

FINANCIAL STATEMENT QUESTIONNAIRE

INCOME

I am

employed as _____
describe occupation

by _____
name and address of employer

and I am paid weekly every 2 weeks twice a month monthly
 other (*specify*) _____

self-employed, carrying on business (*or a professional practice*) under the name of _____
name and address of business or practice

or a partner in the partnership known as _____
name and address of partnership

or a farmer (or as may be applicable) _____

unemployed since _____
date when last employed

a shareholder, director or officer of a corporation, in which I have an interest (*or a controlling interest*) _____
name and address of corporation

a beneficiary under a trust: _____
identify trust settlement agreement

The total income declared on my last income tax return in _____ was \$ _____
year
and my net taxable income was \$ _____.

WE REQUIRE THE FOLLOWING:

*ATTACH A COPY OF YOUR LAST THREE YEARS INCOME TAX RETURNS TO THIS STATEMENT

*ATTACH A COPY OF CURRENT PAYSTUBS AND INCOME INFORMATION FOR 2011

CHILD SUPPORT

Monthly child support payments you are currently paying \$ _____ per month
Monthly special expenses that you are currently paying \$ _____ per month
Monthly child support payments you are currently receiving \$ _____ per month
Monthly special expenses that you are currently receiving \$ _____ per month
Child support payments in arrears \$ _____ total owing
Special expenses in arrears \$ _____ total owing

SPOUSAL SUPPORT

Monthly spousal support being paid or received \$ _____

EXPENSES

Medical Insurance Premiums _____ month
Dental Insurance Premiums _____ month
RRSP contributions _____ month **or** _____ year
RESP contributions _____ month **or** _____ year
Rent or Mortgage payments _____ month
House Insurance _____ month **or** _____ year
Property Taxes _____ month **or** _____ year
Water/Sewer Bill _____ month
Electricity _____ month
Natural Gas _____ month
Telephone _____ month
Cell phone _____ month
Television _____ month
Internet _____ month
House repairs _____ year
Yard care _____ year

Furniture or Appliance Loans	_____	month		
Food	_____	month		
Meals outside the home	_____	month		
General household supplies	_____	month		
Hair care & toiletries	_____	month		
Dry cleaning & Laundry	_____	month		
Furnishings and Equipment	_____	month	or	_____ year
Personal loan payments	_____	month		
Vehicle loan payments	_____	month		
Vehicle insurance	_____	month	or	_____ year
Driver's License	_____	year		
Gas and oil	_____	month		
Vehicle repairs & maintenance	_____	year		
Health care (physiotherapy)	_____	month	or	_____ year
Therapy & Counselling	_____	month	or	_____ year
Massage and Chiropractic	_____	month	or	_____ year
Orthodontic	_____	month	or	_____ year
Dental care & cleanings	_____	month	or	_____ year
Prescription drugs	_____	month	or	_____ year
Over the counter medications	_____	month	or	_____ year
Optical care & eye glasses	_____	month	or	_____ year
Clothing & footwear	_____	month	or	_____ year
Educational expenses	_____	month	or	_____ year
Personal expenses	_____	month		
Children's clothing	_____	month	or	_____ year
Children's footwear	_____	month	or	_____ year
Children's gifts and allowance	_____	month	or	_____ year
School fees, books & supplies	_____	year		
School Activities	_____	year		

Life Insurance Policies _____ month **or** _____ year

Banking fees _____ month **or** _____ year

Legal Fees _____ month **or** _____ year

Accounting Fees _____ year

Church & donations _____ month **or** _____ year

Entertainment & recreation _____ month **or** _____ year

Vacation _____ yearly

Alcohol/Tobacco _____ month **or** _____ year

Other Expenses _____ month **or** _____ year

_____ month **or** _____ year

_____ month **or** _____ year

SPECIAL OR EXTRAORDINARY EXPENSES

Please list all special expenses for the children: music lessons, clubs, sports & equipment needed, child care costs, eye glasses, dental care, braces, etc.

Child: _____

Activity: _____ month \$ _____ year \$ _____

Activity: _____ month \$ _____ year \$ _____

Childcare: _____ month \$ _____ year \$ _____

Other: _____ month \$ _____ year \$ _____

_____ month \$ _____ year \$ _____

_____ month \$ _____ year \$ _____

Child: _____

Activity: _____ month \$ _____ year \$ _____

Activity: _____ month \$ _____ year \$ _____

Childcare: _____ month \$ _____ year \$ _____

Other: _____ month \$ _____ year \$ _____

_____ month \$ _____ year \$ _____

_____ month \$ _____ year \$ _____

UNDUE HARDSHIP

Do you have extremely high levels of debt due to the relationship? _____

Do you have extra costs associated with access? _____

Are you paying support for other children or spouses not included in this application? _____

If you have answered yes to the above questions, please explain:
