

Trustee in Bankruptcy & Proposal Administrator Application Form

PERSONAL DATA

APPLICANT'S SURNAME _____
 GIVEN NAME(S) _____
 ALSO KNOWN AS _____
 S.I.N. _____
 DATE OF BIRTH _____
 MARITAL STATUS _____
 Specify year, month & day of event if occurred in last five years.

Married: _____ Widowed: _____
 yy mm dd yy mm dd

Single: _____ Separated: _____
 yy mm dd yy mm dd

Divorced: _____ Common Law: _____
 yy mm dd yy mm dd

SPOUSE'S SURNAME _____
 GIVEN NAME(S) _____
 ALSO KNOWN AS _____
 S.I.N. _____
 DATE OF BIRTH _____
 MARITAL STATUS _____
 Specify year, month & day of event if occurred in last five years.

Married: _____ Widowed: _____
 yy mm dd yy mm dd

Single: _____ Separated: _____
 yy mm dd yy mm dd

Divorced: _____ Common Law: _____
 yy mm dd yy mm dd

LEVEL OF EDUCATION

0-8 years Some Post Sec
 Some High School Post Sec. Certificate or Diploma
 High School Grad University Degree

LEVEL OF EDUCATION

0-8 years Some Post Sec
 Some High School Post Sec. Certificate or Diploma
 High School Grad University Degree

OCCUPATION _____ FT / PT
 HOME PHONE _____
 CELL PHONE _____
 WORK PHONE _____
 E-MAIL _____
 HOME ADDRESS _____

OCCUPATION _____ FT / PT
 HOME PHONE _____
 CELL PHONE _____
 WORK PHONE _____
 E-MAIL _____
 HOME ADDRESS _____

ALTERNATE CONTACT PERSON (Relative, Friend or Other)
 Name _____
 Telephone _____
 Relationship to Applicant _____

ALTERNATE CONTACT PERSON (Relative, Friend or Other)
 Name _____
 Telephone _____
 Relationship to Applicant _____

NUMBER OF PERSONS IN HOUSEHOLD FAMILY UNIT, INCLUDING APPLICANT _____
FOR ALL PERSONS IN HOUSEHOLD LIST NAMES, BIRTHDATES AND IF APPLICABLE DAYCARE PARTICULARS BELOW

NAME	DATE OF BIRTH	NAME OF DAYCARE/BABYSITTER	AMOUNT PAID	INCOME

INCOME TAX INFORMATION

APPLICANT'S TAX INFORMATION

YEAR LAST RETURN FILED
AMOUNT OWING
REFUND RECEIVED
REFUND PENDING

SPOUSE'S TAX INFORMATION

YEAR LAST RETURN FILED
AMOUNT OWING
REFUND RECEIVED
REFUND PENDING

APPLICANT'S INCOME SOURCES FOR THE PAST TWO YEARS

PAYMENT SOURCE AND ADDRESS	DATE STARTED	DATE ENDED

SPOUSE'S INCOME SOURCES FOR THE PAST TWO YEARS

PAYMENT SOURCE AND ADDRESS	DATE STARTED	DATE ENDED

DID APPLICANT PAY ALIMONY OR MAINTENANCE?

DURING THE PAST TWO YEARS?
IF YES, TO WHOM?
ADDRESS
AMOUNT PAID FOR SPOUSE SUPPORT EACH YEAR
AMOUNT PAID FOR CHILD SUPPORT EACH YEAR

DID SPOUSE PAY ALIMONY OR MAINTENANCE?

DURING THE PAST TWO YEARS?
IF YES, TO WHOM?
ADDRESS
AMOUNT PAID FOR SPOUSE SUPPORT EACH YEAR
AMOUNT PAID FOR CHILD SUPPORT EACH YEAR

APPLICANT'S RENT/PROPERTY TAXES PAID FOR THE PAST TWO YEARS

ADDRESS	RENT/OWN	# OF MONTHS	AMOUNT PAID	NAME OF LANDLORD/ MUNICIPALITY

SPOUSE'S RENT/PROPERTY TAXES PAID FOR THE PAST TWO YEARS

ADDRESS	RENT/OWN	# OF MONTHS	AMOUNT PAID	NAME OF LANDLORD/ MUNICIPALITY

RECEIPTS AVAILABLE FROM LANDLORD(S)? YES NO

ASSETS

	APPLICANT	SPOUSE	COMMENTS
CASH			
ACCOUNTS RECEIVABLE			
INCOME TAX REFUND			
FURNITURE/PERSONAL EFFECTS			
C.S.V. OF INSURANCE POLICIES			
STOCKS/SHARES			
MUTUAL FUNDS			
R.R.S.P.			
R.I.F.			
T.F.S.A.			
CANADA SAVINGS BONDS			
HOUSE			
LAND			
COTTAGE			
AUTOMOBILE #1			
AUTOMOBILE #2			
MOTORCYCLE			
SNOWMOBILE			
BOAT/MOTOR			
TRAILER/CAMPER			
OTHER MOTORIZED VEHICLE			
COLLECTIONS			
TOOLS			
OTHER (SPECIFY)			
OTHER (SPECIFY)			

BANK ACCOUNT INFORMATION

BANK	
ADDRESS	
ACCOUNT NUMBER	JOINT OWNER NAME, IF APPLICABLE

BANK	
ADDRESS	
ACCOUNT NUMBER	JOINT OWNER NAME, IF APPLICABLE

DEBTS

CREDITOR NAMES AND ADDRESSES	BALANCE			COMMENTS
	APPLICANT	SPOUSE	JOINT	
1.				
ACCOUNT NO.				
2.				
ACCOUNT NO.				
3.				
ACCOUNT NO.				
4.				
ACCOUNT NO.				
5.				
ACCOUNT NO.				
6.				
ACCOUNT NO.				
7.				
ACCOUNT NO.				
8.				
ACCOUNT NO.				
9.				
ACCOUNT NO.				

DEBTS

CREDITOR NAMES AND ADDRESSES	BALANCE			COMMENTS
	APPLICANT	SPOUSE	JOINT	
10.				
ACCOUNT NO.				
11.				
ACCOUNT NO.				
12.				
ACCOUNT NO.				
13.				
ACCOUNT NO.				
14.				
ACCOUNT NO.				
15.				
ACCOUNT NO.				
16.				
ACCOUNT NO.				
17.				
ACCOUNT NO.				
18.				
ACCOUNT NO.				
TOTALS				

DEBT INFORMATION

LOANS CO-SIGNED OR GUARANTEED BY APPLICANT

LENDER'S NAME
ADDRESS
BORROWERS NAME
ADDRESS
IS THE PARTY BANKRUPT?
BUSINESS OR PERSONAL DEBT?
TYPE OF BUSINESS

LOANS CO-SIGNED OR GUARANTEED BY SPOUSE

LENDER'S NAME
ADDRESS
BORROWERS NAME
ADDRESS
IS THE PARTY BANKRUPT?
BUSINESS OR PERSONAL DEBT?
TYPE OF BUSINESS

LOANS CO-SIGNED OR GUARANTEED FOR APPLICANT

LENDER'S NAME
ADDRESS
BORROWERS NAME
ADDRESS
IS THE PARTY BANKRUPT?
BUSINESS OR PERSONAL DEBT?
TYPE OF BUSINESS

LOANS CO-SIGNED OR GUARANTEED FOR SPOUSE

LENDER'S NAME
ADDRESS
BORROWERS NAME
ADDRESS
IS THE PARTY BANKRUPT?
BUSINESS OR PERSONAL DEBT?
TYPE OF BUSINESS

HAS THE APPLICANT OR SPOUSE ANY DEBTS ARISING FROM:

	APPLICANT		SPOUSE	
FINE OR PENALTY IMPOSED BY COURT (INCL. ASSAULT)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
RECOGNIZANCE OR BAIL BOND?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ALIMONY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
MAINTENANCE OR AFFILIATION ORDER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
MAINTENANCE OR SUPPORT OF SEPARATED FAMILY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
FRAUD?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
EMBEZZLEMENT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
MISAPPROPRIATION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DEFALCATION WHILE ACTING IN A FIDUCIARY CAPACITY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PROPERTY OBTAINED BY FALSE MEANS/FRAUD?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
STUDENT LOANS OUTSTANDING?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

HAVE YOU PREVIOUSLY FILED A BANKRUPTCY OR A PROPOSAL IN CANADA OR ELSEWHERE?

(SPECIFY – CIRCLE ONE) BANKRUPTCY PROPOSAL

APPLICANT	<input type="checkbox"/> YES <input type="checkbox"/> NO
TRUSTEE'S NAME	
BANKRUPTCY/PROPOSAL DATE	
DISCHARGE DATE	
PLACE FILED	
ESTATE NO.	

SPOUSE	<input type="checkbox"/> YES <input type="checkbox"/> NO
TRUSTEE'S NAME	
BANKRUPTCY/PROPOSAL DATE	
DISCHARGE DATE	
PLACE FILED	
ESTATE NO.	

TRANSACTIONS

	APPLICANT		SPOUSE	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU SOLD, DISPOSED OR TRANSFERRED ANY OF YOUR PROPERTY IN THE LAST 12 MONTHS? DETAILS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU MADE PAYMENTS IN EXCESS OF REGULAR PAYMENTS TO CREDITORS IN THE LAST 12 MONTHS? DETAILS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU HAD ANY ASSETS SEIZED BY CREDITORS IN THE LAST 12 MONTHS? DETAILS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU SOLD, DISPOSED OR TRANSFERRED ANY PROPERTY IN THE PAST FIVE YEARS WHILE YOU KNEW YOURSELF TO BE INSOLVENT? DETAILS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU MADE GIFTS TO RELATIVES OR OTHERS IN EXCESS OF \$500.00 IN THE PAST 5 YEARS WHILE YOU KNEW YOURSELF TO BE INSOLVENT? DETAILS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU MADE ARRANGEMENTS TO CONTINUE TO PAY ANY CREDITORS? DETAILS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU BEEN OR ARE YOU INVOLVED IN CIVIL OR MARTIMONIAL LITIGATION FROM WHICH YOU MAY RECEIVE MONIES OR PROPERTY? DETAILS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DO YOU EXPECT TO RECEIVE ANY SUMS OF MONEY WHICH ARE NOT RELATED TO YOUR NORMAL INCOME, OR ANY OTHER PROPERTY WITHIN THE NEXT 12 MONTHS? DETAILS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU MADE AN ASSIGNMENT OF YOUR WAGES? DETAILS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

BUSINESS OWNED BY APPLICANT OR SPOUSE

	APPLICANT OWNED BUSINESS	SPOUSE OWNED BUSINESS
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
BUSINESS NAME		
ADDRESS		
TYPE OF OWNERSHIP		
TYPE OF BUSINESS		
NAMES OF PARTNERS/DIRECTORS		
WHEN STARTED OPERATION		
WHEN CEASED OPERATIONS		
ASSETS		
DEBTS INCURRED IN BUSINESS		
% OF DEBTS FROM BUSINESS		
PREVIOUSLY IN RECEIVERSHIP/BANKRUPTCY	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
DATE OF RECEIVERSHIP/BANKRUPTCY		
NAME OF RECEIVER/TRUSTEE		

HST RETURN STATUS

HST REGISTRANT?
HST #
FILING FREQUENCY
FILING TYPE – REGULAR OR SIMPLIFIED
LAST RETURN FILED
LOCATION AND STATUS OF ACCOUNTING RECORDS

SOURCE DEDUCTIONS RETURN STATUS

REGISTRANT?
CRA #
FILING FREQUENCY
LAST RETURN FILED
LOCATION AND STATUS OF ACCOUNTING RECORDS

MONTHLY INCOME AND EXPENSE STATEMENT

MONTHLY INCOME (NET)	ESTIMATED
APPLICANT'S SALARY/WAGES	
SPOUSE'S SALARY/WAGES	
RENTAL INCOME	
PENSION	
SOCIAL ASSISTANCE	
UNIVERSAL CHILD CARE BENEFIT	
CHILD TAX BENEFIT	
EI BENEFITS	
ALIMONY/SUPPORT	
OTHER INCOME (SPECIFY)	
TOTAL INCOME	

MONTHLY EXPENSES	ESTIMATED
HOUSING	
RENT/MORTGAGE PAYMENT	
PROP. TAXES (1/12 OF ANNUAL)	
WATER	
ELECTRICITY	
HEAT/FUEL OIL	
TELEPHONE	
CABLE	
INTERNET	
HOUSEHOLD MAINTENANCE	
OTHER (SPECIFY)	
SUB TOTAL	

LIVING	
FOOD/GROCERIES	
CLOTHING	
LAUNDRY/DRY-CLEANING	
GROOMING/TOILETRIES	
DAYCARE/CHILD EXPENSE	
OTHER (SPECIFY)	
SUB TOTAL	

MEDICAL	
PRESCRIPTION DRUGS	
DENTAL	
OTHER (SPECIFY)	
OTHER (SPECIFY)	
SUB TOTAL	

NOTES

MONTHLY EXPENSES	ESTIMATED
INSURANCE	
VEHICLE	
HOUSE	
FURNITURE/CONTENTS	
LIFE	
SUB TOTAL	

TRANSPORTATION	
CAR LEASE/LOAN PAYMENT	
REPAIRS/MAINTENANCE/GAS	
PUBLIC TRANSPORTATION	
PARKING/CAR POOL	
OTHER (SPECIFY)	
SUB TOTAL	

PERSONAL	
SMOKING	
ALCOHOL	
CHILDREN'S ALLOWANCES	
DINING OUT/LUNCH/COFFEE	
ENTERTAINMENT/SPORTS	
GIFTS/CHARITABLE DONATIONS	
OTHER (SPECIFY)	
OTHER (SPECIFY)	
SUB TOTAL	

MISCELLANEOUS	
SUPPORT/ALIMONY	
OTHER (SPECIFY)	
OTHER (SPECIFY)	
OTHER (SPECIFY)	
SUB TOTAL	

PAYMENT TO TRUSTEE	
---------------------------	--

TOTAL EXPENSES	
-----------------------	--

SURPLUS/DEFICIENCY (INCOME MINUS EXPENSES)	
---	--

