

# 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)	
<b>TOTAL INCOME</b>	

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

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

<b>MEDICAL</b>	
PRESCRIPTION DRUGS	
DENTAL	
OTHER (SPECIFY)	
OTHER (SPECIFY)	
SUB TOTAL	

**NOTES**

---



---



---



---

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

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

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

<b>MISCELLANEOUS</b>	
SUPPORT/ALIMONY	
OTHER (SPECIFY)	
OTHER (SPECIFY)	
OTHER (SPECIFY)	
SUB TOTAL	

<b>PAYMENT TO TRUSTEE</b>	
---------------------------	--

<b>TOTAL EXPENSES</b>	
-----------------------	--

<b>SURPLUS/DEFICIENCY (INCOME MINUS EXPENSES)</b>	
---	--



## **LIST OF INFORMATION REQUIRED:**

### **Personal:**

- Birth certificate / passport / license
- Proof of your and your partner's income (paystub, pension, CTB, UCCB, social assistance etc.)
- Details of alimony / child support paid (payee name / address / amount / copy of order)
- Proof of medical expenses not reimbursable
- Names and addresses of employers for the past 2 years

### **Vehicle:**

- Insurance proof
- Registration / Ownership
- Purchase document (if available)
- Lease agreement / finance contract

### **House:**

- Insurance proof
- Copy of mortgage/deed
- Latest property tax bill
- Most recent mortgage statement
- Proof of mortgage penalty balance
- Appraisal / MPAC property tax statement

### **Life insurance, RRSPs, RESPs, and all other assets:**

- Copies of most recent policies and statements

### **Tax information:**

- Last year's tax return and assessment
- Current tax information and slips
- Landlord names and rent paid / property taxes paid in the past 2 years

### **Creditors:**

- Copies of most recent bill statements
- Credit cards
- Copies of garnishments / judgments

### **For a Corporation:**

- Latest financial statements and tax returns, or list of assets and liabilities if financial statements are not available
- Payment and filing status of HST and source deductions
- Latest HST return and HST statement of account
- Corporate seal and minute book
- Accountant's name and address
- Lawyer's name and address
- Location of books and records