|  |  |  |  |
| --- | --- | --- | --- |
|  |  *ONTARIO* |  | Court File Number |
| Superior Court of Justice Family Court Branch |  |
| *(Name of court)* |  |
| **at** | 55 Church St., St.Catharines, ON L2R 6P9 | **Form 13.1: Financial** **Statement (Property and****Support Claims)****sworn/affirmed** |
| *(Court office address)* |
|  |  |  | February 21, 2014 |
| **Applicant(s)** |
| Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e‑mail address (if any). | Lawyer’s name & address — street & number, municipality, postal code, telephone & fax numbers and e‑mail address (if any). |
| Frances Marjorie Houseman456 Lois LaneSt. Catharines, OntarioL2K 4R5Tel: (905) 682-0046 | David ScrewemScrewem, Goode and Harte LLp, Barristers and Solicitors6 Fake StreetSt.Catharines, Ontario L3M 1R3Tel: (905) 688-9271Fax: (905) 688-3066dscrewem@law.com |
| **Respondent(s)** |
| Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e‑mail address (if any). | Lawyer’s name & address — street & number, municipality, postal code, telephone & fax numbers and e‑mail address (if any). |
| Jonathan Edward Castle5 Divorce CourtJordan, OntarioL0R 1B8Tel: (905) 687-9087 |  |

**Children’s Lawyer**

|  |
| --- |
| Name & address of Children’s Lawyer’s agent for service (street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any)) and name of person represented. |
|  |

|  |
| --- |
|  |

**INSTRUCTIONS**

1. USE THIS FORM IF:
	* you are making or responding to a claim for property or exclusive possession of the matrimonial home and its contents; or
	* you are making or responding to a claim for property or exclusive possession of the matrimonial home and its contents together with other claims for relief.
2. USE FORM 13 INSTEAD OF THIS FORM IF:
	* you are making or responding to a claim for support but NOT making or responding to a claim for property or exclusive possession of the matrimonial home and its contents.
3. If you have income that is not shown in Part I of the financial statement (for example, partnership income, dividends, rental income, capital gains or RRSP income), you must also complete **Schedule A**.
4. If you or the other party has sought a contribution towards special or extraordinary expenses for the child(ren), you must also complete **Schedule B**.

*NOTE: You must* ***fully and truthfully*** *complete this financial statement, including any applicable schedules. Failure to do so may result in serious consequences.*

|  |
| --- |
|  |
|  **1.** | **My name is** *(full legal name)* | Frances Marjorie Houseman |
|  |  |
|  | **I live in** *(municipality & province)* | Regional Municipality of Niagara, Province of Ontario |
|  |  |

**and I swear/affirm that the following is true:**

**PART I: INCOME**

**2.** I am currently

|  |  |  |  |
| --- | --- | --- | --- |
|  | **x** |  | employed by *(name and address of employer)* |
|  |  |  | Dr. Tooth Dental Office456 Molar LaneSt. Catharines, Ontario L3M 3H3 |
|  |  |  |  |
|  |  |  | self-employed, carrying on business under the name of *(name and address of business)* |
|  |  |  |  |
|  |  |  |  |
|  |  |  | unemployed since *(date when last employed)* |
|  |  |  |  |

|  |  |
| --- | --- |
|  **3.** | I attach proof of my year-to-date income from all sources, including my most recent *(attach all that are applicable):* |
|  |  |  | pay cheque stub |  |  | social assistance stub |  |  | pension stub |  |  | workers’ compensation stub |
|  |  |  |  |
|  |  |  | employment insurance stub and last Record of Employment |
|  |  |  |  |
|  |  |  | statement of income and expenses/ professional activities (for self-employed individuals) |
|  |  |  |  |
|  |  |  | other (e.g. a letter from your employer confirming all income received to date this year) |

|  |  |  |  |
| --- | --- | --- | --- |
|  **4.** | Last year, my gross income from all sources was $ | 53,000.00 |  *(do not subtract any taxes that have been* |
|  | *deducted from this income).* |

|  |  |  |  |
| --- | --- | --- | --- |
|  **5.** |  |  | I am attaching all of the following required documents to this financial statement as proof of my income  |
|  |  |  | over the past three years, if they have not already been provided: |
|  |  |  |  |
|  |  |  | * a copy of my personal income tax returns for each of the past three taxation years, including any materials that were filed with the returns. *(Income tax returns must be served but should NOT be filed in the continuing record, unless they are filed with a motion to refrain a driver’s license suspension.)*
* a copy of my notices of assessment and any notices of reassessment for each of the past three taxation years;
* where my notices of assessment and reassessment are unavailable for any of the past three taxation years, an Income and Deductions printout from the Canada Revenue Agency for each of those years, whether or not I filed an income tax return.

