE MAINTENANCE	\$	\$	PUBLIC TRANSPORTATION	\$
OTHER (specify)	\$	\$	OTHER (specify)	\$
	\$	\$		\$
<b>PERSONAL EXPENSES</b>			<b>INSURANCE EXPENSES</b>	
SMOKING	\$	\$	VEHICLE INSURANCE	\$
ALCOHOL	\$	\$	HOUSE INSURANCE	\$
DINING/LUNCHES/RESTAURANTS	\$	\$	CONTENTS INSURANCE	\$
ENTERTAINMENT/SPORTS	\$	\$	LIFE INSURANCE	\$
GIFTS/CHARITABLE DONATIONS	\$	\$		
ALLOWANCES	\$	\$		
OTHER (specify)	\$	\$	<b>OTHER PAYMENTS</b>	
	\$	\$	PAYMENT TO THE ESTATE	\$
<b>NON-RECOVERABLE MEDICAL EXPENSES</b>			PAYMENT TO SECURED CREDITOR	\$
OVER THE COUNTER MEDICATIONS	\$	\$	(other than mortgage & vehicle)	\$
OTHER (specify)	\$	\$	OTHER (specify)	\$
	\$	\$	<b>TOTAL MONTHLY EXPENSES</b> (box 3)	\$
<b>LIVING EXPENSES</b>				
FOOD/GROCERIES	\$	\$	<b>TOTAL MONTHLY INCOME</b> (this is box 1 - box 2)	\$
LAUNDRY/DRY CLEANING	\$	\$	<b>TOTAL MONTHLY EXPENSES</b> (box 3)	\$
			<b>EXCESS - (DEFICIENCY) income-expenses=</b>	\$
<b>ADDITIONAL NOTES or CHANGES:</b>				

## APPENDIX A

### SUPERINTENDENT'S STANDARDS - 2019

Persons	S (\$)	Family Unit's Available Monthly Income (\$)															
		2403	2603	2803	3003	3203	3403	3603	3803	4003	4303	4603	4903	5203	5503	5803	6103
1	2203	200	400	600	800	1000	1200	1400	1600	1800	2100	2400	2700	3000	3300	3600	3900
2	2743	0	0	0	260	460	660	860	1060	1260	1560	1860	2160	2460	2760	3060	3360
3	3372	0	0	0	0	0	0	231	431	631	931	1231	1531	1831	2131	2431	2731
4	4094	0	0	0	0	0	0	0	0	0	209	509	809	1109	1409	1709	2009
5	4644	0	0	0	0	0	0	0	0	0	0	0	259	559	859	1159	1459
6	5237	0	0	0	0	0	0	0	0	0	0	0	0	0	266	566	866
7+	5831	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	272

The Superintendent's Standards ("S") are derived from the Low Income Cutoffs (LICO) released by Statistics Canada. The Superintendent uses the before-tax LICO for urban areas with 500,000 people and over. The 2019 standards are updated by adding to the 2017 LICO (Low Income Cutoffs), for the 2018 Consumer Price Index (CPI) (2.4%) plus a 2.0% adjustment reflecting the 2019 CPI expectation. The amounts shown above represent the monthly total surplus income of the bankrupt over the standards, from which the surplus income payment should be calculated.

Examples: First time bankrupt

NO SURPLUS

Monthly income    \$2,300.00  
 Standard            2,203.00  
 Difference         \$ 97.00 = No surplus

SURPLUS

Monthly income    \$2,600.00  
 Standard            2,203.00  
 Difference         \$397.00 x 50% = \$198.50 Surplus

Therefore monthly average <\$200.00 = 9 months

Therefore monthly average >\$200.00 = 21 months payments

Family of 2 only 1 BANKRUPT with SURPLUS

1. Bankrupts available monthly income	\$2,800.00	Family Situation Adjustment	\$778.80
2. Other family members available monthly income	<u>\$1,000.00</u>	(2800 ÷ 3800 = 73.68%	
Family units available income (1 + 2)	\$3,800.00	\$1057.00 x 73.68% = \$778.80) = 21 months payments	
<b>Minus</b> Superintendents standard for a family of 2	<u>\$2,743.00</u>	Payment required by Bankrupt	\$389.40
Total monthly surplus income	\$1,057.00	((\$778.80 x 50% = \$389.40)	

NOTES:

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Have we discussed the NON BANKRUPT'S SPOUSES OPTION to REFUSE to DISCLOSE?



