

D. MANNING & ASSOCIATES INC.

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) _____

Cel Phone: _____ Email Address: _____

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

Widowed Common-law

If separated, divorced or widowed, please provide date _____

If separated or divorced, please provide copy of court order for any alimony or child support

Spouse's Name: _____

Spouse's Address, if different: _____

Spouse's Occupation: _____

Spouse's Date of Birth: _____

Spouse's Social Insurance Number: _____

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

Name	Relationship	Date of Birth	Address

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 _____

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? _____%

Business Number: _____ Are GST Filings up to date: _____

Do you owe Source Deductions: _____ Last date workers were employed: _____

Last calendar year for which T4's were filed: _____

Location of Books and Records: _____

Please attach copies of most recent financial statements and/or tax return pertaining to any business indicated above.

Monthly Income and Expense Statement of the Bankrupt and the Family Unit
and Information (or Amended Information) Concerning
the Financial Situation of the Individual Bankrupt
(Section 68 and Subsection 102(3) of the Act and Rule 105(4))

The information concerning the monthly income and expense statement of the bankrupt and the family unit, the financial situation of the bankrupt and the bankrupts obligation to make payments required under section 68 of the Act to the estate of the bankrupt are as follows:

MONTHLY INCOME	Debtor/Bankrupt	Other members of the family unit	Total
Net employment income	_____		
Net pension/Annuities.....	_____		
Net child support.....	_____		
Net spousal support.....	_____		
Net employment insurance benefits	_____		
Net social assistance	_____		
Self-employment income			
Gross _____ Net	_____		
Other net income.....	_____		
(Provide details _____)			
TOTAL MONTHLY INCOME	\$ _____ (1)	\$ _____ (2)*	
TOTAL MONTHLY INCOME OF THE FAMILY UNIT ((1) + (2))			≈\$ _____ (3)
MONTHLY NON-DISCRETIONARY EXPENSES			
Child support payments	_____		
Spousal support payments.....	_____		
Child care.....	_____		
Medical condition expenses.....	_____		
Fines/Penalties imposed by the court.....	_____		
Expenses as a condition of employment	_____		
Debts where stay has been lifted	_____		
Other expenses	_____		
(Provide details _____)			
TOTAL MONTHLY NON-DISCRETIONARY EXPENSES.....	\$ _____ (4)	\$ _____ (5)	
TOTAL MONTHLY NON-DISCRETIONARY EXPENSES OF THE FAMILY UNIT ((4) + (5))			≈\$ _____ (6)
AVAILABLE MONTHLY INCOME OF THE BANKRUPT ((1) - (4)).....	\$ _____ (7)		
AVAILABLE MONTHLY INCOME OF THE FAMILY UNIT ((3) - (6))			≈\$ _____ (8)
BANKRUPT=S PORTION OF THE AVAILABLE MONTHLY FAMILY UNIT INCOME ((7) / (8) X 100))			≈% _____ (9)

* Where one or more members of the family unit have refused to divulge this information, please provide details as required by section 10 of Directive 11R.

MONTHLY DISCRETIONARY EXPENSES: (Family unit)

Housing expenses
 Rent/Mortgage
 Property taxes/Condo fees
 Heating/Gas/Oil
 Telephone
 Cable.....
 Hydro.....
 Water
 Furniture
 Other.....

Personal expenses
 Smoking.....
 Alcohol.....
 Dining/Lunches/Restaurants
 Entertainment/Sports.....
 Gifts/Charitable donations
 Allowances
 Other.....

Non-recoverable medical expenses
 Prescriptions
 Dental.....
 Other.....

Living expenses
 Food/Grocery
 Laundry/Dry cleaning.....
 Grooming/Toiletries.....
 Clothing.....
 Other.....

Transportation expenses
 Car lease/Payments.....
 Repair/ Maintenance/Gas
 Public transportation.....
 Other.....

Insurance expenses
 Vehicle
 House
 Furniture/Contents.....
 Life insurance.....
 Other.....

Payments
 To the estate
 To secured creditor
 (Other than mortgage and vehicle).....
 Other.....

