

**RIGHT CHOICE
FINANCIAL SOLUTION PROS**

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 Or Visit Us At www.rcfspro.com



Please complete all sections of the following application. If you have any questions, please call us @ 647-718-0840

Completed applications can be emailed to info@rcfspro.com

Who referred you to Right Choice Financial Solution Pros?

- Friend / Family-----
 RCFS Website
 Previous RCFS Client -----
 Other-----

APPLICATION

Personal Data

Applicant 1's Surname or last name:	Applicant 2 or Spouse's Surname or last name:
Given names(s)	Given names(s)
Also known as	Also known as
Social Insurance Number	Social Insurance Number
Date of Birth: Day _____ Month _____ Year _____	Date of Birth Day _____ Month _____ Year _____

Contact Information

Applicant 1	Applicant 2
Home #	Home #
Cell #	Cell #
Work #	Work #
Email address:	Email address:
<u>Home address:</u>	
Street:	Apt/Unit # _____
City: Postal code:	In current address since:

Marital status:
 Married
 Never married
 Widowed
 Separated
 Divorced
 Common Law
 Specify month and year of event if it occurred in the last 5 years: _____

Total number of persons in household unit, including debtor? _____
 (Please list below)

Total number of persons 17 years of age or less? _____

Name	Date of birth (day/month/year) Children only	Relationship
		Son/ Daughter /other (specify)
		Son/ Daughter /other (specify)
		Son/ Daughter/ other (specify)
		Son/ Daughter/ other (specify)

Education completed

Applicant 1	Applicant 2
<input type="checkbox"/> Public school including high school <input type="checkbox"/> College or University <input type="checkbox"/> Do not wish to respond	<input type="checkbox"/> Public school including high school <input type="checkbox"/> College or University <input type="checkbox"/> Do not wish to respond

Employment Information (if not working state previous occupation)

Applicant 1's Current Employer	Position:	Employed Since: Month ____ Year ____
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Applicant 2 or Spouse's Current Employer	Position:	Employed since: Month ____ Year ____
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INCOME TAX INFORMATION

Year last return filed _____					
Notice of Assessment attached		Yes/ No			
Include: HST or Payroll taxes for businesses operated	Business Debt Yes/No	Balance (in \$)		Comments	
		Applicant 1	Spouse or Applicant 2	Joint	
Account #					
Account #					
Account #					

ASSETS (In and outside of Canada)

	Applicant 1 Estimated Value \$	Applicant 2 or Spouse Estimated Value \$	Comments
Household furniture (personal exemption \$11,300)			
Personal effects: Jewellery, collectibles, sports equipment (personal exemption \$5,650)			
<i>Life insurance policies</i> <input type="checkbox"/> Term or <input type="checkbox"/> Whole Life Policy Designated Beneficiary (document required) <input type="checkbox"/> child/parents/spouse <input type="checkbox"/> other (specify) Is there a Cash Surrender Value? Current account statement required			
<i>Pension Plan - Company or Private</i> Current account statement required			
<i>Stocks and Bonds owned</i> Current account statement required			
<i>Company Profit Sharing Plan</i> Current account statement			
<i>Investments</i> <i>Registered Retirement Savings Plan (RRSP)</i> Contributions made in past 12 months Provide details of withdrawals for amounts cashed-in during past 12 months Current account Statement required (Contributions to-date).			
<i>Registered Educational Savings Plan (RESP)</i> Names account held in _____ Provide details of withdrawals for amounts cashed-in during past 12 months Current account statement to be provided			
Others Investments including Tax Free Savings Account (TFSA) (please specify):			

ASSETS (continued)

Personal Residence or Income Generating Property (address same as applicant's or specify) Yes No

Present market value: \$ _____

Opinion of Value from Real Estate Broker required if purchased more than 12 months ago:
Attached Yes/No

Ownership: Applicant Spouse Joint With others: _____% of applicant's ownership
Purchase documents or deed supporting ownership % required to be provided

Mortgage details to be provided in section below (Page 6)

<i>Automobiles - Car #1</i> Make: Model Year VIN # Black Book Value will be used for valuation purposes	\$	\$	Lease or Financing Documents to be provided Do you wish to surrender your vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Automobiles - Car #2</i> Make: Model Year VIN # Black Book Value will be used for valuation purposes	\$	\$	Leased or Financed Documents to be provided Do you wish to surrender your vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No

<i>Tools of trade (used to earn income)</i> Listing to be provided Estimated Value	\$	\$	
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Businesses owned or operated Name Type: <input type="checkbox"/> Incorporated, <input type="checkbox"/> Sole Proprietorship, <input type="checkbox"/> Self Employed, <input type="checkbox"/> Partnership % held _____ Current Status: Operating or Closed (date closed) Please provide: Incorporation documents, tax return HST Account #			
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Other Assets owned including cash on hand, tax refunds outstanding, assets held in trust, pending lawsuit proceeds (specify)			
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Additional comments (e.g.: if the debtor intends to return or continue making payments to secured creditors or to Trustee on above listed assets):

Creditors List (if additional space is required, use schedule on page 10)

Credit Cards (Visa/Mastercard/Amex) Institution and Type	Business Debt Yes/No	Balance (in \$)		Comments	
		Applicant 1	Spouse or Applicant 2	Joint responsibility debts	
Credit Card No.					
Credit Card No.					
Credit Card No.					
Credit Card No.					

