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PROPOSALADMINISTRATOR/LICENSED INSOLVENCYTRUSTEE

## **APPLICATION**

Personal Data

Applicant's Surname:	Spouse's Surname:				
Middle Name, if applicable:	Middle Name, if applicable:				
Given names(s)	Given names(s)				
Also known as	Also known as				
S.I.N.	S.I.N.				
Date of Birth (DD/MM/YYYY)	Date of Birth (DD/MM/YYYY)				
Gender:   Male   Female	Gender:   Male   Female				
Marital status:					
□ Married □ Single □ Widowed □ Sep. □ Div					
Specify month and year of event if it occurre	ed in the last 5 years (DD/MM/YYYY):				
Telephone #s:					
Home #					
Cell #	Cell #				
Work #	Work #				
Email address:	Email address:				
Home address:					
Street:					
City:					
Postal code:					
In current address since (DD/MM/YYYY):	Turi e				
Usual occupation:	Usual occupation:				
Level of Education:	Level of Education:				
Some high school	Some high school				
High school graduate	High school graduate				
Some post-secondary	Some post-secondary				
Post secondary certificate or diploma	Post secondary certificate or diploma				
University degree	University degree				
Do not want to disclose	Do not want to disclose				

Number of persons in household family Number of persons 17 years of age or			
Name	юю. (орос	Date of birth	Relationship
Name		Date of birtin	Son / Daughter
			John / Daughter
			Son / Daughter
			Son / Daughter
			Son / Daughter
ASSETS			
	Applicant	Spouse	Comments
Cash on hand			-
Household furnishing and appliances			
Jewellery or personal effects			
Accounts Receivable			
C.S.V. of life insurance policies			Beneficiary:
Term or Whole Life Policy:			Derionolary:
1 dilii di 1111did 2110 1 dilayi			
Investments: Pension			
Investments: Stocks			
Investments: Profit Sharing			
Total investment in RRSP/RRIF			
(excluding during last 12 months):			
(excluding daming last 12 months).			
Investment in RRSP/RRIF during last			
12 months:			
Investment in TFSA, CSB, RESP			
Others (etc., please specify):			
Estimated tax refund			
Investment or Residential property (pro	vide details	3):	
Present market value: \$		<b>4</b> .	
Outstanding mortgage: \$			
Mortgage provider:			
Account number/s:			
Ownership:   Applicant   Spouse   J	oint 🗆 With	others: % of	applicant's ownership
Automobiles:			□ Leased
Value: \$ Year:			□ Financed
Make: Model:			□ 100% own
VIN#:			□ Joint
Tools of trade			
Other Assets (specify) – Business			Name & Amount of
Shareholder			business shares

$\overline{}$	than Assats (aposity a g if	i vou bovo				
gi	ther Assets (specify e.g. if ven loan to others)	you nave				
	dditional comments (e.g.: i r Trustee on above listed a		ntends to retu	irn or con	tinuing making pay	ments to
J	Trustee on above listed a	155C15).				
₹	easons for financial difficu	Itv:				
_						
	EBTS:					
3	anks/Financial institution					
	Name & address	Applicant	Balance (in \$ Spouse	)   Joint	Comments	
	1.	Арріісані	Spouse	JOHN		
	A consumt No					
	Account No.					
	A + N   -					
	Account No. 3.			<u> </u>		
	0.					
	Account No. 4.					
	4.					
	Account No. 5.			<u> </u>		
	5.					
	Account No.		<u> </u>	<del>                                     </del>		
	6.					
	Account No.					
	7.					
	Account No.	•	1	1	,	
	8.					
	1	1	1	1	1	

Account No.

9.							
Acc	count No.						
10.							
Acc	count No.						
11.							
Acc	count No.						
12.							
Acc	count No.						
13.							
Acc	count No.						
14.							
Acc	count No.				l		
15.							
Acc	count No.			_ I	l		
16.							
Acc	count No.						
	y of the above business please indicate those w		comment fie	eld.	□ Yes	□ No	
	you filed "Notice of Obje provided details	ection" with	CRA during	last 90 days	?□ Yes	□ No	
	e any outstanding appe you MUST be withdraw				□ Yes	□ No	
	RA issued a " <u>Requirem</u> please provide support				□ Yes	□ No	
	RA registered any secu please provide support			al property?	□ Yes	□ No	
	ere any debts listed abo please provide details a					□ No xclusion order	
involve	e any outstanding claim ed in future? you MUST explain:	ns, claims fo	-	ismissal or a Yes	any other c □ No	laims where po	ssible recovery is

### **DEBT INFORMATION**

Loan Co-Signed Or Guaranteed By Applicant

Lender's name

Address

Borrower's name

Address

Is the party bankrupt?

