Review

Understanding your situation



This is the final step to complete the Review stage of your personalized Plan. Please complete all sections. If you have any for assistance. questions, please call Once you have completed this form we will provide you with Relief from your creditors and help you Rebuild your financial future. All of the information you provide on this form is confidential and protected by All Debt Solutions in accordance to the privacy laws of Canada. Internet **Vellow Pages** How did you bear about All Debt Solutions? Other **Public Transit** Given Names: Last Name: Are you known by any other names? Gender: Date of Birth: Social Insurance Number: $\bigcap M \bigcap F$ Year: Month: Occupation: Contact Information Apt/Unit#: City: Address: At Address Since: Postal Code: Province: Year: Month: Day: Cell: Work: Residence Phone Number: How often do you check your email? Email address: Weekly ☐ Daily APPLICANT 2/AND OR SPOUSE Given Names: Last Name: Are you known by any other names? Gender: Date of Birth: Social Insurance Number: \square M \square F Day: Month: Year: Occupation: Contact Information City: Apt/Unit#: Address: At Address Since: Postal Code: Province: Year: Month: Day: Cell: Work: Residence Phone Number: How often do you check your email? Email address: Weekly Monthly ☐ Daily As of: Marital Status: Month: Year: Day: Common-Law: Divorced: Married: Separated: Single: Widowed:

	ependents in house	hold:	Relationship	Γ	ate of Birth		
Name(s)			Relationship		/	/	(DD/MM/YYYY)
				1			_(DD/MM/YYYY)
							_(DD/MM/YYYY)
							_(DD/MM/YYYY)
F THERE IS MORE		ur employe DYER DUR	r without your knowledge. ING CURRENT YEAR, PL	EASE FIL	L OUT PAG	E 10	
APPLICANT 1 Current Employer:			Address:			City:	
Province:	Postal Code:	Position	n:	Employ	yed since: //	(DD)	/MM/YYYY)
APPLICANT 2 Current Employer:			Address:			City:	
Province:	Postal Code:	Positio	n:		yed since:	(DD	/MM/YYYY)
PREVIOUS INSOLV	/ENCIES					DDY IC	LA NITE 2
			APPLICANT 1			Yes	No
Previously filed bank		lsewhere?	Yes No] Yes	☐ No
Previously filed a pro	Bankruptcy/Pro	pposal Date:		D/MM/YYY)	/	/_	(DD/MM/YYY
		harge Date:		D/MM/YYYY)	/_	/_	(DD/MM/YY)
		Trustee:					
		Location:					
		Name used:					
CAUSE OF INSOL			Over-extension of credit		Financia	l misma	nagement
Marriage breakdo	own (includes commor				Gamblin		
Loss of income			Real estate loss		Severe n		aroblems
		ł	Alcohol/drugs		Severe n	icuicai j	

	F	APPLIC	I
RA	NSFER OF ASSETS	1	2
	Within the last 12 months, have you, either in Canada or elsewhere: (a) made payments in excess of regular payments to anyone (over \$1,000) (b) had any assets seized by a creditor	□Y □ N □Y □ N	OY ON
2	Within the last 5 years, have you, either in Canada or elsewhere: (please provide date and accounting details of proceeds) (a) sold or disposed of any assets (including real estate, RRSP, RESP, TFSA, other assets, or	□ү□и	□Y □ N
	 (a) sold or disposed of any assets (including real estate, rettor), sold or disposed of any assets (including real estate, rettor), sold or refinanced assets) (b) made any gifts worth \$500 or more to anyone (c) owned or operated a business (if yes, please complete Business Details section on page 11) 	□ү□и	□Y □ N
	Have you made arrangements to continue to pay any creditors after filing for bankruptcy/proposal?	□Y□N	□Y□N
3	Have you made arrangements to commune to pro-	□Y□N	□Y □ N
4	Has anyone co-signed or guaranteed any loans for you? (name, amount & creditor)	□У□И	□ү□и
5	Do you have a safety deposit box - contents? Location?	□Y □ N	□Y □ N
6	Have you given creditors post-dated cheques or automatic payments through your bank?	□Y□N	□Y □ N
7	Do you owe your bank or bank credit card?	□Y □ N	□ч□и
9	the control of money, which are not related to your normal income or any other	N 🗆 Y	□ч□и
	e provide details for "YES" answers above INCLUDING THE QUESTION NUMBER AND DA		
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9

		OTHER PARTY	
	\square Y \square N If yes, please specify amount aate left school	N N	Do you owe any money for student loans?
Date:	\square Y \square N If yes, please specify amount		Do you owe any money for traffic tickets or court fines?
(DD/MM/YYYY)	$\square Y \square N$ If yes, please specify amount	z 	Do you owe any money for Child or Spousal Support?
	$\square Y \square N$ If yes, please specify amount	z 	Do you owe any money for Hwy 407?
	$[\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	× 	Do you owe any money for El overpayment?
	True along enough amount	; [[

TOTAL DEBTS

The total account	masses list expersone (including family) to whom you c	hom you owe money. No exceptions please.				Business
Applicant	Complete Name of Creditor	Mailing Address	Amount Owed	Account Number	Secured Against?	Debt? Yes / No
1 2						
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]						-
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with one debt r's lawyer listed on this page)	Account Number									9
Use this form if more than one person is dealing with one debt (eg: Visa card listed on previous page; collection agent or creditor's lawyer listed on this page)	Name & address of Supplemental creditor (collection agencies and others)									

SE ESS &	Applicant	cant Description/Location/Company/Account#	Estimated Value	Realizable Value	Secured	Exempt
in Dank	- E					
Cash oli ilailu / iii Dalin] [
Household Furniture & Effects] [3 [
(exempt up to \$11,300 at liquidation value)] [
Personal Effects] [3 [
(exempt up to \$5650 at liquidation value)	3 [
Life Insurance Policies] [,		
Stocks, Bonds, Investments						
RRSP'S, RRIF'S, GIC'S.						
RESP'S, TFSA, DPSP, ESDP, and Pension						
Real Estate (in Canada or						
elsewhere): House/Land/Cottage						
Automobile(s), Truck(s), Van(s)						
(Include Year, Make, Model, and VIN) (exempt up to \$5,650 at] [-		
liquidation value) Recreational Vehicle(s):						
Snowmobile, trailer(s), boat(s), motor(s) or mobile home) [
Tools of Trade: Provide list with						
estimated values (exempt up to \$11,300 at				-		
liquidation value) Other Assets of Value (including						
company shares)						
]					7

pplicant 2/and or Spouse Pay period: Meekly Semi-monthly monthly	ONTHLY INCOME AND EXPENSE STATE	weekly	bi-weekly	semi-mon	thly monthly
Net employment income Net pension/annuities Net child support Net spousal support/alimony Net employment insurance benefits Net social assistance/welfare benefits Net self-employment income ** Net child tax benefit/family allowance Other net income Pension-employer Pension-O.A.S. O.A.S. (ederal suppl. Pension-C.P.P Rental income W.C.B benefits Commissions Your total net income: (A) Spouse's/other total net income: (A) + (B) TOTAL HOUSEHOLD INCOME: MONTHLY NON-DISCRETIONARY EXPENSES Applicant 1 Applicant 2/Other Child support payments Spousal support payments Child care Medical condition expenses Fines/Penalties imposed by the court Expenses as a condition of employment (as permitted) (A) + (B) TOTAL for the properties of the	oplicant 1 Pay period:	_ •			
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Net child support Net spousal support/alimony Net employment insurance benefits Net social assistance/welfare benefits Net social assistance/welfare benefits Net self-employment income ** Net child tax benefit/family allowance Other net income Pension-employer Pension-O.A.S. O.A.S. federal suppl. Pension-C.P.P Rental income W.C.B benefits Commissions Your total net income: (A)					household members
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Fines/Penalties imposed by the court Expenses as a condition of employment (as permitted					
Expenses as a condition of employment (as permitted					
		witted			
		milled			

^{**}Net Self-Employment Income should be recorded as income after business expenses and taxes are deducted.

MONTHLY DISCRETIONARY EXPENSES: (FAMILY UNIT)

Applicant 2 - Payment to the estate/Proposal

LIVING EXPENSES HOUSING EXPENSES Food/Grocery Rent/Mortgage/Room & Board Laundry/Dry Cleaning Property taxes/Condo fees Grooming/Toiletries Heating/Gas/Oil Clothing Telephone/Cell Phone Pet supplies Cable/Internet Other Hydro Water Furniture Other TRANSPORTATION & INSURANCE EXPENSES PERSONAL EXPENSES Car Lease/Payments Smoking Repair/Maintenance/Gas Alcohol Parking Dining, lunches & restaurants Public Transportation Entertainment/sports Vehicle Insurance Education House Insurance Gifts/Charitable Donations Life Insurance Allowances Other Dental/Medical OTHER PAYMENTS Other To secured creditor Other Spouse's debt payments TOTAL MONTHLY DISCRETIONARY EXPENSES (FAMILY UNIT): NET AVAILABLE INCOME BEFORE PAYMENTS: _____ FOR OFFICE USE ONLY Applicant 1 - Payment to the estate/Proposal

NET AVAILABLE INCOME: _____

INCOME HISTORY

c. It is a region colondar years (if the tay return was not filed), and for current year to date. It insufficies
Di li-timanna from all cources for all of previous calcidat years in the tax retain was not and
Please list income from all sources for all of previous calendar years (if the tax return was not filed), and for current year to date. If insufficie
space, please copy and attach form as needed. Please include periods of unemployment/social assistance.
space, preuse copy and annual residence

PPLICANT 1	INCOME SOURCE NAME & A	DDRESS	SALARY/WAGES
DATE	INCOME SOURCE NAME & A	DDIGOO	
From:			
Го:			
From:			
Γ o:			
From:			
Го:			
From:			
То:			
PPLICANT 2		L D D D T G G	SALARY/WAGES
DATE	INCOME SOURCE NAME & A	ADDRESS	GALMET WITGES
From:			
To:			
From:			
To:		•	
From:			·
То:			
From:			
То:			
10.			
SIDENTIAL HISTOR	RY		
APPLICANT 1			
Previous address if curre	ent address is less then 1 year:	APT#:	CITY:
ADDRESS:		Αι τπ.	
PROVINCE:	LANDLORD'S NAME:		
APPLICANT 2	ent address is less then 1 year:		
Previous address if curr ADDRESS:	em uuuress is iess men 1 yeur.	APT#:	CITY:
PROVINCE:	LANDLORD'S NAME:		

BUSINESS DETAILS (WE WILL NEED A COPY OF LAST TAX RETURN FILED or FINANCIAL STATEMENTS)

Name of Business:	PLICANT 2 📋			
D				
Business Address:				
Commenced on: Ce/	eased on://	Still ope		Type: Self-employed Sole-proprietor Partnership Corporation Ownership %
				Are there any outstanding payroll taxes?
Fiscal year-end:/	(MM/DD)			Yes, No
Nature of Business:				
Has the business ever had ☐ Yes ☐ No	l any employees?			Amounts owing to employees?
Accounts receivable?] No			Other Assets?
Yes,] 140			
APPLICANT 1 AP	PLICANT 2 🗌			
Name of Business:				
Business Address:				
Commenced on: Co	eased on:		erating?	Type: Self-employed Sole-proprietor
$\frac{1}{(DD/MM/YYYY)} / \frac{1}{(D}$	DD/MM/YYYY)	Yes	☐ No	Partnership Corporation Ownership %
Fiscal year-end:/				Are there any outstanding payroll taxes?
Nature of Business:	(MM/DD)			Yes, No
Nature of Busiliess.				
Has the business ever had ☐ Yes ☐ No	l any employees?			wing to employees?
Accounts receivable?] No	(Other Asse	ets?
APPLICANT 3 🗌				
Name of Business:				
Business Address:				
G		Ctill on	erating?	Type: Self-employed Sole-proprietor
	eased on: // DD/MM/YYYY)		☐ No	Partnership Corporation
				Ownership % Are there any outstanding payroll taxes?
Fiscal year-end:/	(MM/DD)			Yes, No
Nature of Business:				
Has the business ever had ☐ Yes ☐ No	l any employees?	,	Amounts o	owing to employees?
Accounts receivable? Yes,] No	(Other Asse	ets?
FOR OFFICE USE ONLY	Y: Office:			Date: Year /Month /Day
Assessing Trustee:				Manager:
	Ordinary			
Initial Payment: \$	Monthly pa	yments:	\$	# of months: Total amount: \$