

Case Number

You have 15 days to complete this form and return it to the Family Responsibility Office

I _____, of _____
Name of Payor Address - Street and Number Municipality

_____ solemnly declare that all details of my financial situation are accurately set out below.
Province Postal Code

Part I – Employment Information

Occupation: What type of work do you do? _____

Are you self-employed? Yes No If yes, financial statements for the past two years must be attached.

Are you now employed Full-time Part-time Unemployed

Current employer: (if more than one employer, provide details of other employers on a separate sheet)

Name

Address: Street Name and Number Municipality Province Postal Code

How long have you worked for this employer?

When are you paid?
(check one)

once a month twice a month once every two weeks
 weekly other (specify) _____

If paid by commission, give details of the arrangement for payment that you have with your employer. Please tell us if you receive advances, how such advances are calculated, and if you are required to reimburse your employer should you fail to earn the commission or meet any production target.

If paid by commission, are the terms of the arrangement between you and your employer in writing? Yes No

If yes, attach a copy of the document. If no, when was the current arrangement reached? (date) _____

When will you next discuss changing the commission arrangements with your employer? (date) _____

Last employer: (Complete only if not working now)

Name

Address: Street Name and Number Municipality Province Postal Code

How long did you work for this employer?
 From _____ To _____

Reason employment ended (specify)

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IMPORTANT: PLEASE FILL IN EITHER THE WEEKLY OR MONTHLY INCOME COLUMN, NOT BOTH.

If you receive or pay some money once a month, but are using the column for weekly income, divide the monthly amount by 4.33 to get the amount per week. If you receive or pay some money every week, but are using the column for monthly income, multiply the weekly amount by 4.33 to get the amount per month.

Part 2 – Income Information					
Income - A			Income Deductions - B		
Source of Income	Weekly \$	Monthly \$	Type of Deduction	Weekly \$	Monthly \$
Pay, Wages, Salary (before deductions)			Income Tax		
Bonuses			Canada Pension Plan		
Public Assistance			Employment Insurance		
Employment Insurance			Pension Plan Contributions		
Workers' Compensation Payments			Union or other dues		
Pensions			Group Insurance		
Rent, board you collect from others			Credit Union Loan		
Dividends			Credit Union Savings		
Interest			Other (specify, i.e. charity)		
Commissions			Total Deductions \$ (B)	\$	\$
Support from others					
Family Allowance					
Other (specify)					
Total Income \$ (A)	\$	\$	Take Home Income (A) – (B) = \$ _____		

Part 3 – Expenses Information					
Expenses – C			Expenses - D		
Expenses – C	Weekly \$	Monthly \$	Expenses - D	Weekly \$	Monthly \$
Groceries and Household Supplies			Public Transit, Taxis, etc.		
Meals outside home			Vehicle operation, gas and oil		
Clothing			Vehicle Insurance and Licence		
Laundry and Dry Cleaning			Maintenance		
Rent or Mortgage			Life Insurance		
Taxes			School Fees, Books, etc.		
Home Insurance			Music Lessons, Sports Fees, etc.		
Heating Fuel			Newspapers, Publications, Stationery		
Water			Entertainment, Recreation		
Hydro			Alcohol, Tobacco		
Telephone			Vacation		
Cable TV			Hairdresser, Barber		
Repairs and Maintenance			Toilet Articles (hairspray, soap, etc.)		
Other			Babysitting, Daycare		
Health and Medical Insurance			Children's Allowance, Gifts		
Drugs			Support Payments (actually being paid)		
Dental Care			Savings for future (exc. payroll ded.)		
Sub-total (C)	\$	\$	Other (specify)		
			Sub-total (D)	\$	\$
Total Expenses (Excluding Debt Payments) Add (C) + (D) = \$ _____					

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Part 4 – Debt Information

If you own a car, are there still payments owing? Yes No

If yes, name of lender

Address

Date of Purchase

Initial amount financed? \$ _____ Balance Owing \$ _____ Monthly payments \$ _____

Other Debts

If space not sufficient, use separate sheet

Type of Debt	Creditor (Name and Address)	Security	Full Amount Now Owing	Monthly Payments	Are Payments Currently Being Met
Bank or Trust Company Loans					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Finance Company Loans					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Card Loans					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Debts					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

TOTALS

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Part 5 – Assets Information

Type	Details – (if space is not sufficient, use separate sheet)		Value or Amount
State Address of Property and Nature of Ownership			
Real Estate	1		•
	2		•
	3		•
Year and Make			
Cars, Boats, Vehicles	1		•
	2		•
	3		•
Address Where Located			
Household Goods and Furniture	1		•
	2		•
	3		•
Description and Address Where Located			
Tools, Sports, Hobby Equipment	1		•
	2		•
	3		•
Type – Issuer – Due Date – Number of Shares			
Bonds – Shares Term Deposits Investment Certificates	1		•
	2		•
	3		•
Name and Address of Institution		Account Number	
Bank Accounts	1		•
	2		•
	3		•
Type and Issuer		Account Number	
Savings Plans R.R.S.P. Pension Plans	1		•
	2		•
	3		•
Type – Beneficiary – Face Amount			Cash Surrender Value ↓
Life Insurance	1		•
	2		•
	3		•
Name and Address of Business			
Interest in Business <i>Attach separate financial statement for each business</i>	1		•
	2		•
	3		•
Name and Address of Debtors			
Money Owed to You	1		•
	2		•
	3		•
Description and Address of Location			
Other Assets	1		•
	2		•
	3		•
Total Estimated Value			\$ •

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Part 6 – Information

1. The expenses shown on Part 3 of this form are for:

Me alone

Me and the following other persons: *(Give name(s) and relationship(s))*

2. I understand that I am required to attach proof of my income to this form.

(a) I attach to this statement proof of my current income, including my three most recent

- paycheque stubs employment insurance benefits other *(specify)* _____
- workers' compensation payments pension payments

Note: If you do not receive pay stubs or payment statements from an income source, attach a letter from the income source stating the amount of money received for the three consecutive payments made to you immediately before the date of the financial statement; **AND**

- (b) I attach to this form a copy of my income tax returns that were filed with the Canada Revenue Agency for the past 3 taxation years, together with a copy of all material filed with the returns and a copy of any notices of assessment or re-assessment that I have received from the Agency for these years.
- I attach to this form a statement from the Canada Revenue Agency that I have not filed any income tax returns for the past 3 years.
- I am unable to attach my past 3 years' income tax returns and notices of assessment. I am attaching Canada Revenue Agency statements of my income and deductions for the past 3 years as proof of my income.

Sworn before me at the _____
_____ in the _____
of _____ on _____ 20 _____



Signature
(This form is to be signed before a lawyer, justice of the peace, notary public or commissioner for taking affidavits.)

A Commissioner, etc.

AFTER REVIEWING THIS STATEMENT, THE DIRECTOR MAY REQUIRE OTHER EVIDENCE VERIFYING YOUR INCOME.

THE LAW REQUIRES THAT YOU MUST COMPLETE AND DELIVER THE COMPLETED FINANCIAL STATEMENT TO THE FAMILY RESPONSIBILITY OFFICE WITHIN 15 DAYS OF BEING SERVED WITH THE REQUEST TO COMPLETE IT.

IF, AFTER PROVIDING THE DIRECTOR WITH A COMPLETED FINANCIAL STATEMENT, YOU DISCOVER THAT SOME OF THE INFORMATION YOU PROVIDED WAS INCOMPLETE OR WRONG, THE LAW REQUIRES THAT YOU PROVIDE THE DIRECTOR WITH A CORRECT FINANCIAL STATEMENT WITHIN 10 DAYS OF THE DISCOVERY OF THE ERROR(S).

IF YOU FAIL TO COMPLY, YOU MAY BE ORDERED BY THE COURT TO COMPLY AND THE COURT MAY ORDER THAT A **WARRANT FOR YOUR ARREST** BE ISSUED.

IT IS AN OFFENCE TO KNOWINGLY FAIL TO COMPLY WITH THESE REQUIREMENTS. A PERSON CONVICTED OF AN OFFENCE IS LIABLE TO A FINE OF UP TO \$10,000.