Business or personal debt?

Type of business:

## Loan Co-Signed Or Guaranteed By Spouse

Lender's name

Address

Borrower's name

Address

Is the party bankrupt?

Business or personal debt?

Type of business:

### **OTHER**

Has The Applicant Or Spouse Any Debt Arising From:

	Appl	icant	Spc	Spouse	
Fine or penalty imposed by court?	Y	N	Υ	N	
Recognizance or bail bond?	Y	N	Υ	N	
Alimony?	Y	N	Υ	N	
Maintenance of affiliation order?	Y	N	Υ	N	
Fraud?	Y	N	Υ	N	
Embezzlement?	Y	N	Υ	N	
Misappropriation?	Y	N	Υ	N	
Defalcation while acting in a fiduciary capacity?	Y	N	Υ	N	
Property obtained by false means/fraud?	Y	N	Υ	N	
Student loans outstanding	Y	N	Υ	N	
Date of last day in school: / /					

Any history of proposal/bankruptcy?

, mily inicially of proposition		•			
Applicant	Υ	N	Spouse	Υ	N
Trustee's name			Trustee's name		
Proposal/bankruptcy date			Proposal/bankruptcy date		
Full performance/discharge	e date		Full performance/discharge date		
Proposal date			Proposal date		

Reason(s) for filing proposal/bankruptcy:	Reason(s) for filing proposal/bankruptcy:
Declared amount (\$) of unsecured liability in	Declared amount (\$) of unsecured liability
the proposal/bankruptcy:	in the proposal/bankruptcy:
Result of proposal, if applicable	Result of proposal, if applicable
Place filed	Place filed
Estate No.	Estate No.

Business Owned By Debtor
(This section need to be completed only when the applicant was involved in the business during last 5 years)

Applicant owned business?	Υ	N	
Business name			
Address			
Type of ownership: Proprietorship / Partnership / Incorpor	ate GST# (if a	ipplicable)	
RP Account # (if applicable)			
Type of business			
Name of partners/directors			
When started (DD/MM/YYYY)			
If applicable, When ceased operation (DD/MM/YYYY)			
Causes:			
Debt incurred in business (\$) Please provide details (inclu	ding personal	guarantee, if	any):
Assets (details):			
Financial statements/tax returns (please submit latest doc	cument)		
Was the business previously in receivership?		Υ	N
Date of receivership			
Name of receiver			
Snaves Owned Business?	V	NI.	
Spouse Owned Business? Business name	Υ	N	
Address			
Address			
Type of ownership: Proprietorship / Partnership / Incorpor	ata CST#/if	annlicable)	
	ate. GS1# (II	applicable)	
RP Account # (if applicable)			

Type of business						
Name of partners/directors						
When started						
If applicable, When ceased operation (DD/MM/YYYY)						
Causes:						
Debt incurred in business (\$) Please provide details:						
Assets (details):						
Financial statements/tax returns (please submit latest document)						
Was the business previously in receivership? Y N						
Date of receivership						
Name of receiver		_				

### **INCOME TAX INFORMATION**

Applicant's ta	x information		Spouse's tax information				
Year last return filed			Year last return filed				
Amount owing			Amount owin	g			
Refund receiv	ed ed		Refund recei	ved			
Refund pendi	ng		Refund pend	ing			
Address of las	st return		Address of la	st return			
Dependants:			Dependants:				
Name	Date of birth	Income	Name Date of birth Income				
	limony or maint	enance		alimony or maint	tenance		
during the pas			during the past year?				
If yes, to whom?		If yes, to whom?					
Address			Address				
Amount paid			Amount paid				
Date of separation			Date of sepa	ration			
Has your mar	ital status chan	ged in the	Has your marital status changed in the				
past 2 years? If yes, When?			past 2 years'	past 2 years? If yes, When?			

Note: If child support payment is being paid attach a copy of the court order.

Applicant's employers and UIB periods for the past 2 years:

Employer's name & address

Date started

Date ended

Is above mentioned employer related with you?

