



s.funtig & associates inc.

3337 Walker Rd., Lower ■ Windsor, Ontario ■ Canada N8W 3R9 ■ tel 519 252 8227 ■ fax 519 252 0855 ■ www.funtig.com



Satellite Offices

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Stephen Funtig
Tiara Schutz

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:	BIRTH DATE DD/MM/YY
	SINCE: / /	/ /
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:	BIRTH DATE DD/MM/YY
	SINCE: / /	/ /
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:

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)	\$
MONTHLY INCOME	\$	\$		\$
TOTAL INCOME (BANKRUPT + SPOUSE/CHILD) (box 1)	\$	\$	TOTAL NON-DISCRETIONARY EXPENSES (box 2)	\$
MONTHLY FAMILY EXPENSES			NO RECEIPTS REQUIRED	
HOUSING EXPENSES			LIVING EXPENSES CON'T	
RENT/MORTGAGE	\$		GROOMING/TOILETRIES	\$
PROPERTY TAXES/CONDO FEES	\$		CLOTHING	\$
HEATING/GAS/OIL	\$		OTHER (specify)	\$
TELEPHONE/CELL PHONE	\$			\$
CABLE/INTERNET	\$		TRANSPORTATION EXPENSES	
HYDRO	\$		CAR PAYMENT/LEASE	\$
WATER	\$		REPAIRS/MAINTENANCE/GAS	\$
HOUSE MAINTENANCE	\$		PUBLIC TRANSPORTATION	\$
OTHER (specify)	\$		OTHER (specify)	\$
	\$			\$
PERSONAL EXPENSES			INSURANCE EXPENSES	
SMOKING	\$		VEHICLE INSURANCE	\$
ALCOHOL	\$		HOUSE INSURANCE	\$
DINING/LUNCHES/RESTAURANTS	\$		CONTENTS INSURANCE	\$
ENTERTAINMENT/SPORTS	\$		LIFE INSURANCE	\$
GIFTS/CHARITABLE DONATIONS	\$			
ALLOWANCES	\$			
OTHER (specify)	\$		OTHER PAYMENTS	
	\$		PAYMENT TO THE ESTATE	\$
NON-RECOVERABLE MEDICAL EXPENSES			PAYMENT TO SECURED CREDITOR	
OVER THE COUNTER MEDICATIONS	\$		(other than mortgage & vehicle)	\$
OTHER (specify)	\$		OTHER (specify)	\$
	\$		TOTAL MONTHLY EXPENSES (box 3)	\$
LIVING EXPENSES				
FOOD/GROCERIES	\$		TOTAL MONTHLY INCOME (this is box 1 - box 2)	\$
LAUNDRY/DRY CLEANING	\$		TOTAL MONTHLY EXPENSES (box 3)	\$
			EXCESS - (DEFICIENCY) income-expenses=	\$

ADDITIONAL NOTES or CHANGES:

APPENDIX A

SUPERINTENDENT'S STANDARDS - 2024

Persons	S (\$)	Family Unit's Available Monthly Income (\$)																
		2810	3010	3210	3410	3610	3810	4010	4210	4460	4760	5060	5360	5660	5960	6260	6560	6860
1	2610	200	400	600	800	1000	1200	1400	1600	1850	2150	2450	2750	3050	3350	3650	3950	4250
2	3249	0	0	0	0	378	578	761	961	1211	1511	1811	2111	2411	2711	3011	3311	3611
3	3995	0	0	0	0	0	0	0	215	465	765	1065	1365	1655	1965	2265	2565	2865
4	4850	0	0	0	0	0	0	0	0	0	0	210	510	810	1110	1410	1710	2010
5	5501	0	0	0	0	0	0	0	0	0	0	0	0	0	459	759	1059	1359
6	6204	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	356	656
7+	6907	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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 2024 standards are updated by applying a 2.61% adjustment to the 2023 LICO to reflect the 2024 CPI (Consumer Price Index) 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.

NO SURPLUS

Monthly income \$2,000.00
 Standard 2,610.00
 Difference \$ -610.00 = No surplus

SURPLUS

Monthly income \$3,100.00
 Standard 2,610.00
 Difference \$490.00 x 50% = \$245.00 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
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	\$551.00 x 73.68% = \$405.98 = 21 months payments (1st Time B
Minus Superintendents standard for a family of 2	<u>\$3,249.00</u>	Monthly Payment by Bankrupt \$202.99
Total monthly surplus income	\$551.00	(\$405.98 x 50% = \$202.99)

NOTES:

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	\$14,180
Tools for farming	\$29,100
Motor vehicle	\$7,117
Principal residence	\$10,783
Tools of trade	\$14,405

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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: (\$14,180)	\$
--	----

PERSONAL BELONGINGS - ESTIMATED VALUE: (No Limit)	\$
---	----

TOOLS OF TRADE - ESTIMATED VALUE: (\$14,405)	\$
--	----

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 (\$10,783)

REAL ESTATE:	DATE PURCHASED	PURCHASE PRICE	MARKET VALUE
--------------	----------------	----------------	--------------

1.		\$	\$
----	--	----	----

2.		\$	\$
----	--	----	----

IF LIENS/MORTGAGES AGAINST REAL ESTATE - PROVIDE FULL DETAILS

--

--

VEHICLES AND RECREATION EQUIPMENT (\$7,117)

YEAR/MAKE/MODEL	SERIAL NUMBER	ESTIMATED VALUE
-----------------	---------------	-----------------

1.		\$
----	--	----

2.		\$
----	--	----

IF LIENS/SECURITY AGAINST VEHICLES - PROVIDE FULL DETAILS

1.