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**Ontario Exemptions:**

Necessary clothing	No limit
Home furniture & appliances	\$13,500
Tools for farming	\$29,100
Motor vehicle	\$6,600
Principal residence	\$10,000
Tools of trade	\$11,300

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**CONSUMER DEBTOR APPLICATION - ASSETS**

**ASSETS - PROVIDE FULL PARTICULARS AND ESTIMATED OR LIQUIDATED VALUES**

CASH ON HAND - AMOUNT	\$	DO YOU HAVE A SAFETY DEPOSIT BOX?	YES - NO
CASH ON DEPOSIT AT BANK	\$	DO YOU HAVE A TFSA?	YES - NO
NAME AND ADDRESS OF BANK		ACCOUNT NO.	AMOUNT
1.			\$
2.			\$

FURNITURE AND APPLIANCES - ESTIMATED VALUE:	\$
PERSONAL BELONGINGS - ESTIMATED VALUE:	\$
TOOLS OF TRADE - ESTIMATED VALUE:	\$

**CASH SURRENDER VALUE OF LIFE INSURANCE**

NAME OF COMPANY	BENEFICIARY	POLICY NUMBER	ESTIMATED VALUE
1.			\$
2.			\$

**RRSP, BONDS, STOCKS AND SHARES**

DETAILS	CERTIFICATE NO	AMOUNT
1.		\$
2.		\$

**REAL ESTATE**

REAL ESTATE:	DATE PURCHASED	PURCHASE PRICE	MARKET VALUE
1.		\$	\$
2.		\$	\$

**IF LIENS/MORTGAGES AGAINST REAL ESTATE - PROVIDE FULL DETAILS**


**VEHICLES AND RECREATION EQUIPMENT**

YEAR/MAKE/MODEL	SERIAL NUMBER	ESTIMATED VALUE
1.		\$
2.		\$
3.		\$

**IF LIENS/SECURITY AGAINST VEHICLES - PROVIDE FULL DETAILS**

1.
2.

**OTHER ASSETS - COLLECTIONS, JEWELLERY, RECREATIONAL EQUIPMENT, ETC.**

DETAILS	ESTIMATED VALUE
1.	\$
2.	\$
3.	\$

**IF INSURANCE ON ABOVE ASSETS - PROVIDE FULL DETAILS**

DESCRIPTION OF ASSET	NAME OF COMPANY	NAME OF AGENT	POLICY NUMBER
1.			
2.			



## REAL ESTATE CALCULATION FOR EQUITY

ESTATE: \_\_\_\_\_

PROPERTY: \_\_\_\_\_

### PROPERTY VALUATION

\$ \_\_\_\_\_

APPRAISAL

MPAC

LESS:

6% REAL ESTATE COMMISSION

\$ \_\_\_\_\_

LEGAL FEES/COSTS

\$ \_\_\_\_\_

(\$ \_\_\_\_\_ )

### VALUE AFTER REALIZATION COSTS

\$ \_\_\_\_\_

LESS ENCUMBRANCES:

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

(\$ \_\_\_\_\_ )

### VALUE AFTER ENCUMBRANCES:

\$ \_\_\_\_\_

LESS:

PENALTIES

\$ \_\_\_\_\_

EXEMPTION (Principal Residence ONLY)

\$ 10,000.00

(\$ \_\_\_\_\_ )

EQUITY

\$ \_\_\_\_\_

50% INTEREST

\$ \_\_\_\_\_



### CONSUMER DEBTOR APPLICATION

**IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS - PROVIDE FULL DETAILS:**

- 1. HAVE YOU BEEN SELF-EMPLOYED IN THE LAST 5 YEARS? YES - NO
- 2. WITHIN THE LAST 12 MONTHS HAVE YOU:
  - A) DISPOSED OR TRANSFERRED ANY OF YOUR ASSETS? YES - NO
  - B) CASHED IN ANY RRSP, BONDS, LIFE INSURANCE? YES - NO
  - C) MADE PAYMENTS IN EXCESS OF REGULAR PAYMENTS TO CREDITORS? YES - NO
  - D) HAD ANY ASSETS SEIZED BY ANY CREDITOR? YES - NO
- 3. WITHIN THE LAST 5 YEARS HAVE YOU:
  - A) SOLD, DISPOSED OF OR TRANSFERRED ANY PROPERTY? YES - NO
  - B) MADE ANY GIFTS TO RELATIVE OR OTHER IN EXCESS OF \$500.? YES - NO
- 4. HAVE YOU ARRANGED TO CONTINUE TO PAY ANY CREDITORS? YES - NO
- 5. ARE YOU BONDED IN YOUR PRESENT EMPLOYMENT? YES - NO
- 6. DO YOU ANTICIPATE RECEIVING ANY LUMP SUMS OF MONEY WITHIN THE NEXT 12 MONTHS? YES - NO
- 7. HAVE ANY GARNISHEES OR LEGAL ACTIONS BEEN FILED AGAINST YOU? YES - NO
- 8. HAVE YOU APPLIED/RECEIVED ANY CREDIT IN THE LAST 3 MONTHS? YES - NO

**OFFICE USE ONLY**

FEES/DEPOSIT -

HST/GST -

TAXES -

PAYMENT PLAN -

EQUITY SETTLEMENTS -