*Note: An Income and Deductions printout is available from Canada Revenue Agency. Please call customer service at 1-800-959-8281.* |
|  | **OR** |
|   |  |  | I am an Indian within the meaning of the *Indian Act* (Canada) and I have chosen not to file income |
|  |  |  | tax returns for the past three years. I am attaching the following proof of income for the last three years *(list documents you have provided):* |
|  |  |  |  |

*(In this table you must show all of the income that you are currently receiving.)*

|  |  |
| --- | --- |
| **Income Source** | **Amount Received/Month** |
| **1.** | Employment income (before deductions) | $4,413.27 |
| **2.** | Commissions, tips and bonuses |  |
| **3.** | Self-employment income (Monthly amount before expenses: $      ) |  |
| **4.** | Employment Insurance benefits |  |
| **5.** | Workers’ compensation benefits |  |
| **6.** | Social assistance income (including ODSP payments) |  |
| **7.** | Interest and investment income |  |
| **8.** | Pension income (including CPP and OAS) |  |
| **9.** | Spousal support received from a former spouse/partner |  |
| **10.** | Child Tax Benefits or Tax Rebates (e.g. GST) | $200.00 |
| **11.** | Other sources of income (e.g. RRSP withdrawals, capital gains) *(\*attach Schedule A and divide annual amount by 12)* |  |
|  |  |
|  |  |
| **12.** | **Total monthly income from all sources:** | $4,613.27 |
| **13.** | **Total monthly income X 12 = Total annual income:** | $55,359.24 |

|  |  |
| --- | --- |
| **14.** | **Other Benefits** |
| *Provide details of any non-cash benefits that your employer provides to you or are paid for by your business such as medical insurance coverage, the use of a company car, or room and board.* |
| **Item** | **Details** | **Yearly Market Value** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total** | $0.00 |

**PART 2: EXPENSES**

|  |  |
| --- | --- |
| **EXPENSE** | **Monthly Amount** |
| **Automatic Deductions** |
| CPP contributions | $202.08 |
| EI premiums | $76.14 |
| Income taxes | $981.57 |
| Employee pension contributions |  |
| Union dues |  |
|  |  |
| **SUBTOTAL** | $1,259.79 |
| **Housing** |
| Rent or mortgage | $1,100.00 |
| Property taxes | $300.00 |
| Property insurance | $62.50 |
| Condominium fees |  |
| Repairs and maintenance |  |
|  |  |
| **SUBTOTAL** | $1,462.50 |
| **Utilities** |
| Water | $80.00 |
| Heat | $90.00 |
| Electricity | $120.00 |
| Telephone | $50.00 |
| Cell phone | $65.00 |
| Cable | $60.00 |
| Internet |  |
|  |  |
| **SUBTOTAL** | $465.00 |
| **Household Expenses** |
| Groceries | $398.36 |
| Household supplies | $50.00 |
| Meals outside the home | $108.25 |
| Pet care |  |
| Laundry and Dry Cleaning |  |
|  |  |
| **SUBTOTAL** | $556.61 |
| **Childcare Costs** |
| Daycare expense | $866.00 |
| Babysitting costs |  |
|  |  |
| **SUBTOTAL** | $866.00 |
| **Transportation** |
| Public transit, taxis |  |
| Gas and oil | $350.00 |
| Car insurance and license | $150.00 |
| Repairs and maintenance | $55.00 |
| Parking |  |
| Car Loan or Lease Payments |  |
|  |  |
| **SUBTOTAL** | $555.00 |
| **Health** |
| Health insurance premiums |  |
| Dental expenses | $61.67 |
| Medicine and drugs | $30.00 |
| Eye care |  |
|  |  |
| **SUBTOTAL** | $91.67 |
| **Personal** |
| Clothing | $25.00 |
| Hair care and beauty | $40.00 |
| Alcohol and tobacco |  |
| Education *(specify)* |  |
| Entertainment/recreation (including children) |  |
| Gifts |  |
|  |  |
| **SUBTOTAL** | $65.00 |
| **Other expenses** |
| Life insurance premiums | $30.00 |
| RRSP/RESP withdrawals |  |
| Vacations |  |
| School fees and supplies | $103.92 |
| Clothing for children | $75.00 |
| Children’s activities | $200.00 |
| Summer camp expenses | $41.67 |
| Debt payments | $50.00 |
| Support paid for other children |  |
| Other expenses not shown above *(specify)* | $20.00 |
|  |  |
| **SUBTOTAL** | $520.59 |
|  |  |
| **Total Amount of Monthly Expenses** | $5,842.16 |
| **Total Amount of Yearly Expenses** | $70,105.92 |