2.

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

DETAILS	ESTIMATED VALUE
---------	-----------------

1.	\$
----	----

2.	\$
----	----

IF INSURANCE ON ABOVE ASSETS - PROVIDE FULL DETAILS

DESCRIPTION OF ASSET	NAME OF COMPANY	NAME OF AGENT	POLICY NUMBER
----------------------	-----------------	---------------	---------------

1.			
----	--	--	--

2.			
----	--	--	--



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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
 - i) HAVE YOU CONTRIBUTED ANY MONIES TO YOUR RRSP? 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
- 9. ARE YOU AN ABORIGINAL PERSON? YES - NO
- 10. ARE YOU A PERSON WITH A DISABILITY? YES - NO
- 11. ARE YOU A MEMBER OF A VISIBLE MINORITY GROUP? YES - NO

OFFICE USE ONLY

FEES/DEPOSIT -

HST/GST -

TAXES -

PAYMENT PLAN -

EQUITY SETTLEMENTS -



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CONSUMER DEBTOR APPLICATION - CREDITOR INFORMATION

LIST ALL CREDIT CARDS IN YOUR POSSESSION - BRING EVERY CREDIT CARD YOU HAVE WITH YOU

NAME OF CREDITOR	ACCOUNT NUMBER

HAVE YOU CO-SIGNED ANY LOANS: (IF YES, PROVIDE DETAILS BELOW) YES - NO
 IS THE BORROWER FOR WHOM YOU CO-SIGNED BANKRUPT: YES - NO

CREDITOR NAME AND ADDRESS	BORROWER NAME	AMOUNT OF DEBT
		\$
		\$

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

CREDITOR NAME AND ADDRESS	BORROWER NAME	AMOUNT OF DEBT
		\$
		\$

IN THE SPACE BELOW, DESCRIBE THE CAUSES OF YOUR FINANCIAL PROBLEMS:

HOW DID YOU HEAR ABOUT OUR FIRM?

DATE: _____ SIGNATURE: _____



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PLEASE LIST ALL OF YOUR CREDITORS - IF POSSIBLE, BRING IN YOUR LAST STATEMENT OF ACCOUNT

CREDITOR NAME	ADDRESS & POSTAL CODE	ACCOUNT #	AMOUNT OF DEBT	NATURE OF DEBT
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
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			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	



APPLICATION CHECK LIST

BANK ACCOUNT: Open a bank account at a new bank where you do not have any debt or credit cards. Order cheques. Have all electronic deposits and withdrawals changed from your current bank account to the NEW bank account with the appropriate companies, i.e. PAYCHECK, utilities, cable, rent.

1. 2 PIECES OF ID - BIRTH CERTIFICATE, PASSPORT, DRIVERS LICENCE, CITIZENSHIP PAPERS.
2. PAY STUB FOR LAST PAY PERIOD WITH YEAR-TO-DATE INFORMATION.
3. PROVIDE A CASH DEPOSIT IN THE AMOUNT OF \$_____.
4. OWNERSHIP & INSURANCE FOR ALL VEHICLES. Car, Truck, Motorcycle, Boat, Trailers, Recreational Equipment
5. BILLS, STATEMENTS, INVOICES FOR ALL DEBTS WITH ACCOUNT NUMBERS, LOAN DOCUMENTS, SECURITY DOCUMENTS, GARNISHEE, JUDGEMENTS, SMALL CLAIM DOCUMENTS, LEASES, SEPARATION AGREEMENTS.
6. MORTGAGE DOCUMENTS, DEED, PURCHASE & SALE DOCUMENTS, PROPERTY TAXES, MPAC ASSESSMENT (1-866-296-6722 OR www.mpac.ca), APPRAISAL BY A CERTIFIED APPRAISER (You may obtain your own or MR. JEFF DEROGHIE 519-564-1703. Cost is your responsibility)
7. DEEDS AND PIN SEARCH FOR ANY REAL ESTATE HOLDINGS (PIN search is conducted at LAND TITLES, 949 McDougall Ave, Windsor 519-971-9980. You can also get a copy of your DEED if needed)
8. LIFE INSURANCE POLICIES, BONDS, RRSP's, RESP's, TFSA's, GIC's, STOCKS.
9. COPY OF LAST TAX RETURN FILED and NOTICE of ASSESSMENTS, T4 SLIPS.
10. IF YOU HAVE BEEN BANKRUPT BEFORE, COPIES OF DISCHARGE CERTIFICATE OR ORDER & DOCUMENTS.
11. ALL CREDIT CARDS IN YOUR POSSESSION MUST BE PROVIDED TO THE TRUSTEE(balance owing or not).

NOTES:

APPOINTMENT TO SIGN:

