

# FAMILY MAINTENANCE ENFORCEMENT PROGRAM

## INCOME & EXPENSE FORM

### PART 1: PERSONAL INFORMATION

FMEP Case #:	SIN:	Birthdate: DD/MON/YR:
Name:		Home Phone #:
Mailing Address:		Cell Phone #:
Employer:		Work Phone #:
Employer's Address:		Employer's Phone #:

Number of people in your residence (including yourself): Adults \_\_\_\_\_ Children (under age 19) \_\_\_\_\_

### PART 2: ASSETS

Asset	Value	Details/Description
Chequing Account	\$ _____	Bank _____
Savings Account	\$ _____	Bank _____
RRSP/Investments/ Pensions/Savings Bonds	\$ _____	Financial Institution _____
Real Estate (house, land, recreational property)	\$ _____	Address _____
	\$ _____	Address _____
Motor Vehicle(s)	\$ _____	Make/Model/Year _____
	\$ _____	Make/Model/Year _____
Other Vehicle(s) (motorcycles, trailers, motorhomes)	\$ _____	Make/Model/Year _____
	\$ _____	Make/Model/Year _____
Household Items (furniture, appliances, electronics)	\$ _____	
Life Insurance Policy (cash surrender value)	\$ _____	
Other Asset(s)	\$ _____	Description _____

### PART 3: DEBTS

Name of Creditor/Grantor (e.g. bank, financial institution or finance co.)	Type of Debt (e.g. mortgage, loan, credit card)	Balance Owning	Monthly Payment
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
<b>TOTALS</b>		<b>\$ _____</b>	<b>\$ _____</b>

The information on this form is collected pursuant to the *Family Maintenance Enforcement Act* for the purpose of monitoring and enforcing your maintenance order or agreement. To obtain information about privacy protection, contact the FMEP office handling your case.

**PART 4: MONTHLY INCOME**

Net Income (provide copies of last 3 pay stubs)	\$ _____
Overtime pay, commissions, bonuses or holiday pay (calculate total received for the year and divide by 12)	\$ _____
Self-Employed Business Income (provide copies of last 3 bank statements)	\$ _____
Pension/Disability Income (provide copies of last 3 income stubs)	\$ _____
Other Income (specify) _____	\$ _____
Rental Income	\$ _____
Child Tax Credit/Child or Spousal Support Income	\$ _____
Net Income of Spouse or Common-law Spouse	\$ _____
<b>TOTAL MONTHLY INCOME</b>	<b>\$ _____</b>

**PART 5: MONTHLY EXPENSES**

<input type="checkbox"/> Rent	
<input type="checkbox"/> Mortgage (include property taxes)	\$ _____
Insurance – Life/House or Tenant	\$ _____
Utilities - Heat/Hydro/Water	\$ _____
Cable/Internet	\$ _____
Telephone/Cellular	\$ _____
Child and/or Spousal Support Payment	\$ _____
Food	\$ _____
Restaurant Meals/Entertainment	\$ _____
Clothing	\$ _____
Dental/Medical/Prescriptions (not covered by a medical plan)	\$ _____
Vehicle - Gas/Oil/Insurance    Number of vehicles _____	\$ _____
Other (specify) _____	\$ _____
Other (specify) _____	\$ _____
Total Monthly Debt Payment (from Part 3: Debts)	\$ _____
<b>TOTAL MONTHLY EXPENSES</b>	<b>\$ _____</b>

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## FAMILY MAINTENANCE ENFORCEMENT PROGRAM PAYMENT PROPOSAL FORM

Name: \_\_\_\_\_

FMEP Case #: \_\_\_\_\_

A voluntary payment arrangement is a plan – developed in cooperation between you and the FMEP – for you to pay the arrears in addition to making your ongoing maintenance payments.

### To set up a payment arrangement:

1. Complete the Income & Expense Form.
2. Attach copies of your:
  - last 3 pay stubs if you are employed or;
  - last 3 income stubs if you receive pension or disability benefits or;
  - last 3 bank statements if you are self-employed;
  - and your most recent income tax return.
3. Complete the section below:
  - Write down what you see as a reasonable payment amount, how often it will be paid (monthly, biweekly etc.) and when the payments are to start. The amount must be enough to cover both your ongoing maintenance and to reduce the arrears in a reasonable amount of time.
  - Choose how to send your payments:
    - through Online, Telephone or ABM Banking. This method allows you to either send individual payments, or set up payments to be automatically sent on a regular basis. You set this up through your financial institution - the payee name is 'Family Maintenance Enf (BC)' and your personalized FMEP account number is your case number the first four letters of your last name, or;
    - a series of post-dated cheques made payable to recipient with your case number on the cheques.
4. Mail or fax your completed forms with the other documents requested to FMEP office handling your case:

Box 80449  
Burnaby BC V5H 3X9  
Fax (604) 678-5679

Box 830  
Kamloops BC V2C 5N1  
Fax (250) 434-6033

Box 5100  
Victoria BC V8R 6N3  
Fax (250) 220-4050

**Your proposed payment must be enough to cover *both* your *ongoing maintenance* and to reduce your arrears in a reasonable amount of time.**

I agree to pay \$ \_\_\_\_\_ per \_\_\_\_\_ (weekly, bi-weekly, semi-monthly or monthly)

The first payment will start on \_\_\_\_\_  
Day Month Year

I will send payments by: ☐ PC/Telephone Banking ☐ Post-Dated Cheques ☐ Other \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

We will review your payment proposal and let you know as soon as possible whether it is acceptable.

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