

FINANCIAL INFORMATION

Form I

1. My information

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

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

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.	_____ (YYYY/MM/DD)	_____ (YYYY/MM/DD)	_____
<input type="checkbox"/> I am receiving Workers Compensation benefits. My three most recent WCB benefits statements are attached.	_____ (YYYY/MM/DD)	_____ (YYYY/MM/DD)	_____
<input type="checkbox"/> I am receiving Employment Insurance benefits. My three most recent EI benefits statements are attached.	_____ (YYYY/MM/DD)	_____ (YYYY/MM/DD)	_____
<input type="checkbox"/> I am receiving Social or Income Assistance. I have attached a statement showing the amount I received.	_____ (YYYY/MM/DD)	_____ (YYYY/MM/DD)	_____
<input type="checkbox"/> I am receiving Disability insurance. I have attached a statement showing the amount I received.	_____ (YYYY/MM/DD)	_____ (YYYY/MM/DD)	_____
<input type="checkbox"/> I am Self-employed.	_____ (YYYY/MM/DD)	_____ (YYYY/MM/DD)	_____
<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.

 (YYYY/MM/DD)

 (YYYY/MM/DD)
- 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.

 (YYYY/MM/DD)

 (YYYY/MM/DD)
- 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.

 (YYYY/MM/DD)

 (YYYY/MM/DD)
- I have attached the financial statements of the corporation and its subsidiaries for the three most recent taxation years, and 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, for the three most recent taxation year.
- 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 (portion exempt, and reason, if required):

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 150 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 over 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 (YYYY/MM/DD)
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 child(ren) living in the home with us (name and age of each child).

Name (First Middle Last)	Date of Birth (YYYY/MM/DD)
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 child(ren) living in the home with us (name and age of each child).

Name (First Middle Last)	Date of Birth (YYYY/MM/DD)
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 which 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
(YYYY/MM/DD)

Balance Owing

Credit Cards

Name/Company issuing card

--

Date of last payment
(YYYY/MM/DD)

Balance Owing

Bank/Other

Financial Institution

--

Date of last payment
(YYYY/MM/DD)

Balance Owing

Other Debt

Description of any other debt(s) you owe

Date of last payment
(YYYY/MM/DD)

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 (YYYY/MM/DD)
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. Provide an estimate if necessary.

	Monthly Amount		Monthly Amount
A. Compulsory Deductions		F. Adult Household Members	
Income Tax	_____	Clothing	_____
Employment insurance	_____	Haircare	_____
Canada Pension Plan	_____	Toiletries, cosmetics	_____
Employer pension	_____	Education fees, supplies	_____
Other (specify)	_____	Entertainment & recreation	_____
_____	_____	Fitness	_____
		Insurance	_____
B. Household Expenses		Charitable donations	_____
Groceries & household supplies	_____	Gifts to others	_____
Meals outside of the home	_____	Alcohol, tobacco	_____
Furnishings and equipment	_____		
Telephone	_____	G. Children	
Cable service	_____	Child care (regular expense)	_____
Laundry & dry cleaning	_____	Babysitting (occasional)	_____
Newspapers, periodicals	_____	Clothing	_____
Stationery, computer supplies	_____	Haircare	_____
Vacation	_____	Allowances	_____
Pet care	_____	School fees & supplies	_____
		Entertainment & recreation	_____
C. Housing (Primary Residence)		Insurance	_____
Rent or mortgage	_____	Gift (toys, books, etc.)	_____
Taxes	_____	Activities, lessons & supplies	_____
Home insurance	_____	Camp	_____
Heat	_____	Gift to other children	_____
Electricity	_____		
Water	_____	H. Savings for the future	
House repairs and maintenance	_____	RRSP	_____
Yard maintenance	_____	RESP	_____
Other (specify)	_____	Other (specify)	_____
_____	_____	_____	_____
		I. Debt (other than mortgage)	
D. Health		_____	_____
Medical Insurance	_____		
Drugs (after insurance)	_____	J. Lease payments (specify)	
Dental (after insurance)	_____	_____	_____
Optical (after insurance)	_____		
Other (specify)	_____		
_____	_____	K. Support payments to others (see note below the table):	_____
		_____	_____
E. Transportation		L. Reserve for income taxes	
Public transit, taxis, etc.	_____	_____	_____
Car operation	_____		
Gas and oil	_____	M. Other (specify)	
Insurance & licence	_____	_____	_____
Maintenance	_____	_____	_____
Parking	_____		
		SUBTOTAL 2 (F+G+H+I+J+K+L+M)	_____
SUBTOTAL 1 (A+B+C+D+E)	_____	TOTAL (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 (YYYY/MM/DD)
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)