Student Loans

Student loans outstanding \$ _____ Date of last day in school: / / Loans more than 7 years old: Yes/No	Applicant		Spouse	
	Y	N	Y	N

House and Property Loans

Secured Loans	Balance (in \$)			Comments
	Applicant 1	Applicant 2 or Spouse	Joint responsibility debts	
1 st Mortgage Name and Address of Provider Guarantor: Yes/No (provide details) Monthly payment				
Account Number				
Property taxes outstanding or executions or liens on title (CRA, lawsuit)				
2 nd Mortgage Name and Address of Provider Guarantor: Yes/No (provide details) Monthly payment				
Account Number				
Property taxes outstanding or executions or liens on title (CRA, lawsuit)				

Automobile Loans and Leases

	Balance (in \$)			Comments
	Applicant 1	Applicant 2 or Spouse	Joint responsibility debts	
Car 1: Name and Address of Provider Guarantor: Yes/No (provide details) Monthly payment				
Account Number				
Car 2: Name and Address of Provider Guarantor: Yes/No (provide details) Monthly Payment Account Number				

Loans Co-Signed or Guaranteed By Applicant or Spouse

Lender's name

Address

Borrower's name

Address

Is the party bankrupt?

Business or personal debt?

Applicant 1	Applicant 2
Have you previously filed either a proposal or bankruptcy? Trustee's name: _____ Year filed: _____	Have you previously filed either a proposal or bankruptcy? Trustee's name: _____ Year filed: _____

Reasons for financial difficulty (examples: unemployment, financial mismanagement, marital separation, low income, health issues, business failure:

Other explanation:

Monthly Budget Income & Expense Statement

Income

	\$
Net employment income (after tax) – Applicant	
Net employment income – Spouse	
Net income – Other family members	
Net business Income - self-employed (after tax)	
Rental income	
Pension income: CPP, OAS, ODSP,	
Child tax credit	
Child Support	
Spousal Support	
Other income – specify	
Total Income	

Expenses: (some costs maybe an estimated monthly average of what you incur over a year)

	\$		\$
<u>Housing:</u>		<u>Insurance:</u>	
Rent/mortgage payment		Medical	
Property tax/condo Maintenance		Automobile	
Heat/Fuel oil		Household/ Content	
Electricity		Life	
Water		Sub total	
Telephone / Cell Phone		<u>Transportation:</u>	
Cable / Internet		Gasoline	
Others (specify)		Public transit	
Sub total		Monthly lease/loan payment	
<u>Living:</u>		Car repairs	
Food/Groceries		Others:	
Clothing		Sub total	
Laundry/Dry-cleaning		<u>Personal:</u>	
Grooming/Toiletries		Children's allowance	
Daycare/Child support		Dining out/coffee	
Others (specify)		Movie rentals	
Sub total		Newspapers/Magazines	
<u>Medical:</u>		Pet Expenses	
Doctor		Recreation/leisure	
Dental		Sports/hobbies	
Prescription drugs		Other (specify)	
OTC drugs/others		Other (specify)	
Sub total		Sub total	
		Total expense	

Payment Plan for Consumer Proposals or Bankruptcy. Which date would you prefer for depositing your post-dated Pre-authorized Payments (PAP) or Electronic Funds Transfer (EFT): 2nd or 17th day of the month? 2nd 17th

SALE OR DISPOSAL OF ASSETS OR MORTGAGE REFINANCING

Within the 12 months either in Canada or elsewhere, have you:				
Sold, disposed, transferred any assets including investments, RRSP's, vehicles, etc.? If yes, Amount received \$ _____ What did you do with the funds: _____	Applicant		Spouse	
	Y	N	Y	N
Made any payments in excess of regular payments to creditors? If yes, amount paid: \$ _____ What was the reason for the higher payment? _____	Y	N	Y	N
Had any assets seized by creditors? If yes, please provide details: _____	Y	N	Y	N
Within the 5 years prior to the date of the initial bankruptcy event, have you, either in Canada or elsewhere:				
Sold, disposed, or transferred any property (real estate or business etc.)? If yes: 1) Address of the property/business: 2) Date of sell/transfer: 3) Sold/transferred to: 4) Monetary value: 5) Receipts used for: 6) Further details (if any):	Applicant		Spouse	
	Y	N	Y	N
Made any gift to relatives or others in excess of \$500? If yes (provide details): When: Amount:	Y	N	Y	N
Do you expect to receive money (gift, inheritance, etc.) in the next 12 months? If yes, details with amount:	Y	N	Y	N
Have you made arrangements to continue to pay any creditors? If yes, details with amount:	Y	N	Y	N
Have you been or are you involved in civil litigation from which you may receive monies or property? If yes, details with amount:	Y	N	Y	N
Do you have any credit cards not listed above? ALL CREDIT CARDS MUST BE TURNED TO THE TRUSTEE	Y	N	Y	N

List of Supporting Information to be Provided with Application

1. Void Cheque or Pre-Authorized Payment form (obtain from bank)
2. Identification: Birth Certificate or Citizenship Card or Passport
3. Identification: Social Insurance Card
4. Proof of Income: Recent Pay stub: Applicant and Spouse (all household income)
5. Proof of Income: Child Tax Benefit statement or bank statement showing deposit
6. Income Tax: Notice of Assessment and or Copy of Tax Return if Notice not received
7. Credit Card Statements, Photocopy of Credit Cards or Credit Report
8. Car financing documents, Ownership and Insurance certificates
9. Student Loan statement
10. House and Properties Letter of Opinion of Value
11. House and Properties: Mortgage Statement and Property Tax Statement
12. House and Properties: Purchase and Sale Documents, Refinancing documents
13. RRSP, RESP, Pension statements
14. RRSP loan documents
15. Other investment documents
16. Other Loan documents
17. List of tools of trade including estimated realizable value
18. Business documents: CRA statement for HST, Payroll tax
19. Business documents: incorporation papers, financial statement or income tax return showing income and expenses
20. Separation Agreement and/or proof of child/spousal support
21. Legal Documents Garnishments or Claims being made against you