TOTAL MONTHLY DISCRETIONARY EXPENSES (FAMILY UNIT) - \$(10)
 MONTHLY SURPLUS OR (DEFICIT) FAMILY UNIT ((8) - (10)) = \$(11)

Information (or Amended Information) Concerning the Financial Situation of the Individual Bankrupt

Payments to the estate as per agreement

Number of persons in household family unit, including bankrupt:
 Total amount bankrupt has agreed to pay monthly(12)
 Amount bankrupt has agreed to pay monthly to repurchase assets
 (provide details)(13)
 Residual amount paid into the estate ((12) - (13)).....(14)

Payments required by the Directive on Surplus Income

Monthly amount required by the Directive on Surplus Income based on percentage established on line (9)(15)
 Difference between amounts at lines (14) and (15).....(16)
 Other applicable comments: (If amount at line (14) is less than amount at line (15),
 explain why the required payments are not being made:)
 Amendment or material change: (If the information relates to a material change
 or an amendment, provide details:)

Dated at _____, this _____ day of _____.

 Trustee

Bankrupt

Note: In a joint assignment, only one form is required and each bankrupt's monthly income and non-discretionary expenses have to be explained in detail.

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

(g) Do you expect to receive extra sums of money in the next 12 months?

Yes _____ No _____ If yes, give details

5. ASSETS

CASH ON HAND

Name of Bank	Address	Account Number	Balance on Hand

PERSONAL EFFECTS

PERSONAL EFFECTS	DESCRIPTION	ESTIMATED VALUE
Clothing		
Jewellery, Stamp Collections, Coins etc.		
Musical Instruments		
Tools to Earn your Living		
Safety Deposit Box (please provide location)		

INSURANCE POLICIES

Company	Address	Policy No.	Name of Beneficiary	Cash Surrender Value

SECURITIES, including RRSP, Stocks, Bonds, Pensions

Description	Address	Estimated Value

REAL ESTATE, including House, Cottage, Condo, Land

Description	Address/Legal Description	Estimated Value

MOTORIZED AND RECREATIONAL VEHICLES (attach copy of registration)

Description	Year and Model, Location	Serial Number	Estimated Value
Cars & Trucks			
Motorcycle			
Boat			
Snowmobile			
Trailer or Camper			
Motor Home			
Other			

HOUSEHOLD FURNITURE AND EFFECTS

Estimate the value based on 'quick sale' price (ie/ by auction), NOT what you paid for them.

#	Description	Estimate Value	#	Description	Estimated Value
	Stove			Freezer	
	Fridge			Washer	
	Dishwasher			Dryer	
	Microwave Oven			VCR	
	Convection Oven			DVD	
	Kitchen Table & Chairs			Video Recorder	
	Sofa(s)			Stereo & Speakers	
	Armchairs			Television	
	Recliner			Computer/Printer	
	End Table(s)			Camera	
	Coffee Table(s)			Paintings	
	Love Seat(s)			Sculpture	
	Lamp(s)			Antiques	
	Area Rug(s)			Silver	
	Book shelf			China	
	Bed(s)			Pool Table	
	Dresser(s)			Games (over \$25.00)	
	Night Table(s)			Shop Tools	
	Highboy(s)			Air conditioner	
	Desk(s)			Barbeque	
	Chest(s)			Snow blower	
	Dining Room Table			Power Mower	
	Dining Room Chairs			Patio Furniture	
	China Cabinet			Wood Stove	
	Hutch			Typewriter	

6. EMPLOYMENT RECORD

List all employers, showing dates started and terminated for the past **Two** years. If there was a period where you were collecting EI benefits, show each period separately indicating office where file was held.

Employer's Name	Address	Started	Ended

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: _____

(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 or 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**. I consent to the gathering and storing of the information contained in this questionnaire by D. Manning & Associates Inc., and any additional information that may be required for the administration of my affairs by D. Manning & Associates Inc. I further understand and consent to disclosure of certain of my personal information as may be required by law on the part of D. Manning & Associates Inc. to third parties.

Signature of Applicant

Date

APPLICATION CHECKLIST

1. Complete all questions in detail
2. Provide copies of last statements/letters received from creditors or collection agent.
3. Bring all credit cards, including those with "Nil" balances, including retail and gas cards.
4. Provide copy of all vehicle registrations and insurance papers.
5. Provide last tax assessment for any real estate owned.
6. Provide statements for insurance policies and securities (rrsp, pension, stocks).
7. Provide copies of separation agreement or if divorced, any court order's relating to alimony or child support.
8. Copy of your most recent pay stub.
9. You will need to have picture ID.