

D. MANNING & ASSOCIATES INC.
BANKRUPTCY APPLICATION FORM

TO THE DEBTOR:

Please complete this form as completely as you are able.

1. PERSONAL DATA

Family Name: _____ Given Names: _____

Are you known by any other names? _____

Social Insurance Number: _____ Date of Birth _____

Telephone Number: (Home) _____ (Business) _____

Home Address: _____

Since When: Day _____ Month _____ Year _____

Mailing Address, if different: _____

Occupation: _____

Name of Present Employer: _____

Address of Present Employer: _____

Since When: _____

Last Date of Employment: _____

Marital Status: Married Single Divorced Separated

If separated, please give date of separation: _____

Spouse's Name: _____

Spouse's Address, if different: _____

Spouse's Occupation: _____

No. of dependents who rely on you for financial support:

Name	Relationship	Date of Birth	Address

Spouse's Social Insurance Number (if dependent) _____

Have you been bankrupt before? Yes _____ No _____

If yes, give: Name of Trustee _____

Date of Bankruptcy _____

Place Assignment Filed _____

Date of Discharge _____

Type of Discharge _____

(Please provide a copy of the Order of Discharge)

Have you owned or had an interest in a business in the last 5 years? _____

Yes: _____ No: _____ If yes, please give the following details:

Corporation _____ Proprietorship _____ Partnership _____

Name: _____

Address: _____

Since When: Day _____ Month _____ Year _____

Nature of Business: _____

Has the business ceased operations? Yes _____ No _____

If yes, please give the date _____

Are any of the debts directly related to your business?

Yes _____ No _____ If yes, what percentage of the debts are business debts? _____ %

2.

PERSONAL BUDGET (MONTHLY CASH FLOW STATEMENT)		
Net Income (Take Home Pay):		
• Your Income.....\$ _____		
• Your Spouse's Income\$ _____		
• Family Allowance\$ _____		
• Other Income\$ _____		
Total Net Income: ⇒	Annual	\$ _____ Monthly
Monthly Expenses:		
Housing –		
• Mortgage	\$ _____	
• 2 nd Mortgage.....	\$ _____	
• Rent	\$ _____	
• Other	\$ _____	
• Property Taxes* _____ ÷ 12	\$ _____	
• Maintenance* _____ ÷ 12	\$ _____	
• Insurance* _____ ÷ 12	\$ _____	
Utilities –		
• Hydro / Electricity	\$ _____	
• Oil / Natural Gas	\$ _____	
• Water	\$ _____	
• Wood / Coal	\$ _____	
• Telephone	\$ _____	
• Cable TV	\$ _____	
• City Utilities	\$ _____	
• Other	\$ _____	
General –		
• Food	\$ _____	
• Clothing* _____ ÷ 12	\$ _____	
• Child Care	\$ _____	
• Alimony / Child Support.....	\$ _____	
• Personal / Health Care	\$ _____	
• Transportation.....	\$ _____	
• Car Insurance* _____ ÷ 12	\$ _____	
• Life Insurance.....	\$ _____	
• Medical Insurance.....	\$ _____	
• Work Expenses.....	\$ _____	
• Recreation.....	\$ _____	
• Alcohol / Tobacco.....	\$ _____	
• Incidentals (spending \$).....	\$ _____	
• Other.....	\$ _____	
*In the cases where expenses are primarily annual, such as vehicle / house insurance, taxes, gifts, back to school clothing, etc., divide these amounts by 12 and include them in your monthly Cash Flow Statement.		
Total Monthly Expenses: ⇒		\$ _____
INCOME Minus EXPENSES Equals PAYMENT ABILITY		
• Income \$ _____	• Expenses \$ _____	
PAYMENT ABILITY		\$ _____

Do any of the above liabilities arise from:

- Fine or penalty imposed by court? Yes _____ No _____
- Recognizance of bail bond? Yes _____ No _____
- Alimony? Yes _____ No _____
- Maintenance and support of separated family? Yes _____ No _____
- Fraud? Yes _____ No _____
- Embezzlement? Yes _____ No _____
- Misappropriation? Yes _____ No _____
- Defalcation while acting in fiduciary capacity? Yes _____ No _____
- Obtaining property by false pretenses or fraudulent misrepresentation? Yes _____ No _____

If yes, please provide details _____

Have you co-signed or guaranteed any debts? Yes _____ No _____

If yes, complete the following:

Business _____ Personal _____ Both _____

Lender's Name and Address	Amount	Borrower's Name and Address	Is the Borrower Bankrupt

Is the debt: Business _____ Personal _____

If business: type of business _____

4. RECENT TRANSACTIONS

(a) Have you disposed or transferred any of your assets in the past twelve months?

Yes _____ No _____ If yes, give details

(b) Have you made payments in excess of regular payments to a creditor in the past twelve months?

Yes _____ No _____ If yes, give details

(c) Have you had any assets seized by any creditor within the past twelve months?

Yes _____ No _____ If yes, give details

(d) Within the past five years, have you sold or transferred any real estate?

Yes _____ No _____ If yes, give details

(e) Within the past five years, have you made any gifts in excess of \$500.00?

(f) Have you made any arrangements to continue to pay any of your creditors?

Yes _____ No _____ If yes, give details

5. ASSETS

(Please value the assets at liquidation value. i.e. if you sold the item through a newspaper or by a garage sale).

	Serial Number	Location	Original Cost	Present Value
Cash on Hand				
Household Furniture and Effects				
Surrender Value of Insurance Policies				
Jewellery or Personal Effects				
Stocks, Credit Union Shares				
Estimated Tax Refund				
Property – Legal Description				
Motorized Vehicles – Show Year, Make and Serial Number				
Automobile				
Motorcycle				
Boat				
Trailer				

***PLEASE ATTACH A COPY OF THE REGISTRATION FOR MOTOR VEHICLES.**

Other Assets

8. SUPPLEMENTARY PERSONAL DATA

Are you involved in civil litigation from which you may receive monies or property?

Yes _____ No _____ If yes, give details

Will you receive an inheritance?

Yes _____ No _____ If yes, give details

Have you signed a wage assignment?

Yes _____ No _____ If yes, give details

Are there any writs or judgments outstanding against you at this time?

Yes _____ No _____ If yes, give details

Have you had any property or money seized or garnisheed?

Yes _____ No _____ If yes, give details

Have you given any post-dated cheques?

Yes _____ No _____ If yes, give details

Do you bank with a financial institution to which you owe money?

Yes _____ No _____ If yes, give details

For which year did you file your last income tax return: 19_____.

(Please provide a copy of this return)

Are you or have you been involved in any matrimonial dispute which restricts your ability to deal with your assets?

Yes _____ No _____ If yes, give details

If you have any credit cards, please provide the following information:

Card Name

Card No.

If you have an RRSP (Registered Retirement Savings Plan) or a Pension Plan, please provide the following information.

Plan Name

Plan No.

I hereby certify that to the best of my knowledge and belief the information contained in this application form is true, correct, and complete in every respect and fully discloses my assets and liabilities.

I understand that I will be expected to co-operate with the trustee in dealing with my affairs, and that I will also be **expected to pay a reasonable fee to the trustee, based on my ability to pay.**

Signature of Applicant

Date