

# 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

Court File Number:
FMEP Case Number:
Court Location:

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

**In the case between:**

NAME	CREDITOR
<b>And:</b>	
NAME	DEBTOR

Your current address for service.

**Filed by:**

NAME			
ADDRESS	CITY		
PROVINCE	POSTAL CODE	PHONE	

Dates for reporting period

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).

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

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		\$ _____
Unemployment 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 includes your

(a) Husband or wife, and (b) a man or a woman who is living with you in a marriage-like relationship

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

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) \_\_\_\_\_

**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**

Provide information where applicable

	Total
Rent	\$ _____
Mortgage	\$ _____
Property Taxes	\$ _____
Utilities (heat, light and water)	\$ _____
Phone	\$ _____
Cablevision	\$ _____
Home Repair & Furnishings	\$ _____
House/Tenant Insurance	\$ _____
Life Insurance	\$ _____
Food	\$ _____
Restaurant Meals	\$ _____
Sundries & Personal Grooming	\$ _____
Clothing	\$ _____
Laundry & Dry Cleaning	\$ _____
Motor Vehicle (lease or loan)	\$ _____
(licence, insurance, fuel & service)	\$ _____
Transportation (public)	\$ _____
Medical & Dental	\$ _____
Newspapers & Subscriptions	\$ _____
Entertainment	\$ _____
Alcohol & Tobacco	\$ _____
Gifts	\$ _____
Church & Charities	\$ _____
Maintenance Payments	\$ _____
Child Care & Babysitting	\$ _____
School Expenses	\$ _____
Children's Activities & Lessons	\$ _____
(list) _____	\$ _____
_____	\$ _____
Children's Allowance	\$ _____
Other (list) _____	\$ _____
_____	\$ _____

<b>Credit Card</b>	\$ _____
Balance Owing: \$ _____	_____ /MO.
Date of last Payment: _____	
Reason for borrowing: _____	
<b>Bank or Finance Company</b>	\$ _____
(do not include amount owing on mortgage)	_____ /MO.
Balance Owing: \$ _____	
Date of Borrowing: _____	
Date of last Payment: _____	
Reason for borrowing: _____	
<b>Department Store</b>	\$ _____
Balance Owing: \$ _____	_____ /MO.
Date of last Payment: _____	
Reason for borrowing: _____	
<b>Other (Attach list if necessary)</b>	\$ _____
Balance Owing: \$ _____	_____ /MO.
Date of Borrowing: _____	
Date of last Payment: _____	
Reason for borrowing: _____	

**Total Expenses** \$  

Sign your name and state today's date.

 

Dated \_\_\_\_\_

Signature of Party

**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