

**Financial Statement**

**Maintenance Enforcement Program** Telephone: 204-945-7133  
 100-352 Donald St Winnipeg, MB R3B 2H8 Facsimile : 204-945-5449  
 ManitobaMEPinquiries@gov.mb.ca Toll free in MB: 1-866-479-2717

***The Family Maintenance Act, Part VI, s. 55(2.1)***

The purpose of this statement is to determine your financial situation so that satisfactory payment arrangements on the arrears can be made. Late payment penalties will continue to accrue on the arrears balance. Failure to complete and return this Financial Statement may lead to collection action or an increase in deductions from a current Support Deduction Notice without prior notice to you. You are required to advise the program of any change in your financial circumstances and if undisclosed or new information is discovered, the payment arrangement may be cancelled and further collection action may be taken. A fee is charged for each collection action taken.

**PLEASE PRINT**

**1. PERSONAL INFORMATION:**

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

Maiden Name (or other name known by): \_\_\_\_\_

Address: \_\_\_\_\_

Phone numbers - Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Birth date: \_\_\_\_\_ Driver's Licence No: \_\_\_\_\_

Social Insurance No: \_\_\_\_\_ Treaty Status number: \_\_\_\_\_

Marital status: [ ] Single [ ] Married [ ] Other (specify) \_\_\_\_\_

Name of current spouse/common-law and/or roommate: \_\_\_\_\_

List person(s) not named in your Order or Agreement who are dependent on you for financial support:

Name of dependant \_\_\_\_\_ Age \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_ Reason for dependency \_\_\_\_\_

Name of dependant \_\_\_\_\_ Age \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_ Reason for dependency \_\_\_\_\_

*Use reverse if more dependants*

**2. INCOME INFORMATION: (A copy of a recent pay stub is required)**

Current Employer. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Self-Employed: Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Name of Business Partner/s: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Employment Insurance (EI) Benefits

Employment and Income Assistance (EIA): Caseworker: \_\_\_\_\_  Pension

Income (OAS, CPP, other): \_\_\_\_\_

Pay cycle:  Weekly  Bi-weekly  Semi-Monthly  Once a month  Other \_\_\_\_\_

Date of next pay: \_\_\_\_\_ Gross annual income \$ \_\_\_\_\_

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Monthly salary before deductions \$ \_\_\_\_\_ **Monthly salary after deductions** \$ \_\_\_\_\_

ATTACH A PAY SLIP

Previous month's commission, tips, bonus and/or overtime: \$ \_\_\_\_\_

Benefits received (car, shares, RSP, other) \_\_\_\_\_ \$ \_\_\_\_\_

Other income source \_\_\_\_\_ \$ \_\_\_\_\_

( ex.: hobbies, rental income, dividends, annuities, inheritance, settlement, interest)

**TOTAL MONTHLY INCOME** \$ \_\_\_\_\_

(enter this amount on page 3 at A)

**3. MONTHLY EXPENSES:**

	<u>TOTAL EXPENSE</u>	<u>AMOUNT PAID BY YOU</u>
Rent or Mortgage Payment .....	\$ _____	\$ _____
Property Taxes .....	\$ _____	\$ _____
Utilities (heat, electrical, water) .....	\$ _____	\$ _____
Groceries (food, toiletries, etc) .....	\$ _____	\$ _____
Home Phone .....	\$ _____	\$ _____
Cell Phone(s) .....	\$ _____	\$ _____
Cable Vision .....	\$ _____	\$ _____
Clothing .....	\$ _____	\$ _____
Transportation (fuel, parking, repairs, public transit, etc.) .....	\$ _____	\$ _____
Personal Expenses (list _____)	\$ _____	\$ _____
Home or tenant insurance .....	\$ _____	\$ _____
Vehicle insurance .....	\$ _____	\$ _____
Life insurance .....	\$ _____	\$ _____
Disability insurance, etc. ....	\$ _____	\$ _____
Court ordered support payments (for this file) .....	\$ _____	\$ _____
Child care/babysitting .....	\$ _____	\$ _____
Children's activities/school expenses (ex. music, sports) .....	\$ _____	\$ _____
Alcohol, tobacco (other describe _____) .....	\$ _____	\$ _____
Entertainment .....	\$ _____	\$ _____
Church/charities .....	\$ _____	\$ _____
Savings (includes payroll deductions for savings bonds, etc.) .....	\$ _____	\$ _____
Other (specify) _____	\$ _____	\$ _____
_____	\$ _____	\$ _____

**TOTAL MONTHLY EXPENSES** \$ \_\_\_\_\_

enter this amount on page 3 at B)

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<b>Monthly Income and Expense Summary:</b>		
A)	Total Monthly Income (page 2)	\$ _____
B)	Subtract: Total Monthly Expenses (this page)	\$ _____
C)	<b>Total Disposable Income</b> (subtract A from B)	\$ _____

List equipment (motor vehicles, construction, recreation, etc.) you own, lease, rent, borrow, have an interest (make, model, year): \_\_\_\_\_

List all chequing and savings accounts, term deposits, savings plans, annuities, etc. (account type, account number, name & address of institution): \_\_\_\_\_

List all real estate (homes, rental properties, cottages, time shares, condominiums, etc.) in which you have an interest (address, value): \_\_\_\_\_

Name, address, and phone number of landlord: \_\_\_\_\_

List all shares, stock options, certificates, bonds, etc. (type, quantity, number, location, value): \_\_\_\_\_

I, \_\_\_\_\_, OF \_\_\_\_\_,  
 Print your name in full Name of your City, Town

**IN THE PROVINCE OF \_\_\_\_\_, DECLARE THE INFORMATION**

**IN THE ABOVE FINANCIAL STATEMENT TO BE THE TRUTH.**

**DATE:** \_\_\_\_\_ **Sign:** \_\_\_\_\_  
*Date you are completing this Statement Place your signature here*