FORM 65

Monthly Income and Expense Statement of the Bankrupt/Debtor 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; Rule 105(4))

(*Title Form 1*)

**□ Original □ Amended □ Verified**

Information concerning the monthly income and expense statement of the bankrupt/debtor and the family unit, financial situation of the bankrupt/debtor and bankrupt’s obligation to make payments required under section 68 of the Act to the estate of the bankrupt are as follows:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| MONTHLY INCOME | | | | | |
| Type of income (Choose one option for each line: Net employment income; Net pension/annuities; Net child support; Net spousal support; Net employment insurance benefits; Net other insurance benefits; Net social assistance; Net self-employment income; Net government benefits (provide details); Net other benefits (provide details); Other net income (provide details)) | Details | Income exempt from the operation of the Act | Bankrupt/Debtor | Other members of the family unit  □ Other member(s) of the family unit refused or neglected to disclose income[[1]](#footnote-1) | Total |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
|  | | | TOTAL MONTHLY INCOME (1): | TOTAL MONTHLY INCOME (2): | TOTAL MONTHLY INCOME OF THE FAMILY UNIT ((1) + (2)) (3): |

FORM 65 – *Continued*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MONTHLY NON-DISCRETIONARY EXPENSES | | | | |
| Type of expenses (Choose one option for each line: Child support payments; Spousal support payments; Child care; Medical condition expenses; Fines/penalties imposed by the Court; Expenses as a condition of employment/self-employment; Debts where stay has been lifted; Other expenses (provide details)) | Details | Bankrupt/Debtor | Other members of the family unit | Total |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
|  | | TOTAL MONTHLY NON-DISCRETIONARY EXPENSES (4): | TOTAL MONTHLY NON-DISCRETIONARY EXPENSES (5): | TOTAL MONTHLY NON-DISCRETIONARY EXPENSES OF THE FAMILY UNIT ((4) + (5)) (6): |

|  |  |
| --- | --- |
| AVAILABLE MONTHLY INCOME OF THE BANRKRUPT/DEBTOR ((1) – (4)) | (7) |
| AVAILABLE MONTHLY INCOME OF THE FAMILY UNIT ((3) – (6)) | (8) |
| BANKRUPT’S/DEBTOR’S PORTION OF THE AVAILABLE MONTHLY INCOME OF THE FAMILY UNIT ((7) / (8) X 100) | (9) |

FORM 65 – *Continued*

|  |  |  |
| --- | --- | --- |
| MONTHLY DISCRETIONARY EXPENSES | | |
| Type of expenses | Details | Family unit |
| Housing (Choose one option for each line: Rent/mortgage/hypothec; Property taxes/condo fees; Heating/gas/oil; Telephone/cell phone; Cable/streaming services; Internet; Hydro; Water; Furniture; Other) |  |  |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| Personal (Choose one option for each line: Tobacco/Vaping/Cannabis; Alcohol; Dining/lunches/restaurants; Entertainment/sports; Gifts/charitable donations; Allowances; Other) |  |  |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| Living (Choose one option for each line: Food/grocery; Laundry/dry cleaning; Grooming/toiletries; Clothing; Other) |  |  |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| Transportation (Choose one option for each line: Car lease/payments; Repair/maintenance/gas; Public transportation; Other) |  |  |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| Insurance (Choose one option for each line: Vehicle; House; Furniture/contents; Life insurance; Other) |  |  |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| Payments (Choose one option for each line: To the estate; To secured creditor (other than mortgage and vehicle); To provider of financial advice (other than the trustee); Other) |  |  |
| 1. |  |  |

FORM 65 – *Concluded*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | 2. |  |  | | 3. |  |  | |  | | TOTAL MONTHLY DISCRETIONARY EXPENSES (FAMILY UNIT): (10) | | MONTHLY SURPLUS OR (DEFICIT) FAMILY UNIT ((8) – (10)): (11) |   Provide details on the amended information in the Monthly Income and Expenses Statement: \_\_\_\_\_  □ This amendment relates to a material change in the financial situation of the individual bankrupt/debtor. |

**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 Directive No. 11R2 (Surplus Income)**

Monthly amount required by Directive No. 11R2 (Surplus Income) based on percentage established on line (9) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . \_\_\_\_\_\_\_\_\_\_ (15)

Difference between (14) and (15) . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . . \_\_\_\_\_\_\_\_\_\_ (16)

If amount on line (14) is less than amount on line (15), explain why the required payments are not being made: \_\_\_\_\_

Other applicable comments*:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Dated at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, this \_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trustee Bankrupt/Debtor

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

If a copy of this Form is sent electronically by means such as email, the name and contact information of the sender, prescribed in Form 1.1, must be added at the end of the document.

1. If one of more members of the bankrupt’s/debtor’s family unit have refused to divulge this information, please provide details as required by paragraph 6(3) of Directive No. 11R2. [↑](#footnote-ref-1)