

FINANCIAL STATEMENT

(Heading as in Form 70A)

FINANCIAL STATEMENT OF _____
(Petitioner/Respondent)

I, _____, of the _____ of _____,
in the province of _____, SWEAR (or AFFIRM) THAT:

- 1. Attached are the following:
 - Part 1 — Annual Income
 - Part 2 — Monthly Expenses
 - Part 3 — Assets of Both Parties
 - Part 4 — Debts of Both Parties

- 2. 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 _____, _____.)

A Commissioner for Oaths in and for the
Province of Manitoba
My Commission expires: _____

PART 1 – ANNUAL INCOME

1. I am

employed as (*describe occupation*) _____
by (*name and address of employer*) _____
_____.

self-employed, carrying on business under the name of (*name and address of business*)

_____.

unemployed since _____.

2. (a) Attached are copies of my Canada Customs and Revenue Agency income and deduction computer printouts for each of the three most recent taxation years _____, _____, _____.
(*years*)

(b) I cannot obtain the printouts for the years _____, _____, _____ because (*give reasons*)
(*years*)

3. (a) 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 _____

(C) TOTAL DEDUCTIONS: _____

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) *(Do not complete this section where the only relief claimed is a table amount of child support under the child support guidelines and all children for whom relief is sought are under the age of majority.)*

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

| Name | Annual amount | Taxable or not (indicate) |
|-------|---------------|---------------------------|
| _____ | _____ | _____ |

(ii) 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 |
|---------|---------|------------------------|
| _____ | _____ | _____ |

(Note: It is not necessary to complete Parts 2, 3 or 4 where the only relief claimed is a table amount of child support under the child support guidelines and all children for whom relief is sought are under the age of majority.)

PART 2 – MONTHLY EXPENSES

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

(If the payment of an expense is shared with another person, insert only the amount that you pay. Convert all expenses incurred in a year, whether on a yearly, quarterly, weekly, or other basis, to monthly amounts. Give actual amounts where known or you can obtain the information. If this is impossible, give estimates.)

| | | | |
|------------------------------------|----------|---|----------|
| Compulsory Deductions | | SUB-TOTAL | \$ _____ |
| Income Tax | \$ _____ | | |
| Employment insurance | \$ _____ | | |
| Canada Pension Plan | \$ _____ | | |
| Employer pension | \$ _____ | | |
| Union dues | \$ _____ | | |
| Insurance | \$ _____ | | |
| Other (<i>specify</i>) | \$ _____ | | |
| Household Expenses | | Adult Household Members | |
| Groceries and household supplies | \$ _____ | Clothing | \$ _____ |
| Meals outside the home | \$ _____ | Hair care | \$ _____ |
| Telephone | \$ _____ | Toiletries, cosmetics | \$ _____ |
| Cable television | \$ _____ | Education fees, supplies | \$ _____ |
| Laundry and dry cleaning | \$ _____ | Entertainment and recreation | \$ _____ |
| Newspapers, publications | \$ _____ | Fitness | \$ _____ |
| Stationery, computer supplies | \$ _____ | Insurance | \$ _____ |
| Vacation | \$ _____ | Charitable donations | \$ _____ |
| Pet care | \$ _____ | Gifts to others | \$ _____ |
| Housing (primary residence) | | Alcohol, tobacco | \$ _____ |
| Rent or mortgage | \$ _____ | Children | |
| Taxes | \$ _____ | Child care | \$ _____ |
| Home Insurance | \$ _____ | Babysitting | \$ _____ |
| Heat | \$ _____ | Clothing | \$ _____ |
| Water | \$ _____ | Hair care | \$ _____ |
| Hydro | \$ _____ | Allowances | \$ _____ |
| House repairs and maintenance | \$ _____ | School fees and supplies | \$ _____ |
| Yard maintenance | \$ _____ | Entertainment and recreation | \$ _____ |
| Other (<i>specify</i>) | \$ _____ | Insurance | \$ _____ |
| Health | | Gifts (toys, books, etc) | \$ _____ |
| Medical Insurance | \$ _____ | Activities, lessons and supplies | \$ _____ |
| Drugs (Net of coverage) | \$ _____ | Camp | \$ _____ |
| Dental Care (Net of coverage) | \$ _____ | Gifts to other children | \$ _____ |
| Optical Care (Net of coverage) | \$ _____ | Savings for the future | |
| Other (<i>specify</i>) | \$ _____ | RRSP | \$ _____ |
| Transportation | | RESP | \$ _____ |
| Public transit, taxis, etc. | \$ _____ | Other | \$ _____ |
| Car Operation | \$ _____ | Debt (other than mortgage repayment) (calculated as in Part 4) | \$ _____ |
| Gas and Oil | \$ _____ | Lease payments (<i>specify</i>) | \$ _____ |
| Insurance and licence | \$ _____ | Support payments to others (<i>specify</i>)* | \$ _____ |
| Maintenance | \$ _____ | Reserve for income taxes | \$ _____ |
| Parking | \$ _____ | Other (<i>specify</i>) | \$ _____ |
| | | TOTAL | \$ _____ |
| | SUBTOTAL | | \$ _____ |

* List only persons whose support is not at issue in this application. Specify the person who is supported, whether the payments are tax deductible to you, and whether they are voluntary or pursuant to a court order or agreement.

