

FORM 79

Statement of Affairs (Non-Business Bankruptcy/Proposal)  
 (Subsections 49(2) and 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						
Type of assets	Description ( <i>provide details</i> )	Estimate dollar value	Exempt property		Secured amount/ liens	Estimated net realizable dollar value*
			Yes	No		
1. Cash on hand						
2. Furniture						
3. Personal effects						
4. Cash-surrender value of life insurance policies, RRSPs, etc.						
5. Securities						
6. Real property or immovables	House					
	Cottage					
	Land					
7. Motor vehicle	Automobile					
	Motorcycle					
	Snowmobile					
	Other					
8. Recreational equipment						
9. Estimated tax refund						
10. Other assets						
TOTAL						

\_\_\_\_\_  
Date

\_\_\_\_\_  
Bankrupt/Debtor

\*For a summary administration, indicate value net of the direct realization costs referred to in Rule 128(1) of the *Bankruptcy and Insolvency Act*.

FORM 79 -- *Continued*

<b>LIABILITIES</b>						
			Liabilities type code (LTC) 1 Real property or immovable mortgage or hypothec 2 Bank loans (except real property mortgage) 3 Finance company loans 4 Credit cards - bank/trust company issuers 5 Credit cards - other issuers 6 Taxes - federal/provincial/municipal 7 Student loans 8 Loans from individuals 9 Other			
Creditor	Address, including postal code	Account No.	Amount of debt			Enter LTC
			Unsecured	Secured	Preferred	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
	TOTAL	Unsecured				
	TOTAL	Secured				
	TOTAL	Preferred				

\_\_\_\_\_ Date

\_\_\_\_\_ Bankrupt/Debtor

FORM 79 -- Continued

<b>A. INFORMATION RELATING TO THE AFFAIRS OF THE BANKRUPT/DEBTOR</b>			
1. Family name:	Given names:	Date of birth: ____ / ____ / ____	
	Gender: F <input type="checkbox"/> M <input type="checkbox"/>	YYYY / MM / DD	
2. Also known as:			
3. Complete address, including postal code:			
4. Marital status: <i>(specify month and year of event if it occurred in the last five years)</i>	____ ____ Married	____ ____	Single
	____ ____ Widowed	____ ____	Separated
	____ ____ Divorced	____ ____ partner	Common-law
5. Full name of spouse or common-law partner:			
6. Name of present employer:		Occupation (bankrupt/debtor):	
7A. Number of persons in household family unit, including bankrupt/debtor:			
7B. Number of persons 17 years of age or younger:			
8. Have you operated a business within the last five years?	Yes	No	(If yes) Name, type and period of operation:
<b>B. WITHIN 12 MONTHS PRIOR TO THE DATE OF THE INITIAL BANKRUPTCY EVENT, HAVE YOU, EITHER IN CANADA OR ELSEWHERE:</b>			
9A. Sold or disposed of any of your property?	Yes	No	
9B. Made payments in excess of the regular payments to creditors?	Yes	No	
9C. Had any property seized by a creditor?	Yes	No	
<b>C. WITHIN FIVE YEARS PRIOR TO THE DATE OF THE INITIAL BANKRUPTCY EVENT, HAVE YOU, EITHER IN CANADA OR ELSEWHERE:</b>			
10A. Sold or disposed of any property?	Yes	No	
10B. Made any gifts to relatives or others in excess of \$500?	Yes	No	

\_\_\_\_\_  
Date

\_\_\_\_\_  
Bankrupt/Debtor

FORM 79 -- *Concluded*

<b>D. BUDGET INFORMATION: <i>Attach Form 65 to this form</i></b>
11A. Have you ever made a proposal under the <i>Bankruptcy and Insolvency Act</i> ? Yes ___ No ___
11B. Have you been bankrupt before in Canada? Yes ___ No ___
(If yes, provide the following details for all insolvency proceedings: (a) filing date and location of the proceedings; (b) name of trustee or administrator; (c) if applicable, was the proposal successful; (d) date on which Certificate of Full Performance or Discharge was obtained.) _____ _____
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 12 months? Yes ___ No ___
13. If you answered Yes to any of questions 8, 9 or 11, provide details: _____ _____
14. Give reasons for your financial difficulties: _____ _____ _____

I, \_\_\_\_\_, of the \_\_\_\_\_ 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 property and transactions 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),  
in the Province of \_\_\_\_\_,  
on this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
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.