

HOYES • MICHALOS

Licensed Insolvency Trustees

Fresh Start Application Form

Call us Today at
1(866)747-0660 or 310-PLAN

Your Next appointment is scheduled for: _____ at _____
with _____

Checklist of Items to provide with your application:

General Information:

- | Required | Received | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Birth Certificate, Passport or Canadian Citizenship Card (<i>showing full legal name</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | Proof of Income, such as a current bank statement and/or pay stubs |
| <input type="checkbox"/> | <input type="checkbox"/> | Separation Agreement (<i>If applicable</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | Garnishment/Judgement/Statement of Claim/Requirement to Pay Information (<i>If applicable</i>) |

Asset Information:

- | Required | Received | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Current Written Market Valuation of home by Real Estate Agent (<i>Letter of Opinion of Value</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | Up to date Mortgage Statement/Print out showing current balance |
| <input type="checkbox"/> | <input type="checkbox"/> | All Vehicle Ownerships (<i>green slip</i>) and Insurance Slips (<i>pink slip</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | Vehicle loan or Lease documents |
| <input type="checkbox"/> | <input type="checkbox"/> | Appraisal for Vehicles / Boat / Trailer / Motorcycle / Other: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

Investment Information:

- | Required | Received | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | RRSP / Pension / RESP / TFSA (<i>up to date statement and 12 month transaction/activity report</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | Savings Bonds / Stocks / GIC / Profit Sharing (<i>up to date statement showing current value</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | Life Insurance Policy Documents (<i>statement showing the cash surrender value if a whole life policy and beneficiary</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

Liability Information:

- | Required | Received | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Creditor Letters, Invoices or Statements showing current balances |
| <input type="checkbox"/> | <input type="checkbox"/> | Collection Letters |
| <input type="checkbox"/> | <input type="checkbox"/> | Credit Cards - All credit cards must be turned over to the trustee |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

Tax Information:

- | Required | Received | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of your last income tax Notice of Assessment |
| <input type="checkbox"/> | <input type="checkbox"/> | File outstanding tax returns for the tax years: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Your last paystub from each employer you've had since January 1st |
| <input type="checkbox"/> | <input type="checkbox"/> | Summary of year to date business income & expenses (<i>if you're self employed or run a business</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | Receipts for RRSP's cashed since you filed your last tax return |
| <input type="checkbox"/> | <input type="checkbox"/> | Other Information: _____ |

Banking Information:

- | Required | Received | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Open a new bank account (<i>With an institution you do not owe money to</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | Void cheque or pre-authorized payment form (<i>from new bank account</i>) |

If you have any questions or problems with this application form, call us at 1 (866) 747-0660 or 310-PLAN.

You can also fax your completed application form with backing information to 1(888) 553-5519

Your Personal Information

	Applicant	Spouse
Family Name (Last Name):		
First AND Middle Names:		
AKA / Maiden Name:		
Date Of Birth:	DAY: MONTH: YEAR:	DAY: MONTH: YEAR:
SIN #:	- - -	- - -
Marital Status:	Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/>	Common Law <input type="checkbox"/> Widowed <input type="checkbox"/>
<small>Date you married, separated, divorced, became common law or became widowed:</small>	DAY: MONTH: YEAR:	DAY: MONTH: YEAR:
Email Address:		
Telephone Numbers:	Home: Work: Cell:	
Residential Address: <small>(include postal code)</small>		
At This Address Since?	MONTH: YEAR:	
Previous Address: <small>Only required if you have debts associated with a prior address i.e. utilities</small>		
List All Dependants Currently Living With You:	Full Name	Relation
	Date of Birth (dd/mm/yyyy)	

For Office Use Only

Summary PB Ordinary PB
 Consumer Proposal DIV 1 Proposal
 Joint Filing? Yes No

Referral Source: _____

TERMS: _____ x _____

Counsellor: _____

Employment Information

Applicant

Employer #1 (if self-employed see Page 9):	Occupation:
Is your job likely to be affected by insolvency proceedings? (Special Licences, Regulatory Restrictions, Cash Handling): <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>	Employed From <small>(dd/mm/yyyy):</small>
Pay Frequency: Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Other _____	Next Pay Date <small>(dd/mm/yyyy):</small>

Employer #2 (if self-employed see Page 9):	Occupation:
Is your job likely to be affected by insolvency proceedings? (Special Licences, Regulatory Restrictions, Cash Handling): <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>	Employed From <small>(dd/mm/yyyy):</small>
Pay Frequency: Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Other _____	Next Pay Date <small>(dd/mm/yyyy):</small>

Spouse (if also filing)

Employer (if self-employed see Page 9):	Occupation:
Is your job likely to be affected by insolvency proceedings? (Special Licences, Regulatory Restrictions, Cash Handling): <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>	Employed From <small>(dd/mm/yyyy):</small>
Pay Frequency: Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Other _____	Next Pay Date <small>(dd/mm/yyyy):</small>

Garnishment Information

Please complete a separate page for each wage garnishment

Are your wages currently being garnisheed?

