



Freedom of Information and Protection of Privacy Act (FOIPPA)

The personal information on this form is collected for the purpose of administering revenue services under the authority of section 26 of the FOIPPA. Questions about the collection or use of this information can be directed to the Chief Privacy, Security & Compliance Officer, HP Advanced Solutions, 2200-4464 Markham St, Victoria BC V8Z 7x8 (Telephone: 250 405-4500).

ACCOUNT NUMBER

PERSONAL INFORMATION

IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL SHEETS.

LAST NAME	FIRST NAME	MIDDLE NAME OR INITIAL	BIRTH DATE YYYY / MM / DD
PREVIOUS NAME (S) (if applicable)	SOCIAL INSURANCE NUMBER		HOME TELEPHONE NUMBER ()
MAILING ADDRESS (include street or PO box number, city and province)		POSTAL CODE	CELL PHONE NUMBER ()
MARITAL STATUS	FULL NAME OF SPOUSE OR COMMON-LAW PARTNER	NUMBER OF DEPENDENTS IN HOUSEHOLD	
NAME OF NEXT OF KIN (not living with you)	RELATIONSHIP TO YOU	HOME TELEPHONE NUMBER ()	
ADDRESS OF NEXT OF KIN (include street or PO box number, city and province)			POSTAL CODE

EMPLOYMENT STATUS

EMPLOYER NAME	WORK PHONE NUMBER ()	OCCUPATION	HOURS WORKED PER WEEK
EMPLOYER ADDRESS (include street or PO box number, city and province)			POSTAL CODE
SELF-EMPLOYED (doing business as)	INDICATE TYPE OF BUSINESS <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> LIMITED COMPANY		
If unemployed, are you looking for work? <input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, explain why:		

ASSETS – Provide details of all assets owned whether or not they are completely paid for. Indicate owner as **I** (for yourself), **S** (for spouse) Or **J** (for joint).

	DESCRIPTION	OWNER I, S, J	PURCHASE DATE YYYY / MM / DD	PURCHASE PRICE	CURRENT VALUE
REAL ESTATE: Address(s')					
VEHICLE(S): Make, Model and Year					
STOCKS, BONDS, RRSP, ETC:					
OTHER:					

LIABILITIES – Provide details of all outstanding debts including those which you are currently repaying on a monthly basis. These debts include mortgages, credit cards, student loans, bank and family loans. Also, include all loans for which you have guaranteed or co-signed.

CREDITOR NAME	CREDITOR ADDRESS	ACCOUNT NUMBER	BALANCE OWING	MONTHLY PAYMENT

INCOME – Indicate the household Net monthly income (take home pay) received by source. If your income varies each month, indicate the range of fluctuation. **Provide most recent payment stubs for all sources of income to confirm your figures.**

SOURCE	YOURSELF	SPOUSE / PARTNER
NET EARNINGS + TIPS + BONUSES + COMMISSIONS	_____	_____
EMPLOYMENT INSURANCE	_____	_____
SOCIAL ASSISTANCE	_____	_____
PENSION:	_____	_____
GST + CHILD TAX BENEFIT + BC FAMILY BONUS	_____	_____
ALIMONY/CHILD SUPPORT	_____	_____
OTHER: _____	_____	_____
TOTAL NET INCOME		_____

Expenses – Indicate all household expenses below. Divide annual expenses, such as car insurance, by twelve and indicate the monthly rate. **Provide most recent rent receipt, utility bill invoices, telephone bill and credit card statement(s) to confirm your figures.**

MORTGAGE/RENT _____	PUBLIC TRANSIT _____	MEDICAL EXPENSES _____
PROPERTY TAX _____	TAXI FARE _____	DENTAL _____
STRATA FEES _____	CAR: LOAN PAYMENT _____	OPTOMETRY _____
HOUSE/TENANT INSURANCE _____	OPERATING EXPENSES _____	LIFE INSURANCE _____
FOOD _____	INSURANCE _____	PERSONAL LOAN(S) _____
TELEPHONE/MOBLIE _____	ALIMONY/CHILD SUPPORT _____	CREDIT CARD PAYMENT(S) _____
CABLE/INTERNET _____	SCHOOL/CHILD EXPENSES _____	OTHER: _____
HYDRO/GAS _____	ALCOHOL/CIGARETTES _____	OTHER: _____
WATER _____		
TOTAL MONTHLY EXPENSES		_____

BANKING INFORMATION – Provide the name and address of the financial institution and your account number for each account type.

CHEQUING ACCOUNT NUMBER	FINANCIAL INSTITUTION NAME AND ADDRESS
_____	_____
SAVINGS ACCOUNT NUMBER	_____

PROPOSAL

I propose a lump sum of \$ _____ immediately and the balance as consecutive monthly payments of \$ _____ commencing on for a maximum of 12 consecutive months.

Once my payment plan expires, it is my responsibility to contact CBV Collection Services Ltd., for further payment arrangements. I understand that this proposal is subject to review and acceptance by CBV Collection Services Ltd.

CERTIFICATION – Please read before signing

- I understand and acknowledge that my British Columbia government debt, including principal plus all accruing interest, is now due and payable in full.
- I authorize CBV Collection Services Ltd. and or Revenue Services of British Columbia to obtain reports containing credit and/or personal information as necessary in connection with its collection of this debt.
- I certify that all of the information provided in this report is correct and accurate and supports my contention that I am not able to repay the debt in full at the present time. I understand that withholding relevant data or falsification of data in this report may be grounds for CBV Collection Services Ltd., and Revenue Services of British Columbia to revoke any payment schedule made on the basis of the information provided in this report and to initiate remedial action to enforce payment of the entire debt.

SIGNATURE(S) – *Must be signed in ink. If spouse/partner is also responsible for debt, both signatures must appear.*

X	DATE SIGNED YYYY / MM / DD
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