

**SUPERIOR COURT OF JUSTICE**

**AFFIDAVIT FOR BANKRUPT'S DISCHARGE**

I, \_\_\_\_\_, residing in the city of \_\_\_\_\_, in the Province of Ontario, make oath and say:

1. I am the bankrupt herein and the applicant for discharge from bankruptcy and as such have knowledge of the matters hereinafter deposed to.
2. I filed an assignment in bankruptcy on \_\_\_\_\_ (date filed).
3. I have/have not been bankrupt before (circle one).
4. That since my assignment in bankruptcy I have been employed as follows:

<b>EMPLOYER</b>	<b>NET MONTHLY INCOME</b>	<b>EMPLOYED SINCE</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. That I am supporting the following dependants whom reside with me.

<b>NAME</b>	<b>AGE</b>	<b>GRADE/COURSE/EMPLOYER</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. That I am presently employed/unemployed (circle one) at the last position in paragraph 4 and that my net monthly income is \$ \_\_\_\_\_.
7. That I am single/married/separated/divorced/widowed/common-law (circle one) since \_\_\_\_\_ (insert date).

**IF SEPARATED OR DIVORCED:**

- 8. That I am/am not (circle one) applying for equalization payment under The Marital Property Act (C.C.S.M. cap.M45).
- 9. That I am/am not (circle one) in arrears of my obligation to pay support.

**IF MARRIED OR COMMON-LAW:**

- 10. That my spouse/common-law partner is employed/unemployed (circle one).
- 11. That my spouse/common-law partner has/has not (circle one) filed an Assignment in Bankruptcy. If yes, please provide the date \_\_\_\_\_.

**FOR EVERYONE:**

- 12. That hereto attached as Exhibit "A" is a list of total family income and expenses for the most recent **FULL MONTH**.
- 13. That I have not sold, disposed of, or transferred any assets since my date of bankruptcy other than those delivered to the Trustee and the following:

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- 14. That since the date of the assignment in bankruptcy I have acquired or become entitled to acquire the following assets:

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**\*\*Only list those assets which have a resale value of \$500.00 or more\*\*.**

SWORN before me in the City of \_\_\_\_\_ )  
\_\_\_\_\_, Province of \_\_\_\_\_ )  
Ontario, this \_\_\_\_\_ day of \_\_\_\_\_ )  
\_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_ )

\_\_\_\_\_  
Signature of Bankrupt

\_\_\_\_\_  
A Commissioner of Oaths, etc.,  
In the Province of Ontario.

**APPENDIX A  
STATEMENT OF INCOME AND EXPENSES**

**NAME** \_\_\_\_\_

**# OF PEOPLE IN HOUSEHOLD** \_\_\_\_\_

**MONTH** \_\_\_\_\_

**INCOME OR OTHER MONEY RECEIVED DURING MONTH**

**SELF**

**SPOUSE**

TAKE HOME PAY \_\_\_\_\_  
 SUPPORT/ALIMONY \_\_\_\_\_  
 CHILD TAX BENEFIT \_\_\_\_\_  
 UNIVERSAL CHILD CARE SUPPLEMENT \_\_\_\_\_  
 U.I.C BENEFITS \_\_\_\_\_  
 SOCIAL ASSISTANCE \_\_\_\_\_  
 DISABILITY PENSION \_\_\_\_\_  
 CPP \_\_\_\_\_  
 OAS \_\_\_\_\_  
 W.S.I.B \_\_\_\_\_  
 NET SELF EMPLOYMENT INCOME \_\_\_\_\_

TAKE HOME PAY \_\_\_\_\_  
 SUPPORT/ALIMONY \_\_\_\_\_  
 CHILD TAX BENEFIT \_\_\_\_\_  
 UNIVERSAL CHILD CARE SUPPLEMENT \_\_\_\_\_  
 U.I.C BENEFITS \_\_\_\_\_  
 SOCIAL ASSISTANCE \_\_\_\_\_  
 DISABILITY PENSION \_\_\_\_\_  
 CPP \_\_\_\_\_  
 OAS \_\_\_\_\_  
 W.S.I.B \_\_\_\_\_  
 NET SELF EMPLOYMENT INCOME \_\_\_\_\_

**(A) TOTAL INCOME** \_\_\_\_\_

**(B) TOTAL INCOME** \_\_\_\_\_

**(A+B) TOTAL FAMILY INCOME**

**NON-DISCRETIONARY EXPENSES (RECEIPTS REQUIRED)**

CHILD SUPPORT \_\_\_\_\_  
 SPOUSAL SUPPORT \_\_\_\_\_  
 CHILD CARE \_\_\_\_\_  
 MEDICAL EXPENSES \_\_\_\_\_

**(C) TOTAL**

**DISCRETIONARY HOUSEHOLD EXPENSES**

RENT/MORTGAGE \_\_\_\_\_  
 PROPERTY TAX \_\_\_\_\_  
 HOUSEHOLD INSURANCE \_\_\_\_\_  
 HOME REPAIR \_\_\_\_\_  
 HYDRO \_\_\_\_\_  
 HEATING \_\_\_\_\_  
 WATER \_\_\_\_\_  
 CABLE/INTERNET/SATELLITE \_\_\_\_\_  
 TELEPHONE/CELL PHONE \_\_\_\_\_  
 TOBACCO \_\_\_\_\_  
 ENTERTAINMENT \_\_\_\_\_  
 ALLOWANCE \_\_\_\_\_  
 GIFTS \_\_\_\_\_  
 CHARITY \_\_\_\_\_

GROCERY \_\_\_\_\_  
 MEALS OUT \_\_\_\_\_  
 LAUNDRY \_\_\_\_\_  
 CLOTHING \_\_\_\_\_  
 CAR PAYMENT \_\_\_\_\_  
 CAR INSURANCE \_\_\_\_\_  
 CAR REPAIR \_\_\_\_\_  
 FUEL FOR CAR/GAS \_\_\_\_\_  
 PUBLIC TRANSPORTATION \_\_\_\_\_  
 PAYMENT TO TRUSTEE \_\_\_\_\_

**(D) TOTAL EXPENSES**

**Monthly Surplus/Defecit**   
**(A + B - C - D)**