

FINANCIAL INFORMATION

Form I

1. My information

Name of the person completing this Form (First Middle Last): _____

Date this Form was completed (MM/DD/YYYY): _____

2. My financial circumstances

My total annual income (before tax and other deductions) for the current year will be approximately \$_____. Proof of my income for the current year is provided below. I have included:

- details of the income sources checked below including supporting documents for each source of income identified (including start and end dates); **and**
- the three most recent statements of earnings or income (pay stubs) for each source of income identified.

Current year (_____)	Start Date	End Date	Year to Date Income
<input type="checkbox"/> I am an employee. I have attached statements showing my total earnings from all employment sources for this year to date, including overtime. If this information is not shown on my pay stubs, I have attached a statement(s) or letter(s) from my employer(s) with that information, including my rate of annual pay.	_____ (MM/DD/YYYY)	_____ (MM/DD/YYYY)	\$ _____
<input type="checkbox"/> I am receiving Worker's Compensation benefits. My three most recent WC benefits statements are attached.	_____ (MM/DD/YYYY)	_____ (MM/DD/YYYY)	\$ _____
<input type="checkbox"/> I am receiving Employment Insurance benefits. My three most recent EI benefits statements are attached.	_____ (MM/DD/YYYY)	_____ (MM/DD/YYYY)	\$ _____
<input type="checkbox"/> I am receiving Social or Income Assistance. I have attached a statement showing the amount I received.	_____ (MM/DD/YYYY)	_____ (MM/DD/YYYY)	\$ _____
<input type="checkbox"/> I am receiving Disability insurance. I have attached a statement showing the amount I received.	_____ (MM/DD/YYYY)	_____ (MM/DD/YYYY)	\$ _____
<input type="checkbox"/> I am self-employed.	_____ (MM/DD/YYYY)	_____ (MM/DD/YYYY)	\$ _____
<input type="checkbox"/> I have attached the financial statements for the three most recent taxation years 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 the beneficiary under a trust. _____ \$ _____
(MM/DD/YYYY) (MM/DD/YYYY)
- I have attached the trust settlement agreement and the trust's three most recent financial statements are attached.
- I am a partner in a partnership. _____ \$ _____
(MM/DD/YYYY) (MM/DD/YYYY)
- I have attached confirmation of my income including my draw from, and any capital in, the partnership for its three most recent taxation years.
- I control a corporation. _____ \$ _____
(MM/DD/YYYY) (MM/DD/YYYY)
- I have attached the financial statements of the corporation and its subsidiaries for the three most recent taxation years 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 which the corporation, and every related corporation, does not deal at arm's length, for the three most recent taxation years.
- I have made an assignment in bankruptcy and have attached documents relating to my bankruptcy.
- Other (specify) :

Additional page(s) attached

- I am unable to provide supporting documentation for any or all of the above income sources. The explanation for this is:

Additional page(s) attached

- All or part of my income is not subject to income tax (amount exempt and reason):

Additional page(s) attached

3. Proof of my previous income

I have attached the following information:

- a complete copy of my filed income tax return for the last three years; **or**
- an explanation (on a separate page) detailing why all documents have not been included.

First previous tax year (_____)

- I have attached a complete copy of my filed income tax return and a copy of my notice of assessment (and re-assessment, if appropriate).
- I have NOT attached a complete copy of my filed income tax return and a copy of my notice of assessment (and re-assessment, if appropriate). Please provide an explanation why:

Additional page(s) attached

All or part of my income is not subject to income tax (amount exempt and reason):

Additional page(s) attached

Second previous tax year (_____)

I have attached a complete copy of my filed income tax return and a copy of my notice of assessment (and re-assessment, if appropriate).

I have NOT attached a complete copy of my filed income tax return and a copy of my notice of assessment (and re-assessment, if appropriate). Please provide an explanation why:

Additional page(s) attached

All or part of my income is not subject to income tax (amount exempt and reason):

Additional page(s) attached

Third previous tax year (_____)

I have attached a complete copy of my filed income tax return and a copy of my notice of assessment (and re-assessment, if appropriate).

I have NOT attached a complete copy of my filed income tax return and a copy of my notice of assessment (and re-assessment, if appropriate). Please provide an explanation why:

Additional page(s) attached

All or part of my income is not subject to income tax (amount exempt and reason):

Additional page(s) attached

4. Income information for child support guidelines calculation

Annual income for child support guidelines table amount

1. Income (Line 15000 from the most recent tax return): \$ _____

2. Projected income based on the 3 most recent statements of earnings (pay stub): \$ _____

NOTE: 'Projected income' means how much money you expect to earn for the entire year, based on what you have earned so far this year.

Annual income for special or extraordinary expenses amount

3. Annual income for child support guidelines table amount (tax return) \$ _____

4. Plus spousal support received from the other parent (if applicable) (+) \$ _____

5. Minus spousal support paid to the other parent (if applicable) (-) \$ _____

6. Annual income for special or extraordinary expenses amount (=) \$ _____

Projected income for special or extraordinary expenses amount

- 7. Annual income for child support guidelines table amount (pay records) \$ _____
- 8. Plus spousal support received from the other parent (if applicable) (+) \$ _____
- 9. Minus spousal support paid to the other parent (if applicable) (-) \$ _____
- 10. Annual income for special or extraordinary expenses amount (=) \$ _____

5. Other child support and benefits

Complete this part if:

- You are claiming support for a child who has reached the age of majority, and/or
- You are claiming an amount different than the child support guidelines table amount.

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

	Name (First Middle Last)	Date of Birth (MM/DD/YYYY)
1.		
2.		
3.		
4.		

Additional page(s) attached

Annual Amount Received: \$ _____

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.)

Benefits received: _____

Annual Amount or Estimate: \$ _____

6. Household income

Complete this part if you are living with another person(s) and:

- You are claiming support for yourself.
- You are making an undue hardship claim.
- You believe the Respondent may make an undue hardship claim.

The following person or persons reside in this residence and contribute to the household income.

NOTE: Your living/marital relationship is not the issue; it is about sharing household expenses.

Name of Person #1: _____

- Works at (name of employer, occupation) _____
- Earns \$ _____ per _____ (year)
- Pays for about _____% of household expenses
- Does not work
- Has no earnings
- Contributes no money to the household expenses
- This person has a child(ren) living in the home with us (name and age of each child).

Name (First Middle Last)	Date of Birth (MM/DD/YYYY)
1.	
2.	
3.	
4.	

Additional page(s) attached

Name of Person #2: _____

- Works at (name of employer, occupation) _____
- Earns \$_____ per _____ (year)
- Pays for about _____% of household expenses
- Does not work
- Has no earnings
- Contributes no money to the household expenses
- This person has a child(ren) living in the home with us (name and age of each child).

Name (First Middle Last)	Date of Birth (MM/DD/YYYY)
1.	
2.	
3.	
4.	

Additional page(s) attached

7. Assets and Debts

NOTE: As a general rule, it's not necessary to complete this section if you are only seeking table amounts of child support under the child support guidelines and all children named in the application are under the age of majority and the other parent lives in Canada.

ASSETS

Real Estate

Description of Asset(s) – address, type of property	Your Equity	Market Value

_____	\$ _____	\$ _____

Cars, boats, vehicles

Description of Asset(s) – year, make, model	Your Equity	Market Value

_____	\$ _____	\$ _____

Pension Plan

Trustee/administrator of plan, date of valuation	Value

_____	\$ _____

RRSPs

Financial institution, date of valuation	Value

_____	\$ _____

Financial Assets

Bonds, shares, term deposits, investment certificates, mutual funds – list type, name of financial institution, when purchased

Value

\$ _____

Accounts

Bank or other accounts – type of account, name of financial institution

Value

\$ _____

Business

Name of business, address, nature and extent of ownership or interest

Value of Interest

\$ _____

Life Insurance

Company that issued policy

Cash Value

\$ _____

Debts owed to me

Description – name of person owing me money, reason for debt, repayment date

Value

\$ _____

Other

Description of other asset(s)

Value

\$ _____

TOTAL VALUE OF ASSETS \$ _____

DEBTS

Mortgage

Institution/person holding mortgage

Date of last payment
(MM/DD/YYYY)

Balance Owing

_____ \$ _____

Credit Cards

Name/Company issuing card

Date of last payment
(MM/DD/YYYY)

Balance Owing

_____ \$ _____

Bank/Other

Financial Institution

Date of last payment
(MM/DD/YYYY)

Balance Owing

_____ \$ _____

Other Debt

Description of any other debt(s) you owe

Date of last payment
(MM/DD/YYYY)

Balance Owing

TOTAL VALUE OF DEBTS \$ _____

8. Monthly living expenses

NOTE: As a general rule, it's not necessary to complete this section if you are only seeking table amounts of child support under the child support guidelines and all children named in the application are under the age of majority and the other parent lives in Canada.

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

	Name (First Middle Last)	Date of Birth (MM/DD/YYYY)
1.		
2.		
3.		
4.		

Additional page(s) attached

NOTE: If you share an expense with another person, list only the amount that you pay. Convert all expenses to monthly amounts. All amounts provided should be converted into monthly figures (see the Guide for Form E or G) and should be reflective of that actual expense. Should it be necessary to provide an estimate, please identify that line by adding the letters "est".

Monthly Amount

Monthly Amount

A. Compulsory Deductions

Income Tax \$ _____
Employment Insurance \$ _____
Canada Pension Plan \$ _____
Employer pension \$ _____
Other (specify) \$ _____
_____ \$ _____

B. Household Expenses

Groceries & household supplies \$ _____
Meals outside of the home \$ _____
Furnishings and equipment \$ _____
Telephone \$ _____
Cable service \$ _____
Laundry & dry cleaning \$ _____
Newspapers, periodicals \$ _____
Stationery, computer supplies \$ _____
Vacation \$ _____
Pet care \$ _____

C. Housing (Primary Residence)

Rent or mortgage \$ _____
Taxes \$ _____
Home insurance \$ _____
Heat \$ _____
Electricity \$ _____
Water \$ _____
House repairs and maintenance \$ _____
Yard maintenance \$ _____
Other (specify) \$ _____
_____ \$ _____

D. Health

Medical Insurance \$ _____
Drugs (after insurance) \$ _____
Dental (after insurance) \$ _____
Optical (after insurance) \$ _____
Other (specify) \$ _____
_____ \$ _____

E. Transportation

Public transit, taxis, etc. \$ _____
Car operation \$ _____
Gas and oil \$ _____
Insurance & licence \$ _____
Maintenance \$ _____
Parking \$ _____

SUBTOTAL 1 (A+B+C+D+E) \$ _____

TOTAL

F. Adult Household Members

Clothing \$ _____
Haircare \$ _____
Toiletries, cosmetics \$ _____
Education fees, supplies \$ _____
Entertainment & recreation \$ _____
Fitness \$ _____
Insurance \$ _____
Charitable donations \$ _____
Gifts to others \$ _____
Alcohol, tobacco \$ _____

G. Children

Child care (regular expense) \$ _____
Babysitting (occasional) \$ _____
Clothing \$ _____
Haircare \$ _____
Allowances \$ _____
School fees & supplies \$ _____
Entertainment & recreation \$ _____
Insurance \$ _____
Gifts (toys, books, etc.) \$ _____
Activities, lessons & supplies \$ _____
Camp \$ _____
Gifts to other children \$ _____

H. Savings for the future

RRSP \$ _____
RESP \$ _____
Other (specify) \$ _____
_____ \$ _____

I. Debt (other than mortgage)

_____ \$ _____
_____ \$ _____

J. Lease payments (specify)

_____ \$ _____

K. Support payments to others

(see note below the table):
_____ \$ _____

L. Reserve for income taxes

_____ \$ _____
_____ \$ _____

M. Other (specify)

_____ \$ _____
_____ \$ _____

SUBTOTAL 2 (F+G+H+I+J+K+L+M) \$ _____

(SUBTOTAL 1 + SUBTOTAL 2) \$ _____

NOTE: Support payments to others (list only persons who are **not** included in this application):

Name (First Middle Last)	Date of Birth (MM/DD/YYYY)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Additional page(s) attached

Indicate whether payments are made:

- Voluntarily
- Due to a court order or written agreement (attach)

Indicate whether you deduct payments on your income tax return:

- Yes
- No

This document is attached to and forms part of the evidence in my support application/support variation application or response.

(Signature of the person completing this Form)