

## FINANCIAL STATEMENT

I am the claimant/applicant/respondent in this application to make or vary a support order. My financial circumstances are:

1. My total annual income (before tax and other deductions) for this year will be approximately \$\_\_\_\_\_.
2. My source of income is: *(check any that apply, and write details in box below)*
  - Employment *(occupation, name and address of employer, length of employment)*
  - Self-employment *(occupation, name and address of business, length of employment)*
  - Employment Insurance *(last date worked, and date benefits started)*
  - Social Assistance *(date benefits started)*
  - Disability insurance *(date benefits started, source of payment, reason for disability)*
  - Other *(specify)*

*Details of income sources checked above:*

3.  All or part of my income is not subject to income tax *(portion exempt, and reason)*

### PART 1 – SOURCES OF INCOME

Line #		Amount
1.	Employment income (wages, salary, commissions, overtime, bonuses)	\$
2.	Other employment income (including tips and gratuities)	\$
3.	Old age security pension	\$
4.	Canada or Quebec Pension Plan benefits	\$
5.	Other pensions or superannuation	\$
6.	Employment Insurance benefits	\$
7.	Taxable amount of dividends from taxable Canadian corporations	\$
8.	Interest and other investment income	\$
9.	Net partnership income	Gross \$      Net \$
10.	Rental income	\$
11.	Taxable capital gains	\$
12.	Spousal support	\$
13.	Child support (taxable only)	\$
14.	Registered Retirement Savings Plan income	\$

15.	Business income	Gross	\$	Net \$
16.	Professional income	Gross	\$	Net \$
17.	Commission income	Gross	\$	Net \$
18.	Farming income	Gross	\$	Net \$
19.	Fishing income	Gross	\$	Net \$
20.	Workers Compensation benefits			\$
21.	Social assistance payments			\$
22.	Net federal supplements			\$
23.	Other income (specify – see guide)			\$
24.	<b>(A) TOTAL ANNUAL INCOME</b>			\$
25.	Total income in most recent personal income tax return (year _____)			\$

#### ADJUSTMENTS TO INCOME

Line #	Additions			Amount
26.	Actual amount of dividends received from Canadian corporations			\$
27.	Actual capital gains realized in excess of actual capital losses			\$
28.	Salaries, benefits, or other payments paid to non-arm's-length persons, and deducted from self-employment income, unless necessary to earn self-employment income			\$
29.	Allowable capital cost allowance for real property			\$
30.	Employee stock options with a Canadian-controlled private corporation exercised ( <i>Do not include if you dispose of the shares in the same year you exercise the option</i> )			\$
31.	Value of shares at the time the options are exercised			\$
32.	Less: Amount paid for the shares	-	\$	
33.	Amount paid to acquire the options to purchase the shares	-	\$	
34.		=	\$	
35.	<b>(B) TOTAL ADDITIONS</b>			\$
	<b>Deductions</b>			
36.	Union, professional dues, other employment expenses allowed under Child Support Guidelines			\$
37.	Child support received and included in total income above (line 13)			\$
38.	Spousal support received from the other parent and included in total income above (line 12)			\$
39.	Social assistance received by the parent for other members of the household			\$
40.	Taxable amount of dividends from taxable Canadian corporations			\$
41.	Taxable capital gains			\$
42.	Actual amount of business investment losses			\$
43.	Carrying charges and interest expenses			\$

44.	Self-employment income, net of reserves, including income for tax purposes in excess of the self-employment income for the 12 months ending on December 31 of the reporting year	\$
45.	Portion of partnership and sole proprietorship income that is required by the partnership to be re-invested	\$
46.	<b>(C) TOTAL DEDUCTIONS</b>	\$

**PART 2 – CHILD SUPPORT GUIDELINES TABLE AMOUNT CALCULATION**

**Annual Income for Child Support Guidelines Table Amount**

47.	(A) Total Income ( <i>from line 24</i> )		\$
48.	Plus (B) Total Additions ( <i>from Line 35</i> )	+	\$
49.	Minus (C) Total Deductions ( <i>from line 46</i> )	-	\$
50.	Annual Income for Child Support Guidelines Table Amount		\$

**Annual Income for Special or Extraordinary Expenses Amount**

51.	Annual Income for Child Support Guidelines Table Amount ( <i>from line 50</i> )		\$
52.	Plus (if applicable) spousal support <i>received</i> from the other parent	+	\$
53.	Minus (if applicable) spousal support <i>paid</i> to the other parent	-	\$
54.	Annual Income for Special or Extraordinary Expenses Amount	<b>→</b>	\$

**PART 3 – EXPENSES**

My monthly expenses are listed below. These expenses are for me, and the following members of my household:

---



---



---

(If you share an expense with another person, list only the amount that you pay. Convert all expenses to monthly amounts. List actual amounts – if impossible, give estimates, and mark as ‘est’)

(\*Note for line 120. Show support paid to persons **not** included in this application – example: support paid for a child of a past relationship between you and a parent who is not the claimant/applicant in this application. If paid, specify the Name(s) of person(s) supported: \_\_\_\_\_)

Are payments made  voluntarily, or  due to a Court Order or written agreement.  
 Do you deduct payments on your income tax return?  Yes  No.)

\$ per Month			\$ per Month		
	<b>Compulsory Deductions</b>		72.	Home insurance	\$
55.	Income Tax	\$	73.	Heat	\$
56.	Employment Insurance	\$	74.	Electricity	\$
57.	Canada Pension Plan	\$	75.	Water	\$
58.	Employer pension	\$	76.	House repairs & maintenance	\$
59.	Other (specify)	\$	77.	Yard maintenance	\$
	<b>Household Expenses</b>		78.	Other (specify) _____	\$
60.	Groceries & household supplies	\$		<b>Health</b>	
61.	Meals outside the home	\$	79.	Medical Insurance	\$
62.	Furnishings and equipment	\$	80.	Drugs (after insurance coverage)	\$
63.	Telephone	\$	81.	Dental care (after insurance)	\$
64.	Cable service	\$	82.	Optical care (after insurance)	\$
65.	Laundry & dry cleaning	\$	83.	Other (specify) _____	\$
66.	Newspapers, periodicals	\$		<b>Transportation</b>	
67.	Stationery, computer supplies	\$	84.	Public transit, taxis, etc.	\$
68.	Vacation	\$	85.	Car operation	\$
69.	Pet care	\$	86.	Gas and oil	\$
	<b>Housing (primary residence)</b>		87.	Insurance & licence	\$
70.	Rent or mortgage	\$	88.	Maintenance	\$
71.	Taxes	\$	89.	Parking	\$
			90.	<b>SUBTOTAL</b>	\$

\$ per Month			\$ per Month		
	<b>SUBTOTAL (from line 90)</b>	\$			
<b>Adult Household Members</b>			109.	Gifts (toys, books, etc.)	\$
91.	Clothing	\$	110.	Activities, lessons, & supplies	\$
92.	Haircare	\$	111.	Camp	\$
93.	Toiletries, cosmetics	\$	112.	Gifts to other children	\$
94.	Education fees, supplies	\$	<b>Savings for the future</b>		
95.	Entertainment and recreation	\$	113.	RRSP	\$
96.	Fitness	\$	114.	RESP	\$
97.	Insurance	\$	115.	Other	\$
98.	Charitable donations	\$	116.	<b>Debt (other than mortgage, specify)</b>	\$
99.	Gifts to others	\$	117.		\$
100.	Alcohol, tobacco	\$	118.		\$
<b>Children</b>			119.	<b>Lease payments (specify)</b>	\$
101.	Child care (regular expense)	\$	120.	<b>Support payments to others</b> <i>(see note under *, above)</i>	\$
102.	Babysitting (occasional)	\$	121.	<b>Reserve for income taxes</b>	\$
103.	Clothing	\$	122.	<b>Other (specify)</b>	\$
104.	Haircare	\$	123.		
105.	Allowances	\$	124.		
106.	School fees and supplies	\$	125.		
107.	Entertainment and recreation	\$	126.	<b>TOTAL</b>	\$
108.	Insurance	\$			

**PART 4 – OTHER CHILD SUPPORT AND BENEFITS**

Complete this part if  you are claiming support for a child over the age of majority, and/or  you are claiming an amount different from the child support guidelines table amount

A  I receive child support for a child(ren) other than the child(ren) in this application:

Name(s) of child(ren)	Annual Amount Received	Taxable (Y / N)
_____	\$ _____	_____
_____	\$ _____	_____

B  I receive non-taxable benefits, allowances, or amounts. *(Example: use of a vehicle, childcare, or room and board. If the benefit is not an amount, include an estimate of the annual value of the benefit)*

Benefit received	Annual Amount or Estimate
_____	\$ _____
_____	\$ _____

**PART 5 -- HOUSEHOLD INCOME** (not including children for whom support is claimed in this application)

Complete this part if you are living with another person **and**

- you are claiming support for yourself, **or**
- your child support application includes an undue hardship claim, **or**
- you believe the respondent may make an undue hardship claim.

A I am living with: *(full name of person or persons – Note: We are only interested in the sharing of household responsibilities and expenses; the nature of your relationship with these people is of no importance.)*

---



---

B A person named in ‘A’ has a child or children living in the home with us *(name and age of each child)*

---



---

C For each person named in ‘A’, fill in the following information: *(add an extra page if more than 2 people)*

<i>Name of Person #1</i>		<i>Name of Person #2</i>	
<input type="checkbox"/>	Works at (name of employer, occupation)	<input type="checkbox"/>	Works at (name of employer, occupation)
<input type="checkbox"/>	Earns \$ _____ per _____	<input type="checkbox"/>	Earns \$ _____ per _____
<input type="checkbox"/>	Pays for about _____ % of household expenses	<input type="checkbox"/>	Pays for about _____ % of household expenses
<input type="checkbox"/>	Does not work	<input type="checkbox"/>	Does not work
<input type="checkbox"/>	Has no earnings	<input type="checkbox"/>	Has no earnings
<input type="checkbox"/>	Contributes no money to the household expenses	<input type="checkbox"/>	Contributes no money to the household expenses

**PART 6 – ASSETS AND DEBTS**

**A S S E T S**

<b>Real Estate</b>	<b>Description of Asset(s) – address, type of property</b>	<b>Your Equity</b>	<b>Market Value</b>
		\$	\$
<b>Cars, boats, vehicles</b>	<b>Description of Asset(s) – year, make, model</b>	<b>Your Equity</b>	<b>Market Value</b>
		\$	\$
<b>Pension Plan</b>	<b>Trustee/administrator of plan, date of valuation</b>		<b>Value</b>
			\$
<b>RRSPs</b>	<b>Financial institution, date of valuation</b>		<b>Value</b>
			\$
<b>Financial Assets</b>	<b>Bonds, shares, term deposits, investment certificates, mutual funds – list type, name of financial institution, when purchased</b>		<b>Value</b>
			\$
<b>Accounts</b>	<b>Bank or other accounts – type of account, name of financial institution</b>		<b>Value</b>
			\$
<b>Business</b>	<b>Name of business, address, nature and extent of ownership or interest</b>		<b>Value of Interest</b>
			\$
<b>Life Insurance</b>	<b>Company which issued policy</b>		<b>Cash Value</b>
			\$

<b>Debts to me</b>	<b>Description – name of person owing me money, reason for debt, repayment date</b>		<b>Value</b>
			\$
<b>Other</b>	<b>Description of other asset(s)</b>		<b>Value</b>
			\$
<b>TOTAL VALUE OF ASSETS</b>			<b>\$</b>

**D E B T S**

<b>Mortgage</b>	<b>Institution / person holding mortgage</b>	<b>Date of last payment</b>	<b>Balance Owing</b>
			\$
<b>Credit Cards</b>	<b>Name/Company issuing card, and reason for borrowing</b>	<b>Date of last payment</b>	<b>Balance Owing</b>
			\$
<b>Bank / Other</b>	<b>Financial Institution, and reason for borrowing</b>	<b>Date of last payment</b>	<b>Balance Owing</b>
			\$
<b>Other Debt</b>	<b>Description of any other debt(s) you owe</b>	<b>Date of last payment</b>	<b>Balance Owing</b>
			\$
<b>TOTAL VALUE OF DEBTS</b>			\$



**PART 7 – DOCUMENTS ATTACHED TO THIS FINANCIAL STATEMENT**

- My personal income tax return for each of the 3 most recent taxation years, and all documents attached to the returns.
- The income tax notice of assessment, or reassessment, I received for each of the 3 most recent tax years.

*(Check each of the following statements that apply, and attach the listed documents)*

- I am an employee. Attached is a statement showing my total earnings for this year, to date, including overtime. If this information is not shown on my pay stub, I attach a statement or letter from my employer with that information, including my rate of annual pay.
- I am receiving Employment Insurance benefits. My 3 most recent EIC benefits statements are attached.
- I am receiving Workers Compensation benefits. My 3 most recent WCB benefits statements are attached.
- I am receiving Social or Income Assistance. Attached is a statement showing the amount I receive.
- I am self-employed. For the 3 most recent taxation years, I attach:
  - The financial statements of my business or professional practice, other than a partnership, and
  - A statement showing a breakdown of salaries, wages, management fees, or other payments or benefits paid to, or on behalf of, persons or corporations with whom I do not deal at arm's length
- I am a partner in a partnership. I attach confirmation of my income and draw from, and capital in, the partnership for its 3 most recent taxation years.
- I control a corporation. I attach
  - the financial statements of the corporation and its subsidiaries, and
  - a statement showing a breakdown of all salaries, wages, management fees, or other payments or benefits paid to, or on behalf of, persons or corporations with which the corporation, and every related corporation, does not deal at arm's length
- I am the beneficiary under a trust. The trust settlement agreement and the trust's 3 most recent financial statements are attached.

Date this Financial Statement completed: \_\_\_\_\_

This document is attached to, and forms part of the evidence in, my support application/support variation application:

\_\_\_\_\_  
Claimant/Applicant/Respondent's signature