



s.funtig & associates inc.

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APPLICATION - CONSUMER DEBTOR

FAMILY NAME:		FIRST NAME:		MIDDLE & OTHER NAMES:	
ADDRESS:		CITY:		POSTAL CODE:	
AT ADDRESS SINCE:		SEX:		SOCIAL INS:	
LANGUAGE:		MARTIAL STATUS:		BIRTH DATE:	
E-MAIL ADDRESS:				HOME TEL:	
IF UNEMPLOYED, SINCE WHAT DATE:		DATE STARTED:		WORK TEL:	
NAME OF PRESENT EMPLOYER:				OCCUPATION:	
ADDRESS OF EMPLOYER:		CITY:		POSTAL CODE:	
SPOUSES FAMILY NAME:		FIRST NAME:		MIDDLE & OTHER NAMES:	
ADDRESS, IF DIFFERENT THAN YOURS:		CITY:		POSTAL CODE:	
LANGUAGE		SEX:		SOCIAL INS:	
IF SPOUSE IS UNEMPLOYED, SINCE WHAT DATE:		DATE STARTED:		BIRTH DATE:	
NAME OF PRESENT EMPLOYER:				WORK TEL:	
SPOUSE'S EMPLOYER ADDRESS:		CITY:		OCCUPATION:	
				POSTAL CODE:	
LIST DEPENDENTS THAT YOU PROVIDE FINANCIAL SUPPORT FOR:					
NAME AND ADDRESS	RELATIONSHIP	BIRTH DATE DD/MM/YY	AMOUNT OF INCOME		
1.			\$		
2.			\$		
3.			\$		
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:	\$		
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			
HAVE YOU EVER MADE A PROPOSAL BEFORE:		YES - NO		DISCHARGE DATE:	



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MONTHLY INCOME AND EXPENSE STATEMENT

INCOME:			
NET EMPLOYMENT INCOME (TAKE HOME)	\$	PRESCRIPTIONS	\$
SPOUSAL NET EMPLOYMENT INCOME (TAKE HOME)		DENTAL	
NET PENSION		FOOD/GROCERY	
CHILD TAX BENEFIT		LAUNDRY/DRY CLEANING	
WORKING FAMILY SUPPLEMENT		GROOMING/TOILETRIES	
NET CHILD SUPPORT		CLOTHING	
NET SPOUSAL SUPPORT		CAR LEASE/PAYMENTS	
NET EMPLOYMENT INSURANCE BENEFITS		REPAIR/MAINTENANCE GAS	
NET SOCIAL ASSISTANCE		PUBLIC TRANSPORTATION	
GROSS SELF-EMPLOYMENT INCOME		VEHICLE INSURANCE	
NET SELF-EMPLOYMENT INCOME		HOUSE INSURANCE	
		FURNITURE/CONTENTS INSURANCE	
TOTAL MONTHLY INCOME:	\$	LIFE INSURANCE	
		TO THE ESTATE	
EXPENSES:		TO SECURED CREDITOR	
CHILD SUPPORT PAYMENTS	\$	OTHER - SPECIFY:	
SPOUSAL SUPPORT PAYMENTS			
CHILD CARE			
MEDICAL CONDITION EXPENSES			
FINES/PENALTIES IMPOSED BY THE COURT			
EXPENSES AS A CONDITION OF EMPLOYMENT			
DEBTS WHERE STAY HAS BEEN LIFTED			
RENT/MORTGAGE			
PROPERTY TAXES/CONDO FEES			
HEATING/GAS/OIL		TOTAL EXPENSES	\$
TELEPHONE/CELL PHONE			
CABLE			
HYDRO			
WATER			
FURNITURE			
SMOKING			
ALCOHOL			
DINING/LUNCHES/RESTAURANTS			
ENTERTAINMENT/SPORTS			
CHILDREN'S ALLOWANCES			
CHILDREN'S ACTIVITIES			
GIFTS/CHARITABLE DONATIONS			
ALLOWANCES			
		TOTAL MONTHLY INCOME:	\$
		TOTAL MONTHLY EXPENSES:	\$
		EXCESS - (DEFICIENCY):	\$



ASSETS - PROVIDE FULL PARTICULARS AND ESTIMATED OR LIQUIDATED VALUES:

CASH ON HAND - AMOUNT:	\$
CASH ON DEPOSIT AT BANK:	\$

NAME AND ADDRESS OF BANK	ACCOUNT NO.	AMOUNT
1		\$
2		\$

FURNITURE AND APPLIANCES - ESTIMATED VALUE: \$

PERSONAL BELONGINGS - ESTIMATED VALUE: \$

CASH SURRENDER VALUE OF LIFE INSURANCE:

NAME OF COMPANY	BENEFICIARY	POLICY NUMBER	ESTIMATED CASH 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		\$	\$
3		\$	\$

IF 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
			\$
			\$



LIST ALL CREDIT CARDS IN YOUR POSSESSION - BRING CARDS WITH YOU:

NAME OF CREDITOR: ACCOUNT NUMBER:

HAVE YOU CO-SIGNED ANY LOANS: (IF YES, PROVIDE DETAILS BELOW) YES - NO

CREDITOR NAME AND ADDRESS BORROWER NAME AMOUNT OF DEBT

IS THE BORROWER FOR WHOM YOU CO-SIGNED BANKRUPT: YES - NO

HAS ANYONE CO-SIGNED A LOAN FOR YOU: YES - NO

(IF YES, PROVIDE DETAILS BELOW:)

CREDITOR NAME AND ADDRESS CO-SIGNER'S NAME

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: YES - NO

A) DISPOSED OR TRANSFERRED ANY OF YOUR ASSETS?

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: YES - NO

A) SOLD, DISPOSED OF OR TRANSFERRED ANY PROPERTY?

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 EVER APPLIED FOR CREDIT COUNSELLING OR ASSISTANCE? YES - NO

9. DO YOU HAVE A SAFETY DEPOSIT BOX? YES - NO



HOUSEHOLD FURNITURE AND PERSONAL BELONGINGS

Check items in your possession and indicate the estimated value of each item. Do not include possessions of third parties

Item / Quantity	Estimated Market Value	Item / Quantity	Estimated Market Value	Item / Quantity	Estimated Market Value
LIVING ROOM		KITCHEN		ANTIQUES (Description / Room/ Location)	
Sofa		Table			
Chair		Chairs			
Lamps		Stove			
Tables		Microwave			
Stereo		Freezer			
Television		Dishwasher		PAINTINGS / PRINTS	
Clock		Refrigerator			
Piano					
VCR					
STUDY		DINING ROOM			
Desk		Table			
Chair(s)		Chairs		COLLECTIONS (Coin, stamp, etc.)	
Lamp(s)		Cabinet			
Computer		China			
		Silver			
BEDROOM #1		OUTSIDE, ETC.		JEWELLERY	
BED		Barbeque			
Dresser		Furniture			
Night Table		Lawnmower			
Hutch		Washer			
		Dryer		OTHER	
		Bike(s)			
BEDROOM #2		Ski Equipment			
BED		Sporting / Camping			
Dresser		Pool Table			
Night Table		Swimming Pool			
Hutch		Vacuum			
				TOOLS OF TRADE	
BEDROOM #3		MISCELLANEOUS			
BED					
Dresser					
Night Table					
Hutch					

Ontario Exemptions:

Household Goods	\$11,300
Personal Effects	\$5,640
Tools of Trade	\$11,300
Farmers	\$28,300
Motor Vehicle	\$5,650

SIGNATURE _____

DATE _____