5. (Complete only if claiming child support and special or extraordinary expenses.)

I have the following special or extraordinary expenses for the named children:

(a) Child care expenses

| Name of child _____ | Gross annual cost | Net annual cost |
|---------------------|-------------------|-----------------|
| _____ | _____ | _____ |
| (specify expense) | _____ | _____ |
| _____ | _____ | _____ |

(b) Health-related expenses that exceed insurance reimbursement by at least \$100 annually:

| Name of child _____ | Gross annual cost | Net annual cost |
|---------------------|-------------------|-----------------|
| _____ | _____ | _____ |
| (specify expense) | _____ | _____ |
| _____ | _____ | _____ |

(c) Extraordinary expenses for primary or secondary school education or for any educational programs that meet the child's particular needs

| Name of child _____ | Gross annual cost | Net annual cost |
|---------------------|-------------------|-----------------|
| _____ | _____ | _____ |
| (specify expense) | _____ | _____ |
| _____ | _____ | _____ |

(d) Post-secondary education

| Name of child _____ | Gross annual cost | Net annual cost |
|---------------------|-------------------|-----------------|
| _____ | _____ | _____ |
| (specify expense) | _____ | _____ |
| _____ | _____ | _____ |

(e) Extraordinary expenses for extracurricular activities

| Name of child _____ | Gross annual cost | Net annual cost |
|---------------------|-------------------|-----------------|
| _____ | _____ | _____ |
| (specify expense) | _____ | _____ |
| _____ | _____ | _____ |

PART 3 — ASSETS OF BOTH PARTIES

6. Our assets are as follows:

(Include all assets, whether or not shareable under The Family Property Act, including jointly owned assets. Where there is a claim under The Family Property Act, identify with an asterisk () those assets alleged to be non-shareable. Do not complete the column headed "Market Value at Date of Separation" if there is no claim under The Family Property Act.)*

| | Asset in Possession of Petitioner (P) or Respondent (R) | Present Market Value | Market Value at Date of Separation |
|--|---|-------------------------|---------------------------------------|
| Real estate (municipal address) | _____ | \$_____ | \$_____ |
| Cars, boats, vehicles (year, make, model) | _____ | \$_____ | \$_____ |
| Household goods, furniture and appliances | _____ | \$_____ | \$_____ |
| Tools, sports and hobby equipment | _____ | \$_____ | \$_____ |
| Bank accounts and cash on hand | _____ | \$_____ | \$_____ |
| R.R.S.P. | _____ | \$_____ | \$_____ |
| Bonds, shares, term deposits, investment certificates, mutual funds | _____ | \$_____ | \$_____ |
| Money owed to us | _____ | \$_____ | \$_____ |
| Life Insurance (cash value) | _____ | \$_____ | \$_____ |
| Pension plans | _____ | \$_____ | \$_____ |
| Business assets | _____ | \$_____ | \$_____ |
| Other <i>(specify)</i> | _____ | \$_____ | \$_____ |
| | TOTAL | \$_____ | \$_____ |

PART 4 — DEBTS AND OTHER LIABILITIES OF BOTH PARTIES

7. Our debts and liabilities are as follows:

(List all your debts and liabilities as well as any joint debts and liabilities. Identify joint liabilities with an asterisk (). Do not complete the column headed "Amount Outstanding at Date of Separation" if there is no claim under The Family Property Act.)*

| | Debt of Petitioner (P) or Respondent (R) or Joint (*) | Present Amount Outstanding | Amount Outstanding at Date of Separation | Present Monthly Payments |
|------------------------|--|----------------------------------|---|--------------------------------|
| Mortgage | _____ | \$ _____ | \$ _____ | \$ _____ |
| Loans <i>(specify)</i> | _____ | \$ _____ | \$ _____ | \$ _____ |
| | _____ | \$ _____ | \$ _____ | \$ _____ |
| | _____ | \$ _____ | \$ _____ | \$ _____ |
| Credit cards | _____ | \$ _____ | \$ _____ | \$ _____ |
| | _____ | \$ _____ | \$ _____ | \$ _____ |
| | _____ | \$ _____ | \$ _____ | \$ _____ |
| Other <i>(specify)</i> | _____ | \$ _____ | \$ _____ | \$ _____ |
| | _____ | \$ _____ | \$ _____ | \$ _____ |
| | _____ | \$ _____ | \$ _____ | \$ _____ |
| TOTAL | | \$ _____ | \$ _____ | \$ _____ |