Yes

No

If "Yes", please specify by which creditor:

Copy of Garnishment Order provided?

Yes

No

N/A

Name and full address of Payroll Contact:

**Phone Number
(including ext):**

Fax Number:

Email Address:

Note: If you are being garnisheed, we require full payroll information and a copy of the garnishment order as indicated above in order to stop the garnishment.

Court Proceedings

Have you received a Statement of Claim?

Yes

No

If "Yes", please specify from which creditor and amount:

Copy of Statement of Claim provided?

Yes

No

N/A

Do you have a Judgement against you?

Yes

No

If "Yes", please specify which creditor and amount:

Copy of Judgement provided?

Yes

No

N/A

Do you have a Requirement to Pay from CRA?

Yes

No

Copy of Requirement to Pay provided?

Yes

No

N/A

Note: If you are answered "yes" to any of the above, we require a copy.

Family Monthly Income & Expenses Statement

INCOME

	Applicant	Spouse/Other	Total
Employment	\$ _____	\$ _____	\$ _____
Pension	\$ _____	\$ _____	\$ _____
Support Received	\$ _____	\$ _____	\$ _____
Child/Universal Tax Benefits	\$ _____	\$ _____	\$ _____
Employment Insurance	\$ _____	\$ _____	\$ _____
Welfare/Assistance	\$ _____	\$ _____	\$ _____
Self Employment Net Income	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

EXPENSES

Support, Child Care, Medical and Other Expenses

Child Support	\$ _____	\$ _____	\$ _____
Spousal Support	\$ _____	\$ _____	\$ _____
Child Care	\$ _____	\$ _____	\$ _____
Medical	\$ _____	\$ _____	\$ _____
Court Imposed Fines	\$ _____	\$ _____	\$ _____
Employment Expenses	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

Living Expenses

Rent/Mortgage	\$ _____	Food / Groceries	\$ _____
Property Taxes	\$ _____	Laundry/Dry Cleaning	\$ _____
Heat/Gas	\$ _____	Grooming / Toiletries	\$ _____
Telephone/Cell	\$ _____	Clothing	\$ _____
Cable/Internet	\$ _____	Total	\$ _____
Hydro	\$ _____		
Water	\$ _____	Car Lease / Loan	\$ _____
Furniture	\$ _____	Repairs / Gas / Maintenance	\$ _____
Total	\$ _____	Public Transportation	\$ _____
		Total	\$ _____
Smoking	\$ _____		
Alcohol	\$ _____	Vehicle Insurance	\$ _____
Restaurants	\$ _____	House Insurance	\$ _____
Entertainment	\$ _____	Furniture / Contents	\$ _____
Gifts/Donations	\$ _____	Life Insurance	\$ _____
Allowances	\$ _____	Total	\$ _____
Total	\$ _____		
		Payment to Trustee	\$ _____
Prescriptions	\$ _____	Other (specify) _____	\$ _____
Dental	\$ _____	Other (specify) _____	\$ _____
Total	\$ _____	Other (specify) _____	\$ _____
		Total	\$ _____

Total All Expenses \$ _____ Page 4

Property Information

1 Do you own any property/real estate?

Yes No

Type of property

House Condo Cottage Land Time Share

Property Address

Person(s) holding title on deed

Date Property Purchased

Purchase Price \$

Current Estimated Value \$

Current Market Value by Real Estate Agent attached? Yes No

Mortgages & Credit Lines Secured to the Property

	Name of Company	Who's Debt Is It?	Up to date Statement attached to Application Form?	Account # <small>(if no account number, put address of mortgage company)</small>	Amount Owed
1st		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$
2nd		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$
3rd		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$

Are the following payments current?