**PART 3: OTHER INCOME EARNERS IN THE HOME**

*Complete this part only if you are making or responding to a claim for undue hardship or spousal support. Check and complete all sections that apply to your circumstances.*

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** |  |  | I live alone. |
|  |  |  |  |
| **2.** |  |  | I am living with *(full legal name of person you are married to or cohabiting with)* |
|  |  |  |  |
|  |  |  |  |
| **3.** |  |  | I/we live with the following other adult(s): |
|  |  |  |  |
|  |  |  |  |
| **4.** | **x** |  | I/we have *(give number)* | 2 |  of child(ren) who live(s) in the home. |
|  |  |  |  |
| **5.** | My spouse/partner |  |  | works at *(place of work or business)* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  | does not work outside the home. |
|  |  |  |  |  |
| **6.** | My spouse/partner |  |  | earns *(give amount)* $ |  | per |  | . |
|  |  |  |  |  |
|  |  |  |  | does not earn any income. |
|  |  |
| **7.** |  |  | My spouse/partner or other adult residing in the home contributes about $ |  |  |
|  |  |  |  |
|  |  |  | per |  |  towards the household expenses. |

**PART 4: ASSETS IN AND OUT OF ONTARIO**

*If any sections of Parts 4 to 9 do not apply, do not leave blank, print “NONE” in the section.*

|  |  |  |
| --- | --- | --- |
| The date of marriage is: *(give date)* | August 22, 2004 |  |
|  |
| The valuation date is: *(give date)* | September 14, 2013 |  |
|  |
| The date of commencement of cohabitation is (if different from date of marriage): *(give date)* |  |

**PART 4(a): LAND**

*Include any interest in land* ***owned*** *on the dates in each of the columns below, including leasehold interests and mortgages. Show estimated market value of your interest, but do not deduct encumbrances or costs of disposition; these encumbrances and costs should be shown under Part 5 “Debts and Other Liabilities”.*

|  |  |  |
| --- | --- | --- |
| **Nature & Type of****Ownership***(Give your percentage interest where relevant.)* | **Address of Property** | **Estimated Market value of YOUR interest** |
| **on date of marriage** | **on valuation date** | **today** |
|  |  |  |  |  |
| Matrimonial Home | 456 Lois Lane, St. Catharines, Ontariojointownership, total value $280,000.00 |  | $140,000.00 | $140,000.00 |
|  |  |  |  |  |
|  |  |  |  |  |
| **15. TOTAL VALUE OF LAND** | $0.00 | **$140,000.00** | $140,000.00 |

**PART 4(b): GENERAL HOUSEHOLD ITEMS AND VEHICLES**

*Show estimated market value, not the cost of replacement for these items owned on the dates in each of the columns below. Do not deduct encumbrances or costs of disposition; these encumbrances and costs should be shown under Part 5, “Debts and Other Liabilities”.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Description** | **Indicate if NOT in****your possession** | **Estimated Market value of YOUR interest** |
| **on date of marriage** | **on valuation date** | **today** |
|  |  |  |  |  |  |
| Household goods | Furnishings & householdContents- joint ownership,total value $4,000.00 |  |  | $2,000.00 | $2,000.00 |
| & furniture |  |  |  |  |  |
|  |  |  |  |  |  |
| Cars, boats, | 2010 Pontiac Vibe |  |  | $16,000.00 | $16,000.00 |
| vehicles |  |  |  |  |  |
|  |  |  |  |  |  |
| Jewellery, art, |  |  |  |  |  |
| electronics, tools, |  |  |  |  |  |
| sports & hobby, |  |  |  |  |  |
| equipment |  |  |  |  |  |
|  |  |  |  | $12,000.00 | $12,000.00 |
| Other special | Royal Doulton collection-inheritance |  |  |  |  |
| items |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **16. TOTAL VALUE OF GENERAL HOUSEHOLD ITEMS AND VEHICLES** | $0.00 | **$30,000.00** | $30,000.00 |

