

**FINANCIAL STATEMENT QUESTIONNAIRE**

**Income Information**

Please complete the applicable sections below and provide the attached documents required under each section that applies.

**Attach:** Copies of your full 3 most recent tax returns, along with the corresponding Notices of Assessment and Reassessment.

**I am employed.** If so, please complete the following:

Job Title/Occupation: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

I am employed  Full Time  Part time, working approx. \_\_\_\_ hours per week

Casual, working approx. \_\_\_\_ hours per month

I am paid:  weekly  every two weeks  twice per month

monthly  other (specify) \_\_\_\_\_

**Attach:** Your most recent pay stub, indicating your year-to-date income – OR – a letter from your employer indicating your total earnings paid in the year and your rate of pay

**I am currently self-employed (not incorporated)**

Name and address of business, professional practice or farm:  
\_\_\_\_\_

**Attach:**  The financial statements of my business or professional practice, other than a partnership, for the 3 most recent taxation years; and

A statement showing a breakdown for the 3 most recent taxation years of all 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; and

If I am a partner in a partnership, confirmation of my income and draw from, and capital in, the partnership for its 3 most recent taxation years.

**I am a controlling shareholder, director or officer of a corporation**

Name of Corporation: \_\_\_\_\_

Interest in Corporation: \_\_\_\_\_

**Attach:**  The financial statements for the corporation(s) in which I hold a controlling interest and all subsidiary corporations, for the 3 most recent taxation years; and

A statement showing a breakdown for the 3 taxation years of all salaries, wages, management fees or other payments or benefits paid to, or on behalf of, persons or corporations with whom the corporation, and every related corporation, does not deal at arm's length.

**I am a beneficiary under a trust**

**Attach:** The trust settlement agreement and copies of the trust's 3 most recent financial statements.

**I am currently unemployed or retired**

Last day of work (approx.): \_\_\_\_\_

Most recent job/occupation: \_\_\_\_\_

Reason for unemployment:  retired  
 not currently searching for work outside of the home  
 currently searching for work  
 medically unable to work  
 other: \_\_\_\_\_

**I receive income from employment insurance, social assistance, a pension, workers' compensation, disability payments or another source.**

Source of Income:  employment insurance  
 social assistance  
 pension  
 workers' compensation  
 disability  
 other: \_\_\_\_\_

**Attach:**  The most recent statement of income indicating the total amount of income from the applicable source during the current year- OR –

As a statement is not available to me, a letter from the appropriate authority stating the total amount of income from the applicable source during the current year.

**Non-Taxable Income or Benefits that you receive (complete if applicable)**

Description	Yearly Amount
Exempt income due to status under the Indian Act	\$
Child Tax Benefit	\$
GST Benefit	\$
Child support	\$
Band assistance payments	\$
Other (specify)	\$

**Medical or Dental Benefits**

Are medical or dental benefits available to your dependants through your employer or otherwise at a reasonable rate? \_\_\_\_\_

**Expenses**

Please fill out your expenses for a year. If you expect any to change, indicate the changes in the comment's column

Expense	Monthly Amount	Yearly Amount	Comments
<b>Housing</b>			
Rent or mortgage			
Property taxes			
Homeowners/tenant insurance			
Condo fees			
Water, sewer and garbage			
House repairs, maintenance, yard care			
Heat, electricity			
Telephone, cable, internet			
Other (specify)			
<b>Household expenses</b>			
Food			
Meals outside the home			
General household supplies			
Hair care, toiletries, sundries			
Dry cleaning and laundry			
Furnishings and equipment			
<b>Transportation</b>			
Public transit, taxis			
Car insurance, registration and licence			
Gas and oil			
Parking			
Car repairs and maintenance			
Car loan payment			
<b>Health <i>(only include expenses not covered by insurance)</i></b>			
Medical and dental premiums <i>(not deducted at source)</i>			
Health care (physiotherapy, etc.)			
Drugs, prescriptions			
Dental care (including orthodontist)			
Optical care (eyeglasses, contact lenses)			
Other <i>(specify)</i>			

Expense	Monthly Amount	Yearly Amount	Comments
<b>Personal</b>			
Clothing, footwear			
Educational expenses (self)			
Other ( <i>specify</i> )			
<b>Children</b>			
Clothing, footwear			
Children's allowance, gifts			
School fees, books and supplies			
School activities (field trips, etc.)			
Activities, lessons and supplies			
Child care, babysitting, summer camps			
Other ( <i>specify</i> )			
<b>Savings for the future</b>			
RRSP			
RESP			
Other ( <i>specify</i> )			
<b>Support payments (<i>specify for whom, whether tax deductible, whether voluntary or pursuant to a court order</i>)</b>			
Support being paid in this case			
Support being paid in any other case			
<b>Debt payments (<i>other than mortgage or car loan already listed above</i>)</b>			
<b>Other</b>			
Life or term insurance premiums			
Banking, legal, accounting			
Church, charitable donations			
Entertainment and recreation			
Vacation			
Alcohol, tobacco, marijuana			
Other ( <i>specify</i> )			

**Special or Extraordinary Expenses**

Child's Name	Description of expense	Total expense amount per year	Subtract contributions from others, subsidies, benefits, tax deductions, or reimbursements