



FINANCIAL STATEMENT OF THE APPLICANT

I, \_\_\_\_\_ (Full Name),  
of \_\_\_\_\_ (City/Town), in the Province of Manitoba, SWEAR (or AFFIRM) THAT:

1.0 Where the parenting arrangement is based on a split or shared parenting arrangement as described in the online guide as to parenting arrangements and /or where a section 7(1) special or extraordinary expense is being claimed by you for a child please review and complete the sections.

(Please check  those sections that you have completed):

- Part 1 - Annual Income (mandatory where a shared parenting or split parenting arrangement is claimed in Form B and/or where a section 7(1) special or extraordinary expense is being claimed in Form D).
- Part 2 - Personal and household monthly expenses (mandatory where a section 7(1) special or extraordinary expense is being claimed).

2.0 To the best of my knowledge, information and belief, the information set out in this financial statement is true and complete.

SWORN (or affirmed) before me at the \_\_\_\_\_ )  
\_\_\_\_\_ of \_\_\_\_\_, )  
in the Province of Manitoba, )  
this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. )

\_\_\_\_\_  
Deputy Registrar for Queen's Bench or  
A Commissioner for Oaths in and for  
The Province of Manitoba  
My Commission expires: \_\_\_\_\_

PART 1 – ANNUAL INCOME

Please check  all those sections that apply to your situation and complete those sections.

I am currently:

Employed as (*describe occupation*) \_\_\_\_\_  
by (*name and address of employer*) \_\_\_\_\_  
\_\_\_\_\_

I have been employed with this employer since: \_\_\_\_\_ (month/year)

I am employed:  Full time  Part time  Throughout the year  Seasonally  Temporary

I am paid in the following way (ie. bi-weekly, semi-monthly (1<sup>st</sup> and 15<sup>th</sup>), monthly):  
\_\_\_\_\_

I have received a bonus, incentive or profit sharing payment in the amount of \$ \_\_\_\_\_ this year, or anticipate receiving one before the end of the year. This amount is typically paid \_\_\_\_\_ (ie. bi-weekly, monthly, quarterly or annually),

Additional information about my employment that the Support Determination should know:

Second source of employment:

I am employed:  Full time  Part time  Throughout the year  Seasonally  Temporary

I am paid in the following way (ie. bi-weekly (every two weeks), semi-monthly (1<sup>st</sup> and 15<sup>th</sup>), monthly):  
\_\_\_\_\_

I have received a bonus, incentive or profit sharing payment in the amount of \$ \_\_\_\_\_ this year, or anticipate receiving one. This amount is typically paid \_\_\_\_\_ (ie. monthly, quarterly, annually).

Additional information about my employment the Support Determination should know:

- I am Self-employed, carrying on business under the name of (*name and address of business*)

\_\_\_\_\_

- I am unemployed since \_\_\_\_\_.
  - Employment Insurance benefits (EI) weekly benefit amount (gross before tax) was or is currently \$ \_\_\_\_\_.00 and I received the benefit from (start date)\_\_\_\_\_ to (end date)\_\_\_\_\_.
  - Workers compensation, disability insurance or MPI income replacement benefit or other benefit was or is currently paid to me every \_\_\_\_\_ (weekly, bi-weekly or monthly) in the amount (gross before tax) of \$ \_\_\_\_\_.00 and I received the benefit from (start date)\_\_\_\_\_ to (end date)\_\_\_\_\_.
  - Employment and Income Assistance or band assistance monthly benefit amount was or is currently \$ \_\_\_\_\_.00 and I received the benefit from (start date)\_\_\_\_\_ to (end date)\_\_\_\_\_.
- If none of the above applies to your situation, provide an explanation as to how you are supporting yourself, for example, paying for food, accommodation and basic living expenses:

I am attaching the following documents:

- copies of my Canada Revenue Agency income and deduction computer printouts for each of the three most recent taxation years \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.
- If you cannot obtain the printouts, list for which year(s) and give the reason(s)

(give reasons):

\_\_\_\_\_

- A current pay statement showing a regular pay or salary and year to date income and deductions
- If not employed, a current income or benefit statement, or letter from your source of income.
- Record of Employment from last employer if laid off, dismissed or quit employment.

I expect my total income for this year to be as follows:

**SOURCES OF INCOME**

Employment income ( <i>wages, salary, commissions, including overtime and bonuses</i> )		\$	_____
Other employment income ( <i>including tips and gratuities</i> )		\$	_____
Old age security pension		\$	_____
Canada or Quebec Pension Plan benefits		\$	_____
Other pensions or superannuation		\$	_____
Employment insurance benefits		\$	_____
Taxable amount of dividends from taxable Canadian corporations		\$	_____
Interest and other investment income		\$	_____
Net partnership income		\$	_____
Rental income	Gross \$	_____	Net \$ _____
Taxable capital gains		\$	_____
Spousal support		\$	_____
Child support ( <i>taxable only</i> )		\$	_____
Registered Retirement Savings Plan income		\$	_____
Business income	Gross \$	_____	Net \$ _____
Professional income	Gross \$	_____	Net \$ _____
Commission income	Gross \$	_____	Net \$ _____
Farming income	Gross \$	_____	Net \$ _____
Fishing income	Gross \$	_____	Net \$ _____
Workers' Compensation benefits		\$	_____
Social Assistance payments		\$	_____
Net federal supplements		\$	_____
Other income ( <i>specify</i> )		\$	_____

**(A) TOTAL ANNUAL INCOME:**

\$ \_\_\_\_\_

Total income as declared in most recent personal income tax return \_\_\_\_\_  
(year)

\$ \_\_\_\_\_

**ADJUSTMENTS TO INCOME**

**Additions:**

Actual amount of dividends received from Canadian corporations		\$	_____
Actual capital gains realized in excess of actual capital losses		\$	_____
Salaries, benefits or other payments paid to non-arm's length persons, and deducted from self-employment income, unless necessary to earn self-employment income		\$	_____
Allowable capital cost allowance for real property		\$	_____
Employee stock options with a Canadian-controlled private corporation exercised ( <i>Do not include if you dispose of the shares in the same year you exercise the option.</i> )		\$	_____
Value of shares at the time the options are exercised	\$	_____	
Less: Amount paid for the shares	\$	_____	
Amount paid to acquire the options to purchase the shares	\$	_____	
	=	\$	_____

**(B) TOTAL ADDITIONS:**

\$ \_\_\_\_\_

**Deductions:**

Union, professional dues and other employment expenses allowed under Schedule III	\$ _____
Child support received and included in total income above	\$ _____
Spousal support received from the other parent and included in total income above	\$ _____
Social assistance received by the parent for other members of the household	\$ _____
Taxable amount of dividends from taxable Canadian corporations	\$ _____
Taxable capital gains	\$ _____
Actual amount of business investment losses	\$ _____
Carrying charges and interest expenses	\$ _____
Self-employment income, net of reserves, included in income for tax purposes in excess of the self-employment income for the 12 months ending on December 31 of the reporting year	\$ _____
Portion of partnership and sole proprietorship income that is required by the partnership to be re-invested	\$ _____
<b><u>(C) TOTAL DEDUCTIONS:</u></b>	<b>\$ _____</b>

**Annual Income for Child Support Guidelines Table Amount**  
*(Total income (A) plus additions (B) less deductions (C))* \$ \_\_\_\_\_

**Annual Income for Special or Extraordinary Expenses Amount**  
*(Annual Income for Child Support Guidelines Table Amount less spousal support paid to the other parent, or, plus spousal support received from the other parent, as applicable)* \$ \_\_\_\_\_

(b) I receive child support for the following persons who are not the subject of this application:

Name	Annual amount	Taxable or not <i>(indicate)</i>
_____	\$ _____	_____

(c) I receive the following non-taxable benefits, allowances or amounts: *(This includes items such as use of a vehicle and room and board. Where the benefit is not an amount, include an estimate of the value of the benefit on an annual basis.)*

Benefit	Benefit	Annual amount or value
_____	\$ _____	\$ _____

## PART 2 – PERSONAL EXPENSES

My monthly expenses are as follows and are for me and the following members of my household:

<b>Compulsory Deductions</b>		SUB-TOTAL	\$ _____
Income Tax	\$ _____		
Employment insurance	\$ _____		
Canada Pension Plan	\$ _____		
Employer pension	\$ _____		
Union dues	\$ _____		
Insurance	\$ _____		
Other <i>(specify)</i>	\$ _____		
<b>Household Expenses</b>			
Groceries and household supplies	\$ _____		
Meals outside the home	\$ _____		
Telephone	\$ _____		
Cable television	\$ _____		
Laundry and dry cleaning	\$ _____		
Newspapers, publications	\$ _____		
Stationery, computer supplies	\$ _____		
Vacation	\$ _____		
Pet care	\$ _____		
<b>Housing</b> (primary residence)			
Rent or mortgage	\$ _____		
Taxes	\$ _____		
Home Insurance	\$ _____		
Heat	\$ _____		
Water	\$ _____		
Hydro	\$ _____		
House repairs and maintenance	\$ _____		
Yard maintenance	\$ _____		
Other <i>(specify)</i>	\$ _____		
<b>Health</b>			
Medical Insurance	\$ _____		
Drugs (Net of coverage)	\$ _____		
Dental Care (Net of coverage)	\$ _____		
Optical Care (Net of coverage)	\$ _____		
Other <i>(specify)</i>	\$ _____		
<b>Transportation</b>			
Public transit, taxis, etc.	\$ _____		
Car Operation	\$ _____		
Gas and Oil	\$ _____		
Insurance and licence	\$ _____		
Maintenance	\$ _____		
Parking	\$ _____		
SUBTOTAL	\$ _____		
		<b>TOTAL</b>	\$ _____

**Adult Household Members**

Clothing	\$ _____
Hair care	\$ _____
Toiletries, cosmetics	\$ _____
Education fees, supplies	\$ _____
Entertainment and recreation	\$ _____
Fitness	\$ _____
Insurance	\$ _____
Charitable donations	\$ _____
Gifts to others	\$ _____
Alcohol, tobacco	\$ _____

**Children**

Child care	\$ _____
Babysitting	\$ _____
Clothing	\$ _____
Hair care	\$ _____
Allowances	\$ _____
School fees and supplies	\$ _____
Entertainment and recreation	\$ _____
Insurance	\$ _____
Gifts (toys, books, etc)	\$ _____
Activities, lessons and supplies	\$ _____
Camp	\$ _____
Gifts to other children	\$ _____

**Savings for the future**

RRSP	\$ _____
RESP	\$ _____
Other	\$ _____

**Debt (other than mortgage**

**repayment)** (calculated as in Part 4) \$ \_\_\_\_\_

**Lease payments** *(specify)*

**Support payments to others** \$ \_\_\_\_\_

*(specify)* \$ \_\_\_\_\_

**Reserve for income taxes** \$ \_\_\_\_\_

**Other** *(specify)* \$ \_\_\_\_\_