Mortgages: Yes No

If No, how much are the arrears? _____

Property Tax: Yes No

If No, how much are the arrears? _____

Utilities: Yes No

If No, how much are the arrears? _____

Insurance: Yes No

If No, how much are the arrears? _____

Please advise your intention: Intend to maintain payments on mortgages to keep the property

I/we intend to surrender the property back to the mortgage holder

Vehicles and Household Asset Information

2. Do you own or lease any vehicles? (include recreational vehicles) Yes No

Who's Name is Vehicle in?	Vehicle Details	Secured Creditor	Balance Owing	Account Number <small>(or Address if No account number available)</small>	Office Use Only
Applicant <input type="checkbox"/> Joint <input type="checkbox"/> Spouse <input type="checkbox"/>	Make: _____ Model: _____ Year: _____ Value: \$ _____		\$	<input type="checkbox"/> Continue Payments <input type="checkbox"/> Surrendering Back to Creditor	Not Exempt <input type="checkbox"/> Exempt <input type="checkbox"/>
Applicant <input type="checkbox"/> Joint <input type="checkbox"/> Spouse <input type="checkbox"/>	Make: _____ Model: _____ Year: _____ Value: \$ _____		\$	<input type="checkbox"/> Continue Payments <input type="checkbox"/> Surrendering Back to Creditor	Not Exempt <input type="checkbox"/> Exempt <input type="checkbox"/>
Applicant <input type="checkbox"/> Joint <input type="checkbox"/> Spouse <input type="checkbox"/>	Make: _____ Model: _____ Year: _____ Value: \$ _____		\$	<input type="checkbox"/> Continue Payments <input type="checkbox"/> Surrendering Back to Creditor	Not Exempt <input type="checkbox"/> Exempt <input type="checkbox"/>
Applicant <input type="checkbox"/> Joint <input type="checkbox"/> Spouse <input type="checkbox"/>	Make: _____ Model: _____ Year: _____ Value: \$ _____		\$	<input type="checkbox"/> Continue Payments <input type="checkbox"/> Surrendering Back to Creditor	Not Exempt <input type="checkbox"/> Exempt <input type="checkbox"/>
Applicant <input type="checkbox"/> Joint <input type="checkbox"/> Spouse <input type="checkbox"/>	Make: _____ Model: _____ Year: _____ Value: \$ _____		\$	<input type="checkbox"/> Continue Payments <input type="checkbox"/> Surrendering Back to Creditor	Not Exempt <input type="checkbox"/> Exempt <input type="checkbox"/>

3. Please Indicate the estimated liquidation (garage sale) value for your:

Household Furnishings & Appliances \$ _____

For example; Furniture, Appliances

Personal Property \$ _____

For example; Jewelry, Collectibles, Sports Equipment, Games Consoles, Instruments

Necessary Clothing \$ _____

List any individual items that you believe to be worth over \$500

<u>Item</u>	<u>Value</u>

4. Do you own a safety deposit box or hold foreign bank accounts/assets? Yes No

If yes, please describe the contents/asset and value:

Items:	Approximate Value:
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Investments & Asset Disposal

5 Do you own any Investment Assets?

(i.e. RRSP's, GIC's, Mutual Funds, Pensions, Life Insurance, Savings Bonds, Stocks, RESP's, DPSP's, TFSA's, RRRIF's, Cash on Hand, Savings)

Yes No

Type of Asset <small>(i.e. RRSP)</small>	Name of Company Holding The Investment	Who's name is it in?	Policy Number	Total Value of Policy	Office Use Only <small>(Estimated Realizable Value / 12 month Contributions)</small>
1		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	\$
2		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	\$
3		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	\$
4		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	\$
5		Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	\$

6 In the last 12 months, have you had an asset repossessed or have you voluntarily surrendered an asset to a secured creditor?

Yes No

	Asset Details	Date	Repossessed / Surrendered	Office Use Only SOA?
1			Repossessed <input type="checkbox"/> Voluntarily Surrendered <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2			Repossessed <input type="checkbox"/> Voluntarily Surrendered <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3			Repossessed <input type="checkbox"/> Voluntarily Surrendered <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

7 In the last 5 years, have you Sold, Transferred or Disposed of any Assets?

Yes No

(such as selling or transferring Real Estate and/or Vehicles; Cashing in RRSP's, Life Insurance, Savings Bonds, Stocks, Shares, RESP's)

	Asset Details <small>(if vehicle, put year, make & model if a property, put address of property)</small>	Amount Received	Date Money Received <small>(dd/mm/yyyy)</small>	What did you do with the money?	Office Use Only SOA?
1		\$			Yes <input type="checkbox"/> No <input type="checkbox"/>
2		\$			Yes <input type="checkbox"/> No <input type="checkbox"/>
3		\$			Yes <input type="checkbox"/> No <input type="checkbox"/>
4		\$			Yes <input type="checkbox"/> No <input type="checkbox"/>
5		\$			Yes <input type="checkbox"/> No <input type="checkbox"/>

List All Unsecured Debts (i.e. Credit Cards, Credit Lines, Overdrafts, Income Tax, Pay Day Loans etc.)

	Original Creditor	Collection Agency <small>(If Applicable)</small>	Who's Debt Is It?	Account # <small>(if no account number, put address)</small>	Amount Owed	Is the Debt Business or Personal
1			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
2			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
3			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
4			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
5			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
6			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
7			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
8			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
9			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
10			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
11			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
12			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>
13			Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		\$	Business <input type="checkbox"/> Personal <input type="checkbox"/>

If there is student loan debt, End of Study date was: _____

Greater than 7 Years?

Yes No

Taxes & Self Employment Information

Personal Taxes

For what year did you last file a return?

How much do you owe? *(if applicable)*

Applicant

\$

Spouse

\$

Liens

Are you aware of CRA holding a lien against any of your assets?

Yes

No

If "Yes", what property? *(please specify)*: _____

Self Employed Details

This section is to be completed only if you have owned or operated a business in the last 5 years

Yes

No

Type of Business

Sole Proprietorship

Partnership

Incorporated

Name of Business

Nature of The Business

Head Office Address

(inc Post Code)

Date Business Started

/ /

Business #

(If Incorporated)

Company Phone #

Fax #

Email

Date Business Ended

/ /

Tick This Box If Still Operating?

List the names of any Partners and/or Directors

1 Does the (or did the) business have any employees?

Yes No

If Yes,

If there's any employees that are owed any monies, provide a separate list showing the; Names, Addresses, SIN#, Phone #, Job Titles of each employee and the Amounts Owed to each employee. The list must also include the dates the wages/salary/vacation/termination/severance pay were earned

If you owe CRA for unremitted Payroll deductions, ensure the amount owing is listed on the creditor page and attach a copy of any **Requirement To Pay** notice you may have received

2 Is business required to collect and remit HST/GST?

Yes No

If Yes,

If you owe for unremitted HST/GST, ensure the amount owing is listed on the creditor page and attach a copy of any **Requirement To Pay** notice you may have received

3 Where are the financial books and records currently located?

4 Are all corporate tax returns filed? (HST/GST, Payroll, T2 Income Tax)

Yes No

If Yes,

Attach a copy of the last return or account statement. **If No**, prepare the required information for filing

5 What is the current value of the:

Fixed Assets

\$	
----	--

Inventory

\$	
----	--

Accounts Receivable

\$	
----	--

Trade Tools

\$	
----	--

}

We may request further details, such as fixed assets list, inventory counts etc to verify these amounts

General Information Questionnaire

1 Within the last 3 months, have you

a) used credit cards/credit lines for any purchases or cash advances? Yes No

If "yes", how much was spent? _____

When? (dd/mm/yyyy) _____

From which creditor? _____

b) Applied for and received any loans/credit? Yes No

If "yes", how much did you receive? _____

When? (dd/mm/yyyy) _____

From which creditor? _____

2 In the last 6 months, have you talked to a company offering financial advice? Yes No

What was the name of the company? _____

How much did you pay them? _____

3 Within the last 12 months, have you

a) made excessive payments to, or paid off in full, any creditor? Yes No

If "yes", when? (mm/yyyy) _____

how much? _____

Which Creditors? _____

4 Within the last five years, have you

a) made any gifts to relatives or others in excess of \$500? Yes No

If "yes", when? (mm/yyyy) _____

how much? _____

To Whom? _____

5 Are credit cards still in your possession? *(Must be given to the trustee if you still possess them)* Yes No

6 Do you expect to receive any lump sums of money in the next year? Yes No

(i.e. You expect to receive an Inheritance or you're expecting proceeds of litigation taken against someone else)

7 Has anyone co-signed any of your debts, or have you co-signed for someone? Yes No

If "yes", please ensure they are listed on the liability page.

8 Have you ever been Bankrupt before or filed a Consumer Proposal? Yes No

If you filed under a different name to your current name, what name did you file under?

(i.e., Maiden Name, previous married name):

9 The "Dealing with Debt: A Consumer's Guide" is available at hoyes.com/fresh-start

10 Briefly describe the reasons for your financial difficulty:

