

**SCHEDULE "I"**

**PROOF OF CLAIM FORM FOR CLAIMS AGAINST  
THE CCAA ENTITIES<sup>1</sup>**

**1. Name of CCAA Entity or Entities (the "Debtor"):**

**Debtor:** \_\_\_\_\_

**2(a) Original Claimant (the "Claimant")**

Legal Name of Claimant	_____	Name of Contact	_____
Address	_____	Title	_____
_____		Phone #	_____
_____		Fax #	_____
City _____	Prov /State _____	email	_____
Postal/Zip Code	_____		

**2(b) Assignee, if claim has been assigned**

Legal Name of Assignee	_____	Name of Contact	_____
Address	_____	Phone #	_____
_____		Fax #	_____
City _____	Prov /State _____	email:	_____
Postal/Zip Code	_____		

<sup>1</sup> Urbancorp Toronto Management Inc., Urbancorp (St. Clair Village) Inc., Urbancorp (Patricia) Inc., Urbancorp (Mallow) Inc., Urbancorp (Lawrence) Inc., Urbancorp Downsview Park Development Inc., Urbancorp (952 Queen West) Inc., King Residential Inc., Urbancorp 60 St. Clair Inc., High Res. Inc., Bridge On King Inc., Urbancorp Power Holdings Inc., Vestaco Homes Inc., Vestaco Investments Inc., 228 Queen's Quay West Limited, Urbancorp Cumberland 1 LP, Urbancorp Cumberland 1 GP Inc., Urbancorp Partner (King South) Inc., Urbancorp (North Side) Inc., Urbancorp Residential Inc., Urbancorp Realtyco Inc. (collectively, the "CCAA Entities").

**3. Amount of Claim**

The Debtor was and still is indebted to the Claimant as follows:

Currency	Amount of Claim	Unsecured Claim	Secured Claim
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**4. Documentation**

Provide all particulars of the Claim and supporting documentation, including amount, and description of transaction(s) or agreement(s), or legal breach(es) giving rise to the Claim, including any claims assignment/transfer agreement or similar document, if applicable, and amount of invoices, particulars of all credits, discounts, etc. claimed, description of the security, if any, granted by the affected Debtor to the Claimant and estimated value of such security.

**5. Certification**

I hereby certify that:

1. I am the Claimant or authorized representative of the Claimant.
2. I have knowledge of all the circumstances connected with this Claim.
3. The Claimant asserts this Claim against the Debtor as set out above.
4. Complete documentation in support of this claim is attached.

Signature: _____ Name: _____ Title: _____	Witness: _____ (signature) _____ (print)
Dated at _____ this _____ day of _____, 2016	

**6. Filing of Claim**

This Proof of Claim **must be received by the Monitor on or before 5:00 p.m. (Toronto time) on October 21, 2016** (or within thirty (30) days after the date on which the Monitor had sent you a Claims Package with respect to a Restructuring Period Claim) **by prepaid ordinary mail, registered mail, courier, personal delivery or electronic transmission at the following address:**

**KSV Kofman Inc.  
 150 King Street West  
 Suite 2308  
 Toronto, ON M5H 1J9**

**Attention:** Noah Goldstein  
**Email:** [ngoldstein@ksvadisory.com](mailto:ngoldstein@ksvadisory.com)  
**Fax:** 416.932.6266

For more information see <http://www.ksvadisory.com/insolvency-cases/urbancorp-group/>, or contact the Monitor by telephone (416.932.6207)