Spouse's employers and UIB periods for the past 2 years:

Employer's name & address

Date started

Date ended

Is above mentioned employer related with you?

Is above mentioned employer related with you?

Rent/property tax paid (past calendar year)

Address	From	To	Amount Paid	Name of landlord / municipality	Joint	Applicant	Spouse

_ if you disposed of property or RRSP this year
Date of sale:
A/C#(s):
Amount received:
Where & how the money was spend?
Date of original purchase:
Original purchase price:

## **BANK ACCOUNT INFORMATION**

Bank		
Bank Address		
Account Number	Joint	
Bank		
Bank Address		
Account Number	Joint	

## **TRANSACTIONS**

vent, h	ave y	ou, ei	ther in
Applicant		Spouse	
Ý	N	Υ	N
Y	N	Y	N
Y	N	Y	N
Υ	N	Y	N
			ouse
Y	N	Y	N
Y	N	Y	N
Y	N	Y	N
Y	N	Y	N
Y	N	Y	N
Y	N	Y	N
Y	N	Y	N
Y	N	Υ	N
Y	N	Y	N
Y	N	Y	N
Y	N	Y	N
	Appli Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Applicant Y N Y N Y N Y N Y N Vent, Have Yo Applicant Y N Y N Y N Y N Y N Y N Y N Y N Y N Y	Y         N         Y           Y         N         Y           Y         N         Y           Y         N         Y           Applicant Sp         Y         N           Y         N         Y           Y         N         Y           Y         N         Y           Y         N         Y           Y         N         Y           Y         N         Y           Y         N         Y           Y         N         Y           Y         N         Y           Y         N         Y           Y         N         Y           Y         N         Y

# Monthly Income & Expenses Statement

Net income – Applicant  Net income – Spouse  Net income – Other family members  Rental income  Other income – specify  Child tax & other related benefits  Total
Net income – Spouse Net income – Other family members Rental income Other income – specify Child tax & other related benefits
Net income – Other family members  Rental income Other income – specify Child tax & other related benefits
Rental income Other income – specify Child tax & other related benefits
Other income – specify Child tax & other related benefits
Child tax & other related benefits
Total
Statutory deductions (supporting documents
required):
Child support
Spousal support
Employment related
Medical condition expenses
Others (specify)

## Expenses:

Housing:	Insurance:
Rent/mortgage	Medical
Property tax/condo Maintenance	Automobile
Water	Household
Electricity	Life
Heat/Fuel oil	Sub total
Telephone / Cell Phone	Transportation:
Cable / Internet	Gasoline
Others (specify)	Public transit
Sub total	Monthly lease/loan
Living:	Car repairs
Food/Groceries	Others:
Clothing	Sub total
Laundry/Dry-cleaning	Personal:
Grooming/Toiletries	Children's allowance
Daycare/Child expenses	Dining out/coffee
Others (specify)	Sports/hobbies
Sub total	Movie rentals
Medical:	Recreation/leisure
Doctor	Newspapers/Magazines
Prescription drugs	Others (specify)
Dental	Others (specify)
OTC/others	Others (specify)
Sub total	Sub total
	Total expense

## Following documents should be submitted by the applicant

- House Purchase Documents (Ownership Deed) Required
- Property valuation report Required
- Latest Financial Statement and tax returns of existing business (only if it is corporate business) –
   Required
- Details of Tools of trade exemption (only in case of self-employed / proprietary business) Required
- · Latest business bank statement showing month end outstanding balance Required
- Latest mortgage statement Required
- RRSP investment exemption documents (to prove that the investment was done more than 12 months ago **Required**
- Other investment documents Required
- Whole life insurance policy document showing cash surrender value if applicable
- Ownership and proof of insurance for all vehicle owned Required
- Supporting documents for regular income (Debtor) e.g. most recent pay stub Required
- Supporting documents for regular income (Spouse and others) e.g. most recent pay stub –
   Required
- Child tax benefit statement Required
- 2014/15 Notice of Assessment (Tax) Required
- Photocopy of SIN card Required
- Photocopy of Citizenship Card/ Passport Required
- Copies of credit card statements (even with no balance owing)
- Guarantee for performance of the proposal with guarantor's latest "Notice of Assessment" (only if the Debtor is unemployed and not getting El) Required
- One month instalment in cash during sign-up and Authorization for pre-authorized payment with a VOID cheque (<u>not from creditor bank</u>) - Required