

DEPENDANTS

NAME:

RELATIONSHIP:

DATE OF BIRTH:

TAX INFORMATION

YEAR LAST RETURN WAS FILED: _____ AMOUNT OWING/REFUND: _____

REFUND PENDING: _____ REFUND RECEIVED: _____

RENT OR PROPERTY TAXES PAID

	FIRST	SECOND
ADDRESS		
DATE TO/FROM		
AMOUNT PAID		
LANDLORD NAME		

EMPLOYERS FOR LAST TWO YEARS

	FIRST	SECOND
EMPLOYER		
DATE STARTED		
DATE ENDED		

FAMILY SUPPORT

AMOUNT OF: ALIMONY: _____ CHILD SUPPORT: _____ HOW OFTEN: _____

DO YOU HAVE A LEGAL SEPARATION: _____ SEPARATION DATE: _____

PAID TO: NAME: _____

ADDRESS: _____

FIRST BUSINESS

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

DEBTS INCURRED BY BUSINESS: YES _____ NO _____ PERCENTAGE: _____ %

OWNERSHIP TYPE: _____ GUARANTEED LOAN: _____

BUSINESS NATURE: _____

PARTNERS: _____

INCEPTION DATE: _____ MAX. # EMPLOYEES: _____

OPERATION STARTED ON: _____ ENDED ON: _____

SECOND BUSINESS

NAME OF BUSINESS: _____

DEBTS INCURRED BY BUSINESS: YES _____ NO _____ PERCENTAGE: _____ %

OWNERSHIP TYPE: _____ GUARANTEED LOAN: _____

BUSINESS NATURE: _____

PARTNERS: _____

INCEPTION DATE: _____ MAX. # EMPLOYEES: _____

OPERATION STARTED ON: _____ ENDED ON: _____

PREVIOUS BANKRUPTCY INFORMATION

FIRST INSOLVENCY

DATE OF BANKRUPTCY/PROPOSAL: _____

CITY OF BANKRUPTCY/PROPOSAL: _____

NAME OF TRUSTEE FIRM: _____

SECOND INSOLVENCY

DATE OF BANKRUPTCY/PROPOSAL: _____

CITY OF BANKRUPTCY/PROPOSAL: _____

NAME OF TRUSTEE FIRM: _____

MONTHLY INCOME & EXPENSES

NET MONTHLY INCOME

BANKRUPT

SPOUSE

NET MONTHLY INCOME	BANKRUPT	SPOUSE
NET EMPLOYMENT INCOME		
NET PENSION INCOME		
NET CHILD SUPPORT		
NET SPOUSAL SUPPORT		
NET EMPLOYMENT INSURANCE BENEFITS		
NET SOCIAL ASSISTANCE		
NET SELF-EMPLOYED INCOME		
GROSS SELF-EMPLOYED INCOME		
OTHER INCOME SPECIFY:		
TOTAL INCOME		

NON-DISCRETIONARY EXPENSES

NON DISCRETIONARY EXPENSE

BANKRUPT

SPOUSE

NON DISCRETIONARY EXPENSE	BANKRUPT	SPOUSE
CHILD SUPPORT		
SPOUSAL SUPPORT		
CHILD CARE		
MEDICAL CONDITION		
FINES/PENALTIES IMPOSED BY COURT		
EXPENSES AS A CONDITION OF EMPLOYMENT		
DEBTS WERE STAY HAS BEEN LIFTED		
OTHER: SPECIFY:		
TOTAL NON DISCRETIONARY		

AVAILABLE MONTHLY INCOME: _____

DISCRETIONARY EXPENSES

HOUSING EXPENSES:

Rent/Mortgage _____
 Property Taxes/Condo Fees _____
 Heat _____
 Telephone _____
 Cable _____
 Hydro _____
 Water _____
 Other _____

PERSONAL EXPENSES:

Smoking _____
 Alcohol _____
 Dining/Lunches/Restaurants _____
 Entertainment/Sports _____
 Gift/Charitable Donations _____
 Allowances _____

NON-RECOVERABLE MEDICAL EXPENSES:

Prescriptions _____
 Dental _____

LIVING EXPENSES:

Food/Grocery _____
 Laundry/Dry Cleaning _____
 Grooming _____
 Clothing _____
 Other _____

TRANSPORTATION EXPENSES:

Car Payments _____
 Gas/Maintenance _____
 Public Transportation _____
 Other _____

INSURANCE:

Vehicle _____
 House _____
 Contents _____
 Life _____
 Other _____

PAYMENTS:

To the Estate: _____
 To the Secured Creditor _____

TOTAL NON-DISCRETIONARY EXPENSES: _____

SURPLUS INCOME

A. FAMILY INCOME:

1. Net Family Income (all Sources)	\$	_____
2. Minus Non-Discretionary Expenses	\$	_____
3. Total Net Monthly Family Income	\$	_____

B. BANKRUPT'S INCOME

1. Total Monthly Income of Bankrupt	\$	_____
2. Bankrupt's Income as a % of Total Income	\$	_____

C. SURPLUS INCOME – FAMILY

1. Total Net Monthly Income (line A3.)	\$	_____
2. Minus Standard (See Chart Below)	\$	_____
3. Family surplus Income	\$	_____

D. REQUIRED MONTHLY PAYMENT PER DIRECTIVE ON SURPLUS INCOME

1. Family Surplus Income \$ _____ x _____ % = _____ X ½ \$ _____
 2. Amount Bankrupt has Agreed to Pay Monthly \$ _____
 3. Difference Between Amounts (D1) and (D2) \$ _____

SUPERINTENDANTS STANDARDS – 2015 – TOTAL MONTHLY SURPLUS INCOME:

1 Person \$2,062.00	4 Persons \$3,156.00	7 + Persons \$5,456.00
2 Persons \$2,567.00	5 Persons \$4,345.00	
3 Persons \$3,156.00	6 Persons \$4,901.00	

ASSETS

ASSET	AMOUNT	EXEMPT	SECURITY/DESCRIPTION
CASH			
HOUSEHOLD GOODS			
PERSONAL EFFECTS			
INSURANCE POLICIES			
STOCKS/SHARES			
HOUSE			
LAND			
COTTAGE			
AUTOMOBILE			
AUTOMOBILE			
MOTORCYCLE			
SNOWMOBILE			
BOAT/MOTOR			
TRAILER/CAMPER			
RRSP			
PROFIT SHARING PLAN			
CANADA SAVINGS BOND			
TOOLS			
ESTIMATED TAX REFUND			

NOTES:

CREDITORS

CREDITOR NAME: _____	SECURED TO: _____
ADDRESS: _____	

AMOUNT: _____	ACCOUNT No. _____

CREDITOR NAME: _____	SECURED TO: _____
ADDRESS: _____	

AMOUNT: _____	ACCOUNT No. _____

CREDITOR NAME: _____	SECURED TO: _____
ADDRESS: _____	

AMOUNT: _____	ACCOUNT No. _____

CREDITOR NAME: _____	SECURED TO: _____
ADDRESS: _____	

AMOUNT: _____	ACCOUNT No. _____

CREDITOR NAME: _____	SECURED TO: _____
ADDRESS: _____	

AMOUNT: _____	ACCOUNT No. _____

CREDITOR NAME: _____ SECURED TO: _____
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AMOUNT: _____ ACCOUNT No. _____

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