

# TO COMPLETE A STATEMENT OF INCOME AND EXPENSES

**COMPLETE** THE STATEMENT OF INCOME AND EXPENSES. You may use a typewriter or print clearly and firmly.



## Step 1

**CHECK** the boxes, record your income and attach pay stubs, if applicable.



## Step 2

**RECORD** the details of your employment.



## Step 3

**CALCULATE** your monthly expenses. Your expenses must be recorded as monthly amounts. If you pay any expenses once a year, divide the yearly amount by 12 to calculate the monthly amount.

Add all your expenses to find your Total Expenses.



## Step 4

**CALCULATE** your monthly payments. Record the total monthly payment for each type of debt. (You need not include your mortgage payment or car payment, as you have already included it under Expenses). Also record the amount you still owe, the date of your last payment, and your reason for borrowing, such as holidays, major purchases, or meeting monthly expenses.

**NOTE:** Do not include under Monthly Debt Payments, any expenses taken into account under Monthly Expenses (for example if you used a credit card to purchase home furnishings, only record under MONTHLY EXPENSES (Home Furnishing) OR MONTHLY DEBT PAYMENTS (Credit Card – Balance Owing) NOT BOTH.



## Step 5

**ONCE** completed, this Statement of Income and Expenses must be delivered to either the Court, the Director of Maintenance Enforcement or any other person that the Court has designated, and as frequently as the Court has ordered. **PLEASE CHECK YOUR COURT ORDER** for details.

# STATEMENT OF INCOME AND EXPENSES

In the Provincial Court of British Columbia  
Under the *Family Maintenance Enforcement Act*

REGISTRY LOCATION:	
COURT FILE NUMBER:	
BCFMA CASE ID:	

**Case name**  
as it appears on an  
order.

Your current address  
for service.

Dates for reporting  
period

Indicate whether  
you have received  
income from any  
of these sources.  
If your answer  
is "Yes", provide  
the information  
requested.

**Check boxes** and  
provide information  
about employment.

## In the case between:

NAME

CREDITOR

## And:

NAME

DEBTOR

## Filed by:

NAME

ADDRESS

CITY

PROVINCE

POSTAL CODE

PHONE

This statement of income and expenses is for the period from \_\_\_\_\_ to \_\_\_\_\_

## INCOME

You must report all income which you received during the period covered by this report, but do not report the same income twice  
(for example, self-employed and business income).

Employment Income (Attach pay stubs)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gross Amount	\$
Self Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gross Amount	\$
Commissions/Bonuses	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Tips/Gratuities	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Other Business Income	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Employment Insurance (attach cheque stubs)	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Income Assistance (attach cheque stubs)	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Pension/Disability Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Rental Income	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Workers' Compensation Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Investment Income	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Other Income (eg. inheritance, sale of assets, insurance settlement, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
(If Yes, please specify) _____			
*Gross Income of a spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$

## Total Income:

\*Please note that spouse means a person who

(a) is married to a debtor, or (b) is living with a debtor in a marriage-like relationship

\$

## Details of Employment (if you reported employment income, you must complete this section.)

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer telephone number \_\_\_\_\_

Is your employment ☐ Full Time ☐ Part Time ☐ Permanent  
☐ Casual ☐ Ongoing ☐ Terminated

Other employment information \_\_\_\_\_

Do you expect any changes in your address, employment or other sources of income or in your expenses during the next reporting  
period? ☐ Yes ☐ No

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATEMENT OF INCOME AND EXPENSES

Check appropriate box

My salary/wages are paid: ☐ Daily ☐ Weekly ☐ Every two weeks  
☐ Bi-monthly ☐ Monthly  
☐ Other (specify) \_\_\_\_\_

Provide information where applicable

**Expenses:**  
How many people do you support in your present household? \_\_\_\_\_  
Has there been any change in your expenses since the last report? ☐ Yes ☐ No  
If you answer "Yes" or if this is your first report, please complete the Monthly Expenses section of this form.  
**Note: Do not include under Monthly Debt Payments, any expenses taken into account under Monthly Expenses.**

MONTHLY EXPENSES		MONTHLY DEBT PAYMENTS	
	Total		
Rent	\$ _____	Credit Cards	\$ _____
Mortgage	\$ _____	Balance Owing: \$ _____	_____ /MO.
Property Taxes	\$ _____	Date of last Payment: _____	
Utilities (heat, light and water)	\$ _____	Reason for borrowing: _____	
Phone	\$ _____		
Cable & Streaming Services	\$ _____	Bank or Finance Company	\$ _____
Home Repair & Furnishings	\$ _____	(do not include amount owing on mortgage)	_____ /MO.
House/Tenant Insurance	\$ _____	Balance Owing: \$ _____	
Life Insurance	\$ _____	Date of Borrowing: _____	
Food	\$ _____	Date of last Payment: _____	
Restaurant Meals	\$ _____	Reason for borrowing: _____	
Sundries & Personal Grooming	\$ _____	Department Store	\$ _____
Clothing	\$ _____	Balance Owing: \$ _____	_____ /MO.
Laundry & Dry Cleaning	\$ _____	Date of last Payment: _____	
Motor Vehicle (lease or loan)	\$ _____	Reason for borrowing: _____	
(licence, insurance, fuel & service)	\$ _____		
Transportation (public)	\$ _____	Other (Attach list if necessary)	\$ _____
Medical & Dental	\$ _____	Balance Owing: \$ _____	_____ /MO.
Newspapers & subscriptions	\$ _____	Date of Borrowing: _____	
(including online subscriptions)	\$ _____	Date of last Payment: _____	
Entertainment	\$ _____	Reason for borrowing: _____	
Alcohol & Tobacco	\$ _____		
Gifts	\$ _____		
Church & Charities	\$ _____		
Maintenance Payments	\$ _____		
Child Care & Babysitting	\$ _____		
School Expenses	\$ _____		
Children's Activities & Lessons	\$ _____		
(list) _____	\$ _____		
_____	\$ _____		
Children's Allowance	\$ _____		
Other (list) _____	\$ _____		
_____	\$ _____		
<b>Total Expenses</b>	\$ _____		

Sign your name and state today's date.

\_\_\_\_\_  
Signature of Party

Dated \_\_\_\_\_

**IT IS AN OFFENCE TO GIVE FALSE INFORMATION.**  
**FAILURE TO PROVIDE** the Statement of Income and Expenses may lead to action being taken under section 22 of the *Family Maintenance Enforcement Act*. This may include an order for your imprisonment, or an order for you to pay the creditor an amount of up to \$5,000.00