**PART 4(c): BANK ACCOUNTS, SAVINGS, SECURITIES AND PENSIONS**

*Show the items owned on the dates in each of the columns below by category, for example, cash, accounts in financial institutions, pensions, registered retirement or other savings plans, deposit receipts, any other savings, bonds, warrants, options, notes and other securities. Give your best estimate of the market value of the securities if the items were to be sold on the open market.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **INSTITUTION** *(including location)*/**DESCRIPTION** *(including issuer and date)* | **Account number** | **Amount / Estimated Market Value** |
| **on date of marriage** | **on valuation date** | **today** |
|  |  |  |  |  |  |
| Chequing | Meridian Credit Union-sole account | 954231 | $1,500.00 |  |  |
|  |  |  |  |  |  |
| **17. TOTAL VALUE OF ACCOUNTS, SAVINGS, SECURITIES AND PENSIONS** | $1,500.00 | **$0.00** | $0.00 |

**PART 4(d): LIFE & DISABILITY INSURANCE**

*List all policies in existence on the dates in each of the columns below.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company, Type &****Policy No.** | **Owner** | **Beneficiary** | **Face****Amount** | **Cash Surrender Value** |
| **on date of marriage** | **on valuation date** | **today** |
|  |  |  |  |  |  |  |
| London Life Insurance Company | Frances | Lisa Houseman | $100,000 |  |  |  |
|  |  |  |  |  |  |  |
| **18. TOTAL CASH SURRENDER VALUE OF INSURANCE POLICIES** | $0.00 | **$0.00** | $0.00 |

**PART 4(e): BUSINESS INTERESTS**

*Show any interest in an unincorporated business owned on the dates in each of the columns below. An interest in an incorporated business may be shown here or under “BANK ACCOUNTS, SAVINGS, SECURITIES AND PENSIONS” in Part 4(c). Give your best estimate of market value of your interest.*

|  |  |  |
| --- | --- | --- |
| **Name of Firm or Company** | **Interest** | **Estimated Market value of YOUR interest** |
| **on date of marriage** | **on valuation date** | **today** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **19. TOTAL VALUE OF BUSINESS INTERESTS** | $0.00 | **$0.00** | $0.00 |

**PART 4(f): MONEY OWED TO YOU**

*Give details of all money that other persons owe to you on the dates in each of the columns below, whether because of business or from personal dealings. Include any court judgments in your favour, any estate money and any income tax refunds owed to you.*

|  |  |
| --- | --- |
| **Details** | **Amount Owed to You** |
| **on date of marriage** | **on valuation date** | **today** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **20. TOTAL OF MONEY OWED TO YOU** | $0.00 | **$0.00** | $0.00 |

**PART 4(g): OTHER PROPERTY**

*Show other property or assets owned on the dates in each of the columns below. Include property of any kind not listed above. Give your best estimate of market value.*

|  |  |  |
| --- | --- | --- |
| **Category** | **Details** | **Estimated Market Value of YOUR interest** |
| **on date of marriage** | **on valuation date** | **today** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **21. TOTAL OF OTHER PROPERTY** | $0.00 | **$0.00** | $0.00 |

|  |  |  |  |
| --- | --- | --- | --- |
| **22. VALUE OF ALL PROPERTY OWNED ON THE VALUATION DATE**  *(Add items***[15]***to***[21]***.)* | $1,500.00 | **$170,000.00** | $170,000.00 |

**PART 5: DEBTS AND OTHER LIABILITIES**

*Show your debts and other liabilities on the dates in each of the columns below. List them by category such as mortgages, charges, liens, notes, credit cards, and accounts payable. Don’t forget to include:*

* *any money owed to the Canada Revenue Agency;*
* *contingent liabilities such as guarantees or warranties given by you (but indicate that they are contingent); and*
* *any unpaid legal or professional bills as result of this case.*

|  |  |  |
| --- | --- | --- |
| **Category** | **Details** | **Amount owing** |
| **on date of marriage** | **on valuation date** | **today** |
|  |  |  |  |  |
| Matrimonial Home | Meridian Credit Union for matrimonialhome (acct #44565) joint owners, totalvalue $200,000.00 |  | $100,000.00 | $100,000.00 |
| Line of Credit | Meridian Credit Union (acct # 2223456)-joint owners, total value $9,000.00 |  | $4,500.00 | $4,500.00 |
| Credit Card | Capital One Mastercard (acct # 2234 55556666 7777)-Joint owners, total value $6,000.00 |  | $3,000.00 | $3,000.00 |
| **23. TOTAL OF DEBTS AND OTHER LIABILITIES** | $0.00 | **$107,500.00** | $107,500.00 |

**PART 6: PROPERTY, DEBTS AND OTHER LIABILITIES ON DATE OF MARRIAGE**

*Show by category the value of your property, debts and other liabilities, calculated as of the date of your marriage. (In this part, do not include the value of a matrimonial home or debts or other liabilities directly related to its purchase or significant improvement, if you and your spouse ordinarily occupied this property as your family residence at the time of separation.)*

|  |  |
| --- | --- |
| **Category and details** | **Value on date of marriage** |
| **Assets** | **Liabilities** |
|  |  |  |
| Land | $0.00 |  |
| General household items & vehicles | $0.00 |  |
| Bank accounts, savings, securities, pensions Meridian Credit Union sole chequing account | $1,500.00 |  |
| Life & disability insurance | $0.00 |  |
| Business interests | $0.00 |  |
| Money owed to you | $0.00 |  |
| Other property *(Specify.)* | $0.00 |  |
|  |  |  |
|  |  |  |
| Debts and other liabilities *(Specify.)* | $1,500.00 | $0.00 |
|  |  |  |
| **TOTALS** | $1,500.00 | $0.00 |
| **24. NET VALUE OF PROPERTY OWNED ON DATE OF MARRIAGE***(From the total of the “Assets” column, subtract the total of the “Liabilities” column.)* | **$1,500.00** |  |
| **25. VALUE OF ALL DEDUCTIONS** *(Add items* **[23]** *and* **[24]***.)* | **$109,000.00** |  |

**PART 7: EXCLUDED PROPERTY**

*Show by category the value of property owned on the valuation date that is excluded from the definition of “net family property” (such as gifts or inheritances received after marriage).*

|  |  |  |
| --- | --- | --- |
| **Category** | **Details** | **Value on valuation date** |
|  |  |  |
| Gift or inheritance from third person |  |  |
| Income from property expressly excluded by donor/testator |  |  |
| Damages and settlements for personal injuries, etc. |  |  |
| Life insurance proceeds |  |  |
| Traced property | Inheritance- Royal Dalton Collection | $12,000.00 |
| Excluded property by spousal agreement |  |  |
| Other Excluded Property |  |  |
|  |  |  |
| **26. TOTAL VALUE OF EXCLUDED PROPERTY** | **$12,000.00** |

**PART 8: DISPOSED-OF PROPERTY**

*Show by category the value of all property that you disposed of during the two years immediately preceding the making of this statement, or during the marriage, whichever period is shorter.*

|  |  |  |
| --- | --- | --- |
| **Category** | **Details** | **Value** |
|  |  |  |
|  |  |  |
|  |  |  |
| **27. TOTAL VALUE OF DISPOSED-OF PROPERTY** | **$0.00** |

**PART 9: CALCULATION OF NET FAMILY PROPERTY**

|  |  |  |
| --- | --- | --- |
|  | **Deductions** | **BALANCE** |
| **Value of all property owned on valuation date** *(from item* **[22]** *above)* | **$170,000.00** |
| **Subtract value of all deductions** *(from item* **[25]** *above)* | **$109,000.00** | **$61,000.00** |
| **Subtract total value of all excluded property** *(from item* **[26]** *above)* | **$12,000.00** | **$49,000.00** |
| **28. NET FAMILY PROPERTY** | **$49,000.00** |

NOTE: *This financial statement must be updated no more than 30 days before any court event by either completing and filing:*

* *a new financial statement with updated information, or*
* *an affidavit in Form 14A setting out the details of any minor changes or confirming that the information contained in this statement remains correct.*

|  |  |
| --- | --- |
| Sworn/Affirmed before me at |  |
| Regional Municipality of Niagara |
| (municipality) |
| in | Province of Ontario |
|  | (province, state or country) |
| on | February 21, 2014 |  | Signature(This form to be signed in front of a lawyer,justice of the peace, notary public or commissioner for taking affidavits.) |
|  | (date) |  |
|  | Commissioner for taking affidavits(Type or print name below if signature is illegible.) |
|  |

**PART 2: EXPENSES**

**PROPOSED BUDGET**

|  |  |
| --- | --- |
| **EXPENSE** | **Monthly Amount** |
| **Automatic Deductions** |
| CPP contributions |  |
| EI premiums |  |
| Income taxes |  |
| Employee pension contributions |  |
| Union dues |  |
|  |  |
| **SUBTOTAL** | $0.00 |
| **Housing** |
| Rent or mortgage |  |
| Property taxes |  |
| Property insurance |  |
| Condominium fees |  |
| Repairs and maintenance |  |
|  |  |
| **SUBTOTAL** | $0.00 |
| **Utilities** |
| Water |  |
| Heat |  |
| Electricity |  |
| Telephone |  |
| Cell phone |  |
| Cable |  |
| Internet |  |
|  |  |
| **SUBTOTAL** | $0.00 |
| **Household Expenses** |
| Groceries |  |
| Household supplies |  |
| Meals outside the home |  |
| Pet care |  |
| Laundry and Dry Cleaning |  |
|  |  |
| **SUBTOTAL** | $0.00 |
| **Childcare Costs** |
| Daycare expense |  |
| Babysitting costs |  |
|  |  |
| **SUBTOTAL** | $0.00 |
| **Transportation** |
| Public transit, taxis |  |
| Gas and oil |  |
| Car insurance and license |  |
| Repairs and maintenance |  |
| Parking |  |
| Car Loan or Lease Payments |  |
|  |  |
| **SUBTOTAL** | $0.00 |
| **Health** |
| Health insurance premiums |  |
| Dental expenses |  |
| Medicine and drugs |  |
| Eye care |  |
|  |  |
| **SUBTOTAL** | $0.00 |
| **Personal** |
| Clothing |  |
| Hair care and beauty |  |
| Alcohol and tobacco |  |
| Education *(specify)* |  |
| Entertainment/recreation (including children) |  |
| Gifts |  |
|  |  |
| **SUBTOTAL** | $0.00 |
| **Other expenses** |
| Life insurance premiums |  |
| RRSP/RESP withdrawals |  |
| Vacations |  |
| School fees and supplies |  |
| Clothing for children |  |
| Children’s activities |  |
| Summer camp expenses |  |
| Debt payments |  |
| Support paid for other children |  |
| Other expenses not shown above *(specify)* |  |
|  |  |
| **SUBTOTAL** | $0.00 |
|  |  |
| **Total Amount of Monthly Expenses:** | $0.00 |
| **Total Amount of Yearly Expenses:** | $0.00 |

**FINANCIAL STATEMENT**

**SUMMARY PAGE**

**BUDGET**

|  |  |
| --- | --- |
| **Incom****e** | **Monthly** |
| Income From All Sources |  | $4,613.27 |
| Other Benefits | +  | $0.00 |
| **Total Monthly Income and Benefits** | **$4,613.27** |

|  |  |  |
| --- | --- | --- |
| **Expense****s** | **Actual** | **Proposed** |
| Automatic Deductions | $1,259.79 | $0.00 |
| Housing | $1,462.50 | $0.00 |
| Utilities | $465.00 | $0.00 |
| Household | $556.61 | $0.00 |
| Childcare Costs | $866.00 | $0.00 |
| Transportation | $555.00 | $0.00 |
| Health | $91.67 | $0.00 |
| Personal | $65.00 | $0.00 |
| Other | $520.59 | $0.00 |
| **Total Expenses** | **$5,842.16** | **$0.00** |
|  |  |  |
| **Monthly Surplus / (Deficit)** | ($1,228.89) | $4,613.27 |

**NET FAMILY PROPERTY**

|  |  |
| --- | --- |
| **Assets** | **Valuation Date** |
| Land | [15] | $140,000.00 |
| General Household Items and Vehicles | [16] | $30,000.00 |
| Bank Accounts, Savings, Securities and Pensions | [17] | $0.00 |
| Life and Disability Insurance | [18] | $0.00 |
| Business Interests | [19] | $0.00 |
| Money Owed to You | [20] | $0.00 |
| Other Property | [21] | $0.00 |
| **Total Assets [22]** | **$170,000.00** |
| **Deductions** |  |  |
| Debts and Other Liabilities on Valuation Date | [23] | $107,500.00 |
| Net Value of Property Owned on Date of Marriage | [24] | $1,500.00 |
| **Total Deductions [25]** | **$109,000.00** |
| **Exclusions** |  |  |
| Excluded Property owned on Valuation Date | [26] | **$12,000.00** |
|  |  |  |
| **Net Family Property** *([Assets] minus [Deductions] minus [Exclusions])* | **$49,000.00** |

**Notes:**

**Schedule A**

**Additional Sources of Income**

|  |  |  |
| --- | --- | --- |
| **Line** | **Income Source** | **Annual Amount** |
| **1.** | Net partnership income |  |
| **2.** | Net rental income (Gross annual rental income of $      ) |  |
| