Financial Statement

Form 4

Provincial Court Family Rules Rules 3, 25, 28 and 172

Registry Location:	
Court File Number:	

I,		of	
(full name of party)	(occupation)	(address of party, city, province)	
Swear or affirm that:			
1. The information set out in this financial	statement is true, to the	best of my knowledge.	
2. I have made complete disclosure in this	s financial statement of:		
Select all options that apply my income, including benefits and my expenses and debts, in Part 2 my assets, in Part 3 income of other person(s) in my h undue hardship, in Part 5)	Part 1	
Sworn or affirmed before me			
at	, British Columbia		
on			
A Commissioner for taking Affidavits in British Columbia (print name or affix stamp of commissioner)	S	Signature	

Part 1 - Income

1.	am attaching a copy of each of the following documents to my financial statement:	
	my tax return and related schedules for each of the three most recent taxation years; and	
	any notice of assessment and reassessment issued by the CRA for each of the three most recent taxation years.	
2	Il of my sources of income and amounts of income per month are as follows:	
۷.	elect and complete all that apply. Please use gross amounts (before taxes or deductions)	
	employment income of \$ from	
	employment insurance benefits of \$	
	workers compensation benefit of \$	
	interest and investment income of \$	
	pension income of \$	
	government assistance income of \$ from	
	self-employment income of \$	
	trust income of \$	
	other income of \$ from	
	(source)	
3.	am attaching proof of income from all applicable sources, including my:	
	elect and attach all that apply.	
	most recent pay stub or statement of earnings, or a letter from my employer stating my salary and/or wages	
	most recent employment insurance benefit statement and record of employment	
	most recent workers compensation benefit statement	
	most recent interest and investment statement	
	most recent pension income statement most recent government assistance statement	
	self-employment income for the three most recent taxation years, including:	
	(i) the financial statements of my business or professional practice, other than a partnership, and	
	(ii) a 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 whom I do not deal at arm's length	
	confirmation of income and draw from, and capital in, a partnership, for the three most recent taxation years	
	corporate income for the three most recent taxation years, including:	
	(i) the financial statements of the corporation and its subsidiaries, and (ii) a 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 whom the corporation, and every related corporation, does not deal at arms' length	
	trust settlement agreement and the trust's three most recent financial statements	
	other (specify):	

4. Income Summary:

Use gross annual amounts (before taxes or deductions) except where the word "net" appears

Total	income before adjustments	
1	My total annual income (If your total income of your most recent federal income tax return sets out what you expect your income to be for this year, record that amount. Otherwise, record what you expect your total income for this year to be from all sources of income that apply to you.)	\$
Adjus	stments to total income in accordance with Schedule III of the Child Support Guidelines	
Dedu	ctions (use annual amounts)	
2	Taxable child support received	\$
3	Spousal support received	\$
4	Universal child care benefit (UCCB) lump-sum payment	\$
5	Split-pension amount	\$
6	Employment expenses	\$
7	Social assistance received for other members of your household	\$
8	Excess portion of dividends from taxable Canadian corporations	\$
9	Actual business investment losses	\$
10	Carrying charges	\$
11	Partnership or sole proprietorship income required to use for capital in the partnership/proprietorship	\$
12	Total deductions from income (add lines 2 through 11)	\$
Addit	ions (use annual amount)	
13	Offset of capital gains and capital losses (if zero or less, indicate "0" in this line)	\$
14	Payments made from self-employment income including wages to non-arm's length parties except for the portion that is necessary to earn self-employment income	\$
15	Capital cost allowance for property	\$
16	Value of exercised employee stock options with Canadian-controlled private corporation	\$
17	Total additions to income (add lines 13 through 16)	\$
18	Annual income for child support purposes (line 1 minus line 12 plus line 17)	\$
19	Add Any benefit paid to you for a child for whom special or extraordinary expenses are being requested, that is not included in the income on line 18	\$
20	Add Spousal support paid to other party (if any)	\$
21	Subtract Spousal support paid to other party (if any)	\$
22	Annual income for special or extraordinary expenses (line 18 plus lines 19 and 20 minus line 21)	\$
Other	additions to income for spousal support (complete only if there is an application for spousal support)	
23	Total child support recieved	\$
24	Social assistance received for other members of your household	\$
25	Any government benefit received for a child that is not included in the income on line 18	\$
26	Annual income for spousal support purposes (line 18 plus lines 23 through 25)	\$

Part 2 – Personal expenses and debts Expenses

An expense is the amount of money you spend on something.

Estimate how much you pay in a month and a year for each of the expenses listed below. Note: You may be asked to provide the court with proof of an amount or a breakdown of how you came to the estimate.

Expenses			Monthly	Yearly
Housing	Monthly	Yearly	\$	\$
Rent/mortgage				
Property taxes and strata fees				
Utilities Include electricity, gas, water, waste, home phone, and internet				
Homeowner/renter's Insurance				
Home maintenance and repair				
Other				
Housing Subtotal:	\$	\$ ->	1	
Food & Household supplies	Monthly	Yearly	\$	\$
Groceries				
Eating out				
Household supplies such as cleaning supplies, lightbulbs, batteries, toilet paper and laundry detergent				
Other				
Food & Household supplies Subtotal:	\$	\$ ->		
Transportation	Monthly	Yearly	\$	\$
Car Insurance and car loan payments				
Fuel				
Maintenance and repairs			1	
Public Transit, taxis and parking				
Other			1	
Transportation Subtotal:	\$	\$ ->		
Clothing & Self-care Include clothing, hair dresser/barber and cosmetics			\$	\$
Health & Medical			4	¢
Include regular dental care, orthodontics, medicine, eye glas-	ses or contact le	enses	\$	\$
Children Include school activities, extracurricular activities, tuition/school allowances and daycare	ool fees, camps,	babysitting,	\$	\$
Miscellaneous/Other Include gifts & donations, alcohol, tobacco & cannabis, enter cable, subscription services, pet expenses and vacations	tainment & recre	eation, cell phone,	\$	\$
Premiums, Contributions and Debt Repayment Include life or term insurance premiums, RRSP or other cont (for expenses not itemized above)	ributions, debt re	epayment	\$	\$
Other (specify):			\$	\$
		Total	\$	\$

Debts

A debt is an amount of money you owe someone that you have a duty to pay.

Identify any outstanding debts. Do NOT record the monthly payment for mortgage, car loans, credit card payments or other debts included in the expenses section above, just the total balance owing.

Name of creditor	Reason for borrowing	Balance owing
(name of bank, finance company, person, etc)	(for example, mortgage, car loan, school)	
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	Total	\$

Part 3 - Assets

Complete this part only if you are required to provide information about assets. See the chart in the instructions for this form to determine if this part applies to your situation.

An asset is something of value that you own or that belongs to you.

List all your assets in the table below, provide a brief description and how much the asset is currently worth (the value).

Asset	Description of asset	Current value of Asset
Real Estate	Street address	Market Value
Cars/Boats/Vehicles	Make, model, year	Market Value
Cash assets - including cash and bank accounts	Type of cash asset (for example cash, savings account, chequing account)	Current Balance
Investments - including TFSAs, RRSPs, stocks and bonds, pensions)	Type of investment	Current Balance
Loans and Credit (money owing to me)	Name of borrower	Amount owing
Other - including precious metals, art, jewelry or other items of high value	Brief description	Market Value
	Total	

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I have sold or disposed of an asset(s) in the last two years	☐ yes	□ no
If yes, please describe the asset(s) you sold or disposed of a	and indicate	how much you made from the sale or disposal

Part 4 - Income of Other Persons in Household

towards the household expenses.

	omplete this part only if you or the other party has made a claim for und at apply to your circumstances. You may leave a section blank.	ue hardship in a child support claim. Complete all sections
1.	☐ I live alone.	
2.	I am living with (full name of person I am married to or cohabitating with)	They have an annual income of \$
3.	☐ I/we live with the following other adult(s):	
	Full name of adult	Annual income
4.	\square I/we have ${[\text{number of children}]}$ child(ren) who live(s) in the home.	
5.	My spouse/partner or other adult(s) residing in the home contributes a	bout \$ per

Part 5 - Undue Hardship

mplete all sections that apply to your circumstances. You may leave		
I have an unusual or excessive amount of debt I incurred to sup	pport the family prior to separation or to ear	n a living as follov
Name of creditor and reason for borrowing (name of bank, finance company, etc)	Balance owing	Annual debt repayment
(name of bank, imance company, etc)		Терауттеті
$\hfill \square$ I have unusually high expenses to exercise parenting time or co	ontact with the child(ren).	
Specify below what expenses you have		
oposity bolow what expended you have		
☐ I have a legal duty to support another person, such as a person	n who is ill or disabled or a former spouse.	
		Annual amoun
☐ I have a legal duty to support another person, such as a person Full name of adult you support	n who is ill or disabled or a former spouse. Monthly amount paid for support	Annual amoun
	Monthly amount	
Full name of adult you support	Monthly amount paid for support	
	Monthly amount paid for support	
Full name of adult you support	Monthly amount paid for support	paid for suppo
Full name of adult you support I have a legal duty to support a dependant child from another re	Monthly amount paid for support	paid for suppo
Full name of adult you support I have a legal duty to support a dependant child from another re	Monthly amount paid for support	paid for suppo
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