

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 questions, please call _____ for assistance.

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.

How did you hear about All Debt Solutions? Yellow Pages Internet
 Radio TV Public Transit Other _____

Last Name:	Given Names:		
Are you known by any other names?			
Social Insurance Number:	Date of Birth: Day: Month: Year:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Occupation:			

Contact Information

Address:		Apt/Unit#:	City:	
Province:	Postal Code:	At Address Since: Day: Month: Year:		
Residence Phone Number: ()	Work: ()	Cell: ()		
Email address:	How often do you check your email? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			

APPLICANT 2/AND OR SPOUSE

Last Name:	Given Names:		
Are you known by any other names?			
Social Insurance Number:	Date of Birth: Day: Month: Year:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Occupation:			

Contact Information

Address:		Apt/Unit#:	City:	
Province:	Postal Code:	At Address Since: Day: Month: Year:		
Residence Phone Number: ()	Work: ()	Cell: ()		
Email address:	How often do you check your email? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			

Marital Status: Common-Law: <input type="checkbox"/> Divorced: <input type="checkbox"/> Married: <input type="checkbox"/> Separated: <input type="checkbox"/> Single: <input type="checkbox"/> Widowed: <input type="checkbox"/>	As of: Day: Month: Year:
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Number of persons in the household family unit, including the Debtor: _____
 Number of persons age 17 or under who rely on you for financial support: _____

Information for all dependents in household:

Name(s)	Relationship	Date of Birth
		___ / ___ / ___ (DD/MM/YYYY)
		___ / ___ / ___ (DD/MM/YYYY)
		___ / ___ / ___ (DD/MM/YYYY)
		___ / ___ / ___ (DD/MM/YYYY)

EMPLOYMENT INFORMATION

Please be advised that we do not contact your employer without your knowledge.

IF THERE IS MORE THAN ONE EMPLOYER DURING CURRENT YEAR, PLEASE FILL OUT PAGE 10

APPLICANT 1

Current Employer:		Address:		City:
Province:	Postal Code:	Position:	Employed since: ___ / ___ / ___ (DD/MM/YYYY)	

APPLICANT 2

Current Employer:		Address:		City:
Province:	Postal Code:	Position:	Employed since: ___ / ___ / ___ (DD/MM/YYYY)	

PREVIOUS INSOLVENCIES

	APPLICANT 1	APPLICANT 2
Previously filed bankruptcy in Canada or elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previously filed a proposal in Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bankruptcy/Proposal Date:	___ / ___ / ___ (DD/MM/YYYY)	___ / ___ / ___ (DD/MM/YYYY)
Discharge Date:	___ / ___ / ___ (DD/MM/YYYY)	___ / ___ / ___ (DD/MM/YYYY)
Trustee:		
Location:		
Name used:		

CAUSE OF INSOLVENCY

<input type="checkbox"/> Marriage breakdown (includes common-law)	<input type="checkbox"/> Over-extension of credit	<input type="checkbox"/> Financial mismanagement
<input type="checkbox"/> Loss of income	<input type="checkbox"/> Real estate loss	<input type="checkbox"/> Gambling
<input type="checkbox"/> Business losses	<input type="checkbox"/> Alcohol/drugs	<input type="checkbox"/> Severe medical problems
<input type="checkbox"/> Other (please describe):		

ASSETS

	Applicant		Description/Location/Company/Account#	Estimated Value	Realizable Value	Secured	Exempt
	1	2					
Cash on hand / in Bank	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
Household Furniture & Effects <i>(exempt up to \$11,300 at liquidation value)</i>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
Personal Effects <i>(exempt up to \$5650 at liquidation value)</i>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance Policies	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
Stocks, Bonds, Investments	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
RRSP'S, RRIF'S, GIC'S, RESP'S, TFSA, DPSP, ESDP, and Pension	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
Real Estate (in Canada or elsewhere): House/Land/Cottage	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
Automobile(s), Truck(s), Van(s) -- <i>(Include Year, Make, Model, and VIN) (exempt up to \$5,650 at liquidation value)</i>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
Recreational Vehicle(s): Snowmobile, trailer(s), boat(s), motor(s) or mobile home	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
Tools of Trade: Provide list with estimated values <i>(exempt up to \$11,300 at liquidation value)</i>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
Other Assets of Value (including company shares)	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

MONTHLY INCOME AND EXPENSE STATEMENT OF DEBTOR AND THE FAMILY UNIT

Applicant 1 Pay period: weekly bi-weekly semi-monthly monthly
 Applicant 2/and or Spouse Pay period: weekly bi-weekly semi-monthly monthly

	(A) Applicant 1	(B) Applicant 2/Other household members
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. federal suppl.		
Pension-C.P.P		
Rental income		
W.C.B benefits		
Commissions		

Your total net income: (A) _____ Spouse's/other total net income: (B) _____
 (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 (<i>as permitted by the Income Tax Act</i>)		

TOTAL MONTHLY NON-DISCRETIONARY EXPENSES: _____

NET HOUSEHOLD INCOME AFTER NON-DISCRETIONARY EXPENSES: _____

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

MONTHLY DISCRETIONARY EXPENSES: (FAMILY UNIT)

HOUSING EXPENSES

Rent/Mortgage/Room & Board	
Property taxes/Condo fees	
Heating/Gas/Oil	
Telephone/Cell Phone	
Cable/Internet	
Hydro	
Water	
Furniture	
Other	

LIVING EXPENSES

Food/Grocery	
Laundry/Dry Cleaning	
Grooming/Toiletries	
Clothing	
Pet supplies	
Other	

PERSONAL EXPENSES

Smoking	
Alcohol	
Dining, lunches & restaurants	
Entertainment/sports	
Education	
Gifts/Charitable Donations	
Allowances	
Dental/Medical	

TRANSPORTATION & INSURANCE EXPENSES

Car Lease/Payments	
Repair/Maintenance/Gas	
Parking	
Public Transportation	
Vehicle Insurance	
House Insurance	
Life Insurance	
Other	

OTHER PAYMENTS

To secured creditor	
Spouse's debt payments	

Other	
Other	

TOTAL MONTHLY DISCRETIONARY EXPENSES (FAMILY UNIT): _____	
NET AVAILABLE INCOME BEFORE PAYMENTS: _____	
FOR OFFICE USE ONLY	
Applicant 1 - Payment to the estate/Proposal	_____
Applicant 2 - Payment to the estate/Proposal	_____
NET AVAILABLE INCOME: _____	

INCOME HISTORY

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 insufficient space, please copy and attach form as needed. Please include periods of unemployment/social assistance.

Last Year Taxes filed: _____

APPLICANT 1

DATE	INCOME SOURCE NAME & ADDRESS	SALARY/WAGES
From:		
To:		
From:		
To:		
From:		
To:		
From:		
To:		

APPLICANT 2

DATE	INCOME SOURCE NAME & ADDRESS	SALARY/WAGES
From:		
To:		
From:		
To:		
From:		
To:		
From:		
To:		

RESIDENTIAL HISTORY

APPLICANT 1

Previous address if current address is less than 1 year:

ADDRESS:	APT#:	CITY:
PROVINCE:	LANDLORD'S NAME:	

APPLICANT 2

Previous address if current address is less than 1 year:

ADDRESS:	APT#:	CITY:
PROVINCE:	LANDLORD'S NAME:	

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

APPLICANT 1 APPLICANT 2

Name of Business:			
Business Address:			
Commenced on: ____/____/____ (DD/MM/YYYY)	Ceased on: ____/____/____ (DD/MM/YYYY)	Still operating? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type: <input type="checkbox"/> Self-employed <input type="checkbox"/> Sole-proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation Ownership % _____
Fiscal year-end: ____/____ (MM/DD)		Are there any outstanding payroll taxes? <input type="checkbox"/> Yes, <input type="checkbox"/> No	
Nature of Business:			
Has the business ever had any employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amounts owing to employees?	
Accounts receivable? <input type="checkbox"/> Yes, <input type="checkbox"/> No		Other Assets?	

APPLICANT 1 APPLICANT 2

Name of Business:			
Business Address:			
Commenced on: ____/____/____ (DD/MM/YYYY)	Ceased on: ____/____/____ (DD/MM/YYYY)	Still operating? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type: <input type="checkbox"/> Self-employed <input type="checkbox"/> Sole-proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation Ownership % _____
Fiscal year-end: ____/____ (MM/DD)		Are there any outstanding payroll taxes? <input type="checkbox"/> Yes, <input type="checkbox"/> No	
Nature of Business:			
Has the business ever had any employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amounts owing to employees?	
Accounts receivable? <input type="checkbox"/> Yes, <input type="checkbox"/> No		Other Assets?	

APPLICANT 3

Name of Business:			
Business Address:			
Commenced on: ____/____/____ (DD/MM/YYYY)	Ceased on: ____/____/____ (DD/MM/YYYY)	Still operating? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type: <input type="checkbox"/> Self-employed <input type="checkbox"/> Sole-proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation Ownership % _____
Fiscal year-end: ____/____ (MM/DD)		Are there any outstanding payroll taxes? <input type="checkbox"/> Yes, <input type="checkbox"/> No	
Nature of Business:			
Has the business ever had any employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amounts owing to employees?	
Accounts receivable? <input type="checkbox"/> Yes, <input type="checkbox"/> No		Other Assets?	

FOR OFFICE USE ONLY:		Office: _____	Date: Year ____/Month ____/Day ____
Assessing Trustee: _____		Manager: _____	
PB _____	PB Ordinary _____	CP _____	Division I _____ Joint _____
Initial Payment: \$ _____	Monthly payments: \$ _____	# of months: _____	Total amount: \$ _____