

Form 79

Statement of Affairs (Bankruptcy/Proposal of an Individual)
 (Subsection 49(2) and paragraph 158(d) of the Act/
 subsections 50(2) and 62(1) and paragraph 66.13(2)(d) of the Act)

(Title Form 1)

Original Amended

Assets								
No.	Type of assets ¹	Description (Provide details including percentage of interest of the Bankrupt/Debtor and address for real property; provide location for assets located outside of Canada)	Assets located outside Canada	Estimated dollar value of the Bankrupt's/ Debtor's interest	Exempt property	Secured amount/liens on the Bankrupt's/ Debtor's interest	Estimated net realizable dollar value of the Bankrupt's/Debtor's interest ²	Placeholder (values on this line are for notification only)
			<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>
Total								

Liabilities									
No.	Name of creditor	Address	Account No.	Asset securing the liability	Amount of debt			Placeholder (values on this line are for notification only)	Liability type ³
					Unsecured	Secured	Preferred		
					\$	\$	\$	<input type="checkbox"/>	
Total									

_____ Date

_____ Bankrupt/Debtor

¹ Choose one option for each line: Cash on hand; Furniture; Personal effects; Cash-surrender value of life insurance policies, RRSPs, etc.; Securities; Intangible assets (intellectual properties, licences, cryptocurrencies, digital tokens, etc.); Principal residence; House; Cottage; Land; Other real or immovable property (*Please specify*); Automobile; Recreational vehicle; Other motor vehicle; Recreational equipment; Estimated tax refund; Other asset (*Please specify*).

² For a summary administration, indicate net value after deducting the direct realization costs referred to in Rule 128(1).

³ Choose one option for each line: Mortgage/hypothec over real or immovable property; Bank loans (except real property mortgage); Finance company loans; Credit cards - bank/trust company issuers; Credit cards – stores; Credit cards - other issuers; Taxes – federal; Taxes – other; Student loans; Loans from individuals; Payday loans; Utilities; Future payments agreed to be made to financial adviser other than the Licensed Insolvency Trustee; Other (*Please specify*).

Form 79 – Continued

A. Information relating to the affairs of the Bankrupt/Debtor						
1.1. Surname: _____		Given names: _____		1.2. Date of birth: _____		
1.3. All other surnames (including surname at birth and any surname by which you have been known, if different from above): _____		All former given names (including given names at birth and any given names by which you have been known, if different from above): _____				
2. Address: _____						
3. Marital or civil status (Single; Common-law partner; Married or civil union; Separated; Divorced; Widowed) (<i>Specify month and year of each event if they occurred in the last five (5) years</i>): _____						
4. Surname of spouse or common-law partner: _____			Given names of spouse or common-law partner: _____			
5.1. Employment status (<i>Choose one</i>) (Employed – full-time; Employed – part-time; Employed – Seasonal; Self-employed; Retired; Student; Deceased; Not employed): _____						
5.2. Occupation: _____						
5.3. Name of present or most recent employer: _____						
5.4. Period of employment: _____ to _____						
6.1. Total number of persons in household family unit, including bankrupt/debtor (1; 2; 3; 4; 5; 6; 7+ (<i>Please specify</i>) ____): _____						
6.2. Number of persons 17 years of age or younger (1; 2; 3; 4; 5; 6; 7+ (<i>Please specify</i>) ____): _____						
7.1. In the last six (6) months, have you received professional advice regarding your financial situation other than from the Licensed Insolvency Trustee? <input type="checkbox"/> Yes <input type="checkbox"/> No						
7.2. Name any and all providers of professional financial advice: Surname: _____ Given names: _____						
7.3. Name the firm/organization of the individual provider of professional financial advice: _____						
7.4. Address of the firm/organization noted at 7.3: _____						
7.5. Total amount paid to date: \$ _____ 7.6. Total remaining amount to be paid: \$ _____						
8. List any business(es) you operated within the last five (5) years <input type="checkbox"/> Not applicable						
Trade name of business	Address	Nature of business/ Industry	Type of business (Corporation; Partnership; Sole proprietorship)	Percentage of bankrupt's/ debtor's interest in business	Period of operation (Date to Date)	Maximum number of employees in the past twelve (12) months

_____ Date

_____ Bankrupt/Debtor

Form 79 – Continued

9. Have you previously been bankrupt or made a proposal under the <i>Bankruptcy and Insolvency Act</i> in Canada? If so, provide information on the proceedings. <input type="checkbox"/> Yes <input type="checkbox"/> No 					
Estate number	Type of proceeding (Bankruptcy; Proposal)	Filing date	Location of the proceeding	Name of trustee or administrator	Date discharge or certificate of full performance was obtained
B. Budget Information: <i>Attach Form 65 to this form</i>					
10. Within twelve (12) months prior to the date of the initial bankruptcy event, have you, either in Canada or elsewhere:					
10.1. Made payments in excess of the regular payments to creditors? <input type="checkbox"/> Yes <input type="checkbox"/> No 					
10.2. Had any asset seized by a creditor? <input type="checkbox"/> Yes <input type="checkbox"/> No 					
If yes, provide details: _____					
11. Within five (5) years prior to the date of the initial bankruptcy event, have you, either in Canada or elsewhere:					
11.1. Sold, disposed of or transferred partially or in full any asset? <input type="checkbox"/> Yes <input type="checkbox"/> No 					
11.2. Made any gifts to relatives or others in excess of \$1000? <input type="checkbox"/> Yes <input type="checkbox"/> No 					
If yes, provide details: _____					
12. Do you expect to receive any sums of money that are not related to your normal income, or any other property within the next twelve (12) months? <input type="checkbox"/> Yes <input type="checkbox"/> No 					
If yes, provide details: _____					
13. Give reasons for your financial difficulties (<i>Select all that apply and provide details</i>): <input type="checkbox"/> Loss of Income; <input type="checkbox"/> Medical Reasons; <input type="checkbox"/> Business Failure; <input type="checkbox"/> Gambling; <input type="checkbox"/> Addictions other than gambling; <input type="checkbox"/> Relationship Breakdown; <input type="checkbox"/> Tax Liabilities; <input type="checkbox"/> Financial Support of Others; <input type="checkbox"/> Student Debt; <input type="checkbox"/> Legal Matters (<i>Provide details</i>); <input type="checkbox"/> Moving/Relocation Expenses; <input type="checkbox"/> Failed Proposal; <input type="checkbox"/> Financial Mismanagement; <input type="checkbox"/> Other (<i>Please specify</i>).					
Provide relevant details:					

_____ Date

_____ Bankrupt/Debtor

Form 79 – Concluded

I, _____ (*Bankrupt's/Debtor's name*), of the _____ (*city, town or village*) of _____ in the Province of _____, do swear (*or solemnly declare*) that this statement is, to the best of my knowledge, a full, true and complete statement of my affairs on the _____ day of _____ and fully discloses all transactions and all property of every description that is or was in my possession or that may devolve on me in accordance with the *Bankruptcy and Insolvency Act*.

SWORN (*or SOLEMNLY DECLARED*)
before me at _____ (*city, town or village*) of _____,
in the Province of _____,
on this _____ day of _____.

Or

SWORN (*or SOLEMNLY DECLARED*) remotely by _____ (*Bankrupt's/Debtor's name*)
stated as being located in at _____ the (*city, town, or village*),
in the Province of _____
before me at _____ (*city, town, or village*) of _____,
in the Province of _____,
on this _____ day of _____ in accordance with provincial Regulation on Administering
Oath or Declaration Remotely.

Commissioner of Oaths
for the Province of _____.

Bankrupt/Debtor

NOTE: 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.