

Scott, Pichelli & Easter Limited

Licensed Insolvency Trustee
Receiver and Manager

3600 Billings Court, Suite 109
Burlington, Ontario
L7N 3N6
Telephone (905) 632-5853
Fax (905) 632-6113

CONSULTING DATE: _____ **SIGNING DATE:** _____

FILE TYPE: _____ **REFERRED BY:** _____

PAYMENT: _____ **No. OF INCOME AND EXPENSE STMTS:** _____

PERSONAL INFORMATION

FAMILY NAME: _____

ALL GIVEN NAMES: _____

ALIAS: _____

ADDRESS: _____

CITY: _____ **PROVINCE:** _____ **POSTAL:** _____

LIVED THERE SINCE: _____ **SIN:** _____

DATE OF BIRTH: _____ **TELEPHONE: Home:** _____
 Y **M** **D**

Work: _____

Cell: _____

E-Mail: _____

MARITAL STATUS: _____ **Date of Separation if less than 5 yrs** _____

USUAL OCCUPATION: _____

PRESENT EMPLOYER: _____

DATE OF EMPLOYMENT/UNEMPLOYMENT: _____

HIGHEST LEVEL OF EDUCATION COMPLETED BY DEBTOR: _____

SPOUSE'S PERSONAL INFORMATION

NAME: _____

ALIAS: _____

ADDRESS: _____

SIN: _____ **DATE OF BIRTH:** _____
 Y **M** **D**

OCCUPATION: _____

EMPLOYER: _____

DATE OF EMPLOYMENT/UNEMPLOYMENT: _____

HIGHEST LEVEL OF EDUCATION COMPLETED BY SPOUSE: _____

DEPENDANTS

NAME: (First and Last)	RELATIONSHIP:	DATE OF BIRTH:	Do you claim for tax purposes:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TAX INFORMATION

DO YOU RECEIVE THE GUARANTEED INCOME SUPPLEMENT _____

DO YOU CLAIM THE DISABILITY TAX CREDIT _____

YEAR LAST RETURN WAS FILED: _____ AMOUNT OWING/REFUND: _____

REFUND PENDING: _____ REFUND RECEIVED: _____

RENT OR PROPERTY TAXES PAID

	FIRST	SECOND
ADDRESS		
DATE TO/FROM		
AMOUNT PAID		
LANDLORD NAME		

EMPLOYERS FOR LAST TWO YEARS

	FIRST	SECOND
EMPLOYER		
DATE STARTED		
DATE ENDED		

FAMILY SUPPORT

AMOUNT OF: ALIMONY: _____ CHILD SUPPORT: _____ HOW OFTEN: _____

DO YOU HAVE A LEGAL SEPARATION: _____ SEPARATION DATE: _____

PAID TO: NAME: _____

ADDRESS: _____

FIRST BUSINESS

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

DEBTS INCURRED BY BUSINESS: YES _____ NO _____ PERCENTAGE: _____ %

OWNERSHIP TYPE: _____ GUARANTEED LOAN: _____

BUSINESS NATURE: _____

PARTNERS: _____

INCEPTION DATE: _____ MAX. # EMPLOYEES: _____

OPERATION STARTED ON: _____ ENDED ON: _____

SECOND BUSINESS

NAME OF BUSINESS: _____

DEBTS INCURRED BY BUSINESS: YES _____ NO _____ PERCENTAGE: _____ %

OWNERSHIP TYPE: _____ GUARANTEED LOAN: _____

BUSINESS NATURE: _____

PARTNERS: _____

INCEPTION DATE: _____ MAX. # EMPLOYEES: _____

OPERATION STARTED ON: _____ ENDED ON: _____

PREVIOUS BANKRUPTCY INFORMATION

FIRST INSOLVENCY

DATE OF BANKRUPTCY/PROPOSAL: _____

CITY OF BANKRUPTCY/PROPOSAL: _____

NAME OF TRUSTEE FIRM: _____

SECOND INSOLVENCY

DATE OF BANKRUPTCY/PROPOSAL: _____

CITY OF BANKRUPTCY/PROPOSAL: _____

NAME OF TRUSTEE FIRM: _____

MONTHLY INCOME & EXPENSES

NET MONTHLY INCOME	BANKRUPT	SPOUSE
NET EMPLOYMENT INCOME		
NET PENSION INCOME		
NET CHILD SUPPORT		
NET SPOUSAL SUPPORT		
NET EMPLOYMENT INSURANCE BENEFITS		
NET SOCIAL ASSISTANCE		
NET SELF-EMPLOYED INCOME		
GROSS SELF-EMPLOYED INCOME		
OTHER INCOME SPECIFY:		
TOTAL INCOME		

NON-DISCRETIONARY EXPENSES

NON DISCRETIONARY EXPENSE	BANKRUPT	SPOUSE
CHILD SUPPORT		
SPOUSAL SUPPORT		
CHILD CARE		
MEDICAL CONDITION		
FINES/PENALTIES IMPOSED BY COURT		
EXPENSES AS A CONDITION OF EMPLOYMENT		
DEBTS WERE STAY HAS BEEN LIFTED		
OTHER: SPECIFY:		
TOTAL NON DISCRETIONARY		

AVAILABLE MONTHLY INCOME: _____

DISCRETIONARY EXPENSES

HOUSING EXPENSES:

Rent/Mortgage _____
 Property Taxes/Condo Fees _____
 Heat _____
 Telephone _____
 Cable _____
 Hydro _____
 Water _____
 Other _____

PERSONAL EXPENSES:

Smoking _____
 Alcohol _____
 Dining/Lunches/Restaurants _____
 Entertainment/Sports _____
 Gift/Charitable Donations _____
 Allowances _____

NON-RECOVERABLE MEDICAL EXPENSES:

Prescriptions _____
 Dental _____

LIVING EXPENSES:

Food/Grocery _____
 Laundry/Dry Cleaning _____
 Grooming _____
 Clothing _____
 Other _____

TRANSPORTATION EXPENSES:

Car Payments _____
 Gas/Maintenance _____
 Public Transportation _____
 Other _____

INSURANCE:

Vehicle _____
 House _____
 Contents _____
 Life _____
 Other _____

PAYMENTS:

To the Estate: _____
 To the Secured Creditor _____

TOTAL NON-DISCRETIONARY EXPENSES: _____

SURPLUS INCOME

- | | | |
|--|--|----------|
| A. FAMILY INCOME: | 1. Net Family Income (all Sources) | \$ _____ |
| | 2. Minus Non-Discretionary Expenses | \$ _____ |
| | 3. Total Net Monthly Family Income | \$ _____ |
| B. BANKRUPT'S INCOME | 1. Total Monthly Income of Bankrupt | \$ _____ |
| | 2. Bankrupt's Income as a % of Total Income | \$ _____ |
| C. SURPLUS INCOME – FAMILY | 1. Total Net Monthly Income (line A3.) | \$ _____ |
| | 2. Minus Standard (See Chart Below) | \$ _____ |
| | 3. Family surplus Income | \$ _____ |
| D. REQUIRED MONTHLY PAYMENT PER DIRECTIVE ON SURPLUS INCOME | | |
| | 1. Family Surplus Income \$ _____ x _____ % = _____ X ½ \$ _____ | |
| | 2. Amount Bankrupt has Agreed to Pay Monthly \$ _____ | |
| | 3. Difference Between Amounts (D1) and (D2) \$ _____ | |

SUPERINTENDANTS STANDARDS – 2023 – TOTAL MONTHLY SURPLUS INCOME:

1 Person \$2,543.00	4 Persons \$4,725.00	7 + Persons \$6,729.00
2 Persons \$3,165.00	5 Persons \$5,359.00	
3 Persons \$3,891.00	6 Persons \$6,044.00	

CREDITORS

CREDITOR NAME: _____	SECURED TO: _____
ADDRESS: _____	

AMOUNT: _____	ACCOUNT No. _____

CREDITOR NAME: _____	SECURED TO: _____
ADDRESS: _____	

AMOUNT: _____	ACCOUNT No. _____

CREDITOR NAME: _____	SECURED TO: _____
ADDRESS: _____	

AMOUNT: _____	ACCOUNT No. _____

CREDITOR NAME: _____	SECURED TO: _____
ADDRESS: _____	

AMOUNT: _____	ACCOUNT No. _____

CREDITOR NAME: _____	SECURED TO: _____
ADDRESS: _____	

AMOUNT: _____	ACCOUNT No. _____

CREDITOR NAME: _____ **SECURED TO:** _____
ADDRESS: _____

AMOUNT: _____ **ACCOUNT No.** _____

CREDITOR NAME: _____ **SECURED TO:** _____
ADDRESS: _____

AMOUNT: _____ **ACCOUNT No.** _____

CREDITOR NAME: _____ **SECURED TO:** _____
ADDRESS: _____

AMOUNT: _____ **ACCOUNT No.** _____

CREDITOR NAME: _____ **SECURED TO:** _____
ADDRESS: _____

AMOUNT: _____ **ACCOUNT No.** _____

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ADDRESS: _____

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AMOUNT: _____ **ACCOUNT No.** _____

CREDITOR NAME: _____ **SECURED TO:** _____

ADDRESS: _____

AMOUNT: _____ **ACCOUNT No.** _____

CREDITOR NAME: _____ **SECURED TO:** _____

ADDRESS: _____

AMOUNT: _____ **ACCOUNT No.** _____

CREDITOR NAME: _____ **SECURED TO:** _____

ADDRESS: _____

AMOUNT: _____ **ACCOUNT No.** _____