1. **My information**

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

Date this Form was completed (Month/Date/Year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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** |
|  | 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. | | \_\_\_\_\_\_\_\_\_\_\_  (Month/Date/Year) | \_\_\_\_\_\_\_\_\_\_\_  (Month/Date/Year) | $\_\_\_\_\_\_\_\_\_ | |
|  | I am receiving Workers Compensation benefits. My three most recent WCB benefits statements are attached. | | \_\_\_\_\_\_\_\_\_\_\_  (Month/Date/Year) | \_\_\_\_\_\_\_\_\_\_\_  (Month/Date/Year) | $\_\_\_\_\_\_\_\_\_ | |
|  | I am receiving Employment Insurance benefits. My three most recent EI benefits statements are attached. | | \_\_\_\_\_\_\_\_\_\_\_  (Month/Date/Year) | \_\_\_\_\_\_\_\_\_\_\_  (Month/Date/Year) | $\_\_\_\_\_\_\_\_\_ | |
|  | I am receiving Social or Income Assistance. I have attached a statement showing the amount I received. | | \_\_\_\_\_\_\_\_\_\_\_  (Month/Date/Year) | \_\_\_\_\_\_\_\_\_\_\_  (Month/Date/Year) | $\_\_\_\_\_\_\_\_\_ | |
|  | I am receiving Disability insurance. I have attached a statement showing the amount I received. | | \_\_\_\_\_\_\_\_\_\_\_  (Month/Date/Year) | \_\_\_\_\_\_\_\_\_\_\_  (Month/Date/Year) | $\_\_\_\_\_\_\_\_\_ | |
|  | I am Self-employed. | | \_\_\_\_\_\_\_\_\_\_\_  (Month/Date/Year) | \_\_\_\_\_\_\_\_\_\_\_  (Month/Date/Year) | $\_\_\_\_\_\_\_\_\_ | |
|  | 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. | | \_\_\_\_\_\_\_\_\_\_\_  (month/date/year) | \_\_\_\_\_\_\_\_\_\_\_  (month/date/year) | $\_\_\_\_\_\_\_\_\_ | |
|  | 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. | | \_\_\_\_\_\_\_\_\_\_\_  (Month/Date/Year) | \_\_\_\_\_\_\_\_\_\_\_  (Month/Date/Year) | $\_\_\_\_\_\_\_\_\_ | |
|  | 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. | | \_\_\_\_\_\_\_\_\_\_\_  (Month/Date/Year) | \_\_\_\_\_\_\_\_\_\_\_  (Month/Date/Year) | $\_\_\_\_\_\_\_\_\_ | |
|  | 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 | | | | | |

1. **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)  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 (Month/Date/Year) |
| 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 (Month/Date/Year) |
| 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 (Month/Date/Year) |
| 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  **\_\_\_\_\_\_\_\_\_\_\_\_** | Balance Owing$\_\_\_\_\_\_\_\_\_\_ |
| Credit Cards | | |  |  |  |
|  | Name/Company issuing card  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Date of last payment  \_\_\_\_\_\_\_\_\_\_\_\_ | Balance Owing  $\_\_\_\_\_\_\_\_\_\_\_ |
| Bank/Other | | |  |  |  |
|  | | Financial Institution  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date of last payment  \_\_\_\_\_\_\_\_\_\_\_\_ | Balance Owing  $\_\_\_\_\_\_\_\_\_\_\_ |
| Other Debt | | |  |  |  |
|  | Description of any other debt(s) you owe  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Date of last payment  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 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 (Month/Date/Year) |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

**□** 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** |
| 1. **Compulsory Deductions** |  |  | 1. **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 | $\_\_\_\_\_\_\_\_\_\_ |
| 1. **Household Expenses** | $\_\_\_\_\_\_\_\_\_\_ |  | Charitable donations | $\_\_\_\_\_\_\_\_\_\_ |
| Groceries & household supplies | $\_\_\_\_\_\_\_\_\_\_ |  | Gifts to others | $\_\_\_\_\_\_\_\_\_\_ |
| Meals outside of the home | $\_\_\_\_\_\_\_\_\_\_ |  | Alcohol, tobacco | $\_\_\_\_\_\_\_\_\_\_ |
| Furnishings and equipment | $\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Telephone | $\_\_\_\_\_\_\_\_\_\_ |  | 1. **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 | $\_\_\_\_\_\_\_\_\_\_ |
| 1. **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 | $\_\_\_\_\_\_\_\_\_\_ |  | 1. **Savings for the future** |  |
| House repairs and maintenance | $\_\_\_\_\_\_\_\_\_\_ |  | RRSP | $\_\_\_\_\_\_\_\_\_\_ |
| Yard maintenance | $\_\_\_\_\_\_\_\_\_\_ |  | RESP | $\_\_\_\_\_\_\_\_\_\_ |
| Other (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |  | Other (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |
| 1. **Health** |  |  | 1. **Debt (other than mortgage)** |  |
| Medical Insurance | $\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |
| Drugs (after insurance) | $\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |
| Dental (after insurance) | $\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Optical (after insurance) | $\_\_\_\_\_\_\_\_\_\_ |  | 1. **Lease payments (specify)** |  |
| Other (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |
| 1. **Transportation** |  |  | 1. **Support payments to others** (see note below the table): |  |
| Public transit, taxis, etc. | $\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |
| Car operation | $\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Gas and oil | $\_\_\_\_\_\_\_\_\_\_ |  | 1. **Reserve for income taxes** |  |
| Insurance & licence | $\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |
| Maintenance | $\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |
| Parking | $\_\_\_\_\_\_\_\_\_\_ |  |  |  |
|  |  |  | 1. **Other (specify)** |  |
|  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |
| **SUBTOTAL 1** (A+B+C+D+E) | $\_\_\_\_\_\_\_\_\_\_ |  | **SUBTOTAL 2** (F+G+H+I+J+K+L+M) | $\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | **TOTAL**  (SUBTOTAL 1 + SUBTOTAL 2) | **$\_\_\_\_\_\_\_\_\_\_** |

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

|  |  |
| --- | --- |
| Name (First Middle Last) | Date of Birth (Month/Date/Year) |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 1. 5. |  |
| 1. 6. |  |
| 1. 7. |  |
| 1. 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*)*