

R PLAN REVIEW – INTERVIEW FORM



This is the final step to complete the Review stage of your personalized R 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 A. Farber & Partners Inc. in accordance to the privacy laws of Canada.

How did you hear about A. Farber & Partners Inc.? Yellow Pages Internet
 Radio TV Public Transit Other _____

Last Name:		Given Names:	
Are you known by any other names?		Business Name: (sole proprietorship/partnership)	
Address:		Apartment #	City:
Province:	Postal Code:	At Address Since: _____/_____/_____ Year / month	

Telephone Numbers:			
Residence: () _____		Work: () _____ Extension _____	
Cell: () _____		Fax: () _____	
Email:		Do you check your email: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
Social Insurance Number: _____/_____/_____	Date of Birth: _____/_____/_____ year / month / day	Occupation:	Gender: M / F

Preferred language other than English: _____

Marital Status:			As of:
Common-Law: _____	Single: _____	Divorced: _____	_____/_____ year / month
Separated: _____	Married: _____	Widowed: _____	
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: _____			
Spouse's Last Name:		Spouse's Given Names:	
Spouse's Social Insurance Number:			

Your spouse will not be automatically involved in this Review process unless they have co-signed any loans with you, have supplemental debts or other joint debts.

Information for all dependents in household:

Name(s)	Relationship	Date of Birth

EMPLOYMENT INFORMATION

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

Current Employer:		Address:		City:
Province:	Postal Code:	Position:	Employed since: ____ / ____ / ____ year / month / day	

IF THERE IS MORE THEN ONE EMPLOYER DURING CURRENT YEAR, PLEASE FILL OUT PAGE 11.

BUSINESS INFORMATION

If you have more than one business, please ask for additional forms or print them on line by clicking on the “Resource” tab at www.afarber.com.

<p>Have you ever owned or had an interest in a business in the last five years? --- Y / N</p> <p>Percentage of ownership _____%</p> <p>Name of business: _____</p> <p>Address: _____ City: _____</p> <p>Province: _____ Postal Code: _____</p> <p><u>Details of business:</u> When commenced: _____ When ceased: _____</p> <p>Nature of business: _____</p> <p>Does the business have any assets or receivables? -----Y / N If so, please provide amount and details: _____</p> <p>_____</p> <p>Has the business ever had any employees? -----Y / N If so, are all of the wages paid up to date? -----Y / N</p> <p>Type of ownership: Corporation: ___ Sole Proprietorship: ___ Partnership: ___</p>	<p>Percentage of debts incurred in business: _____%</p> <p>Have you guaranteed any loans for the business: Y / N If yes, provide details: _____</p> <p>Names of Partners/Directors:</p> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p> <p>4 _____</p> <p>GST # _____</p>
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CAUSES OF INSOLVENCY

Describe what in your opinion, caused your financial problems: _____

Have you previously been bankrupt?----- Y / N Are you discharged? -----Y / N

Have you previously filed a proposal? ----- Y / N If yes, was it completed? _____

Please provide the name under which the previous bankruptcy or proposal filing was made if different than on page 1 of this application: _____

TRANSFER OF ASSETS

Have you disposed of, transferred or pledged property (RRSP's, RESP's, Vehicles, Real Estate, and Furniture) in the last 12 months? -- Y / N

If yes, specify approximate date, net proceeds and disposition of proceeds: _____

Have you made excess payments to creditors in the last 12 months? ----- Y / N
(In the thousands of dollars)

If yes, provide details: _____

Have you had property seized by creditors in the last 12 months? ----- Y / N

If yes, provide details: _____

Have you sold, disposed of or transferred property in the last 5 years? ----- Y / N

If yes, specify approximate date, net proceeds and disposition of proceeds _____

Have you made any gifts to relatives or others over \$500 in the last 5 years? ----- Y / N

If yes, provide details: _____

Do you expect to receive extra sums of money in the next 12 months? ----- Y / N
(Inheritance, lawsuit, etc. Other than your usual income)

If yes, provide details: _____

Have you made any RRSP or RRIF contributions in the past 12 months..... Y / N

If yes, provide details _____

ASSETS

			For Office Use Only	
Description/Location/Company/Account #	Estimated Value	Secured*	Estimated to realize	Exempt
Real Estate (in Canada or elsewhere) House/Land/Cottage				
Cash on hand/in Bank				
Household Furniture and Effects <i>(exempt up to \$11,300 at liquidation value)</i>				
Personal Effects <i>(exempt up to \$5,650 at liquidation value)</i>				
Cash Surrender Value of Insurance Policies				
Stocks, Bonds and Investments				
RRSP's, RRIF's, GIC's and RESP's				
Automobile(s), Truck(s), Van(s) (Year/Make/Model) <i>(exempt up to \$5,650 at liquidation value)</i>				
Recreational Vehicle(s) Snowmobiles, trailer(s) or mobile home				
Tools of the Trade <i>(exempt up to \$11,300 at liquidation value)</i>	**Provide a list with estimated values**			
Other Assets of Value				
Ownership of Corporations				

* If secured, please indicate to which creditor. Secured means that your loan agreement indicates that if you fail to make payments, your creditors can repossess the asset. You do NOT automatically lose your asset if you file for protection.

MONTHLY INCOME AND EXPENSE STATEMENT OF DEBTOR & THE FAMILY UNIT

Pay period: weekly: ___ bi-weekly: ___ semi-monthly: ___ monthly: ___

Income or other monies being received by you or a family member during the month:

Debtor		Spouse/other Household members	
Net employment income	\$ _____	Net employment income	\$ _____
Net self-employment income**	_____	Net self-employment income**	_____
Net pension/annuities	_____	Net pension/annuities	_____
Net child support	_____	Net child support	_____
Net child tax benefit/family allowance	_____	Net child tax benefit/family allowance	_____
Net spousal support/alimony	_____	Net spousal support/alimony	_____
Net employment insurance benefits	_____	Net employment insurance benefits	_____
Net social assistance/welfare benefits	_____	Net social assistance/welfare benefits	_____
Pension-employer	_____	Pension-employer	_____
Pension-O.A.S.	_____	Pension-O.A.S.	_____
O.A.S. federal suppl.	_____	O.A.S. federal suppl.	_____
Pension-C.P.P	_____	Pension-C.P.P	_____
Rental income	_____	Rental income	_____
W.C.B benefits	_____	W.C.B benefits	_____
Commissions	_____	Commissions	_____
Help from family/friends	_____	Help from family/friends	_____

Your total net income: (A) \$ _____ Spouse's/other total net income: (B) \$ _____

(A) + (B) TOTAL HOUSEHOLD INCOME: \$ _____

MONTHLY NON-DISCRETIONARY EXPENSES

	Bankrupt	Spouse/ 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>)	_____	_____
Debts where stay has been lifted	_____	_____

TOTAL MONTHLY 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

LIVING EXPENSES

Rent/Mortgage/Room & Board	\$	Food/Grocery	\$
Property taxes/Condo fees	\$	Laundry/Dry Cleaning	\$
Heating/Gas/Oil	\$	Grooming/Toiletries	\$
Telephone/Cell Phone	\$	Pet supplies	\$
Cable/Internet	\$	Clothing	\$
Hydro/Water	\$		

PERSONAL EXPENSES

TRANSPORTATION & INSURANCE EXPENSE

Smoking/Alcohol	\$	Car Lease/Payments	\$
Education	\$	Repair/maintenance/gas	\$
Entertainment/Sports	\$	Parking	\$
Gifts/Charitable Donations	\$	Public Transportation	\$
Dental	\$	Vehicle Insurance	\$
		House Insurance	\$
		Life Insurance	\$

SUBTOTAL _____

PAYMENTS

To the estate	\$	Payment to the proposal	\$
Spousal payment to the estate	\$	Spousal payment to the proposal	\$
To secured creditor	\$	Other	\$
Spouse's debt payments	\$	Other	\$

TOTAL MONTHLY DISCRETIONARY EXPENSES (FAMILY UNIT): \$ _____

Please complete **Income History and Residential History** only if you are filing a bankruptcy.

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 _____
- Last pay stub included (Same employer all year)

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

RESIDENTIAL HISTORY

Previous address if current address is less than 1 year:

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

PLEASE UNDERSTAND THAT THE INFORMATION PROVIDED ON THIS APPLICATION WILL BE USED TO PREPARE YOUR FINANCIAL AFFAIRS WHICH WILL BE SWORN UNDER OATH AS BEING, TO THE BEST OF YOUR KNOWLEDGE AND BELIEF, A FULL, TRUE AND COMPLETE STATEMENT OF YOUR FINANCIAL AFFAIRS. I hereby certify that the information in this application is true and complete in every respect and fully discloses the state of my affairs.

DATE

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY:		Office: _____	Date: _____ Year / Month / Day
Assessing Trustee: _____	Manager: _____		
PB _____	PB Ordinary _____	CP _____	Division I _____ J _____
Initial Payment: \$ _____	Monthly payments: \$ _____	# of months: _____	Total amount: \$ _____
Ascend Code: _____	Post Assigned: Y / N		
Comments: _____			