



**FINANCIAL STATEMENT of \_\_\_\_\_**  
(my name)

In this application to make or vary a support order, I am the  
 9 Claimant or Applicant                      9 Respondent

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)*
  - Grants, scholarships or student loans *(list dates, details of schooling and funding, other relevant details)*
  - 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>		<b>\$</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>\$</b>

**Deductions**

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>	<b>\$</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	<b>\$</b>

**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 possible, give estimates and mark as 'est').*

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

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

(\* 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.

**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
- 9  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(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: your living / marital relationship is not the issue; it is about sharing household responsibilities)*

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)*

**Name of Person #1**

**Name of Person #2**

- Works at (name of employer, occupation)
- Earns \$ \_\_\_\_\_ per \_\_\_\_\_
- Pays for about \_\_\_\_\_% of household expenses
- Does not work
- Has no earnings
- Contributes no money to the household expenses

- Works at (name of employer, occupation)
- Earns \$ \_\_\_\_\_ per \_\_\_\_\_
- Pays for about \_\_\_\_\_% of household expenses
- Does not work
- Has no earnings
- Contributes no money to the household expenses

**PART 6 – ASSETS AND DEBTS**

**ASSETS**

<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>			<b>\$</b>

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

- My personal income tax return for each of the three 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 three 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 three most recent EI benefits statements are attached.
- I am receiving Workers Compensation benefits. My three 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 three 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 three 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 three 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's/Applicant's/Respondent's signature