



Reminder List

Name: _____ Date & Time of Appointment: _____

When attending the meeting with the Trustee, please bring the following:

Identification: Driver's Licence
 Birth Certificate
 Other: _____

Vehicle: Ownership
 Insurance
 Loan Agreement
 Keys
 Turn Vehicle Over to: _____

RRSP or Term Deposit..... Recent Statement

CSB Recent Statement or Copy of Certificate

Stocks/Shares Copy of Certificate or Shares

Pay Stub Copy of most recent

Profit Sharing Plans..... _____

Life Insurance Policy Copy of the Policy

Tax Information T4
 Copy or previous tax return
 Tax assessment

Garnishee Copy of the Court Order/Judgement
 Statement of Claim

Credit Cards _____

Other..... _____

Payment Details Money order for \$ _____

_____ monthly post-dated cheques for \$ _____

Date each cheque for either the 1st or 15th of each month payable to FONG AND PARTNERS INC.

BEFORE THE MEETING:

Change Bank Account..... _____

Email or Fax the following: _____



APPLICATION

Date of Assessment: _____

Bankruptcy/Proposal: _____

Date of Sign-up: _____

Fees: _____

Referral Source: _____

Location of Meetings: _____

APPLICANT

SPOUSE

Surname: _____

Surname: _____

Given Name(s): _____

Given Name(s): _____

Also Known As: _____

Also Known As: _____

Home Address: _____

Address: _____

Home Telephone: _____

Home Telephone: _____

Work Telephone: _____

Work Telephone: _____

Facsimile: _____

Facsimile: _____

Email: _____

Email: _____

At address since: _____

At address since: _____

Social Insurance #: _____

Social Insurance #: _____

Date of birth: _____

Date of birth: _____

Occupation: _____

Occupation: _____

Marital Status: _____

Marital Status: _____

As of: _____

As of: _____

of persons in household: _____

of persons in household: _____

under age of 17 _____

under age of 17 _____



APPLICANT: Owned a business in the past 5 years?

SPOUSE: Owned a business in the past 5 years?

Business Name: _____

Address: _____

Type of Ownership: _____

Guaranteed Loan for Business: _____

Type of Business: _____

Names of Partners/Directors: _____

When operations started: _____

When operations ceased: _____

% of Debts incurred in business: _____

Assets: _____

Financial Statements/Tax Returns: _____

Previously in Receivership: _____

Date of Receivership: _____

Name of Receiver: _____



EMPLOYERS AND UIC PERIODS FOR THE PAST TWO YEARS:

APPLICANT:

<u>Employer's Name and Address</u>	<u>Date Started</u>	<u>Date Ended</u>

SPOUSE:

<u>Employer's Name and Address</u>	<u>Date Started</u>	<u>Date Ended</u>

CAUSES OF INSOLVENCY:

PRIOR INSOLVENCIES (Please answer Yes or No – If Yes, please provide details)

APPLICANT

SPOUSE

Details: _____



TRANSFER OF ASSETS: (Please answer Yes or No – If Yes, please provide details)

	Applicant	Spouse
Have you disposed of/transferred assets or RRSP's in the last 12 months? Details:		
Have you made any excess payments to creditors in the last 12 months? Details:		
Have you had any assets seized by creditors in the last 12 months? Details:		
Have you sold/disposed/transferred any real estate in the past 5 years? Details:		
Have you made any gifts to relatives over \$500 in the past 5 years? Details:		
Have you made arrangements to continue to pay any creditors? Details:		
Are you involved in civil litigation which you may receive money/property? Details:		
Do you expect to receive any money or property within the next 12 months? Details:		
Have you made an assignment of your wages? Details:		

LOANS CO-SIGNED BY APPLICANT OR SPOUSE



PLEASE LIST YOUR CREDITORS AND PROVIDE ACCOUNT NUMBERS

Balance Owing:

Names & Addresses	A	S	J	Comments
1.				
Account #:				
2.				
Account #:				
3.				
Account #:				
4.				
Account #:				
5.				
Account #:				
6.				
Account #:				
7.				
Account #:				
8.				
Account #:				



Balance Owing:

Names & Addresses	A	S	J	Comments
9.				
Account #:				
10.				
Account #:				
11.				
Account #:				
12.				
Account #:				
13.				
Account #:				
14.				
Account #:				
15.				
Account #:				
16.				
Account #:				



ASSETS

	APPLICANT	SPOUSE	COMMENTS
House			
Cottage			
Land			
Cash on hand/in bank			
Household furniture and effects			
Personal effects			
Cash surrender value of Insurance Policies			
Stock, bonds and investments			
Reversionary or other interests under wills, etc.			
Automobile			
Motorcycle			
Snowmobile/Other Motorized Vehicle			
Recreational Equipment			
Stock-in-trade at cost price, not exceeding FMV			
Trade fixtures, fittings, utensils, etc.			
Livestock			
Machinery, equipment and plant			
Other:			



ASSETS DUE TO THE ESTATE

OTHER INFORMATION

DEPENDANTS

NAME **DATE OF BIRTH** **INCOME**

HAS THE APPLICANT OR SPOUSE HAVE DEBTS ARISING FROM:

	Applicant	Spouse
Fine or penalty imposed by court?		
Recognizance or bail bond?		
Alimony?		
Maintenance of affiliation order?		
Maintenance of support of separated family?		
Fraud/Embezzlement/Misappropriation?		
Defalcation while acting in a fiduciary capacity?		
Property obtained by false means/fraud?		
Student Loans?		

TAX INFORMATION

Applicant		Spouse	
Year last return filed		Year last return filed	
Amount owing		Amount owing	
Refund received		Refund received	
Refund pending		Refund pending	



MONTHLY INCOME AND EXPENSES

MONTHLY NET INCOME	AMOUNT
Applicant	
Spouse	
Pension/Annuities	
Child Support	
Spousal Support	
Employment Insurance	
Social Assistance	
Other Income:	
TOTAL INCOME	

EXPENSES	AMOUNT
Prescriptions	
Dental	
Food/Grocery	
Laundry/Dry Cleaning	
Grooming/Toiletries	
Clothing	
Car lease/payments	
Car repairs/gas	
Public transportation	
Vehicle Insurance	
House	
Furniture/Contents	
Life Insurance	
To the estate	
To secured creditor	
Other expenses	

EXPENSES	AMOUNT
Child/Spousal support	
Child care	
Rent/Mortgage	
Property taxes/Condo Fees	
Heating/Gas/Oil	
Telephone	
Cable	
Hydro	
Water	
Furniture	
Smoking	
Alcohol	
Dining/Lunches/Restaurant	
Entertainment/Sports	
Gifts/Charitable Donations	
Allowances	

TOTAL EXPENSES:	_____
TOTAL INCOME:	_____
LESS NON-DISC:	_____
NET INCOME:	_____
LESS: DIRECTIVE 11R:	_____
SURPLUS INCOME:	_____
50% OF EXCESS DUE:	_____



**Superintendent's Standards
-2009
Total Monthly Surplus Income**

Persons	S	Family Unit's Available Monthly Income																	
		1970	2070	2170	2270	2370	2570	2770	2970	3170	3370	3570	3770	3970	4170	4470	4770	5070	
1	1870	100	200	300	400	500	700	900	1100	1300	1500	1700	1900	2100	2300	2600	2900	3200	
2	2328	0	0	0	0	0	242	442	642	842	1042	1242	1442	1642	1842	2142	2442	2742	
3	2862	0	0	0	0	0	0	0	108	308	508	708	908	1108	1308	1608	1908	2208	
4	3474	0	0	0	0	0	0	0	0	0	0	0	296	496	696	996	1296	1596	
5	3941	0	0	0	0	0	0	0	0	0	0	0	0	0	229	529	829	1129	
6	4444	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	326	626	
7+	4948	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	122

The Superintendent's Standards ("S") are derived from the Low Income Cutoffs (LICO) released by Statistics Canada. The Superintendent uses the before-tax LICO for urban areas with 500,000 people or more. The 2009 standards are updated adding to the 2007 LICO the 2008 Consumer Price Index (CPI) of 2.3% plus a 1.2% adjustment reflecting the 2009 CPI expectation.

The amounts shown above represent the total monthly surplus income of the bankrupt over the standards, from which the surplus income payment should be calculated.

Bankrupt's Portion of Family Income

Bankrupt's Net Monthly Income: \$ _____ (B1)

Other Family Unit Net Monthly Income: \$ _____

Total Net Family Income: \$ _____ (F1)

Superintendent's Standards: \$ _____

Surplus Income: \$ _____ (S1)

Bankrupt's Portion of Family Income:

(B1) _____ / (F1) _____ = _____ %

Payment Required from Bankrupt:

[(S1) _____ x (%) _____] x 50% = \$ _____
Monthly Payment

