



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:				WORK TEL:
NAME OF PRESENT EMPLOYER:		DATE STARTED:		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:				BIRTH DATE:
NAME OF PRESENT EMPLOYER:		DATE STARTED:		WORK TEL:
SPOUSE'S EMPLOYER ADDRESS:		CITY:		OCCUPATION:
LIST DEPENDENTS THAT YOU PROVIDE FINANCIAL SUPPORT FOR:				POSTAL CODE:
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:		



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

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:	
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 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			
		Sliver			
BEDROOM #1		OUTSIDE, ETC.		JEWELLERY	
BED		Barbeque			
Dresser		Furniture			
Night Table		Lawnmower			
Hutch		Washer			
		Dryer		OTHER	
BEDROOM #2		Bike(s)			
BED		Ski Equipment			
Dresser		Sporting / Camping			
Night Table		Pool Table			
Hutch		Swimming Pool			
		Vacuum			
BEDROOM #3				TOOLS OF TRADE	
BED		MISCELLANEOUS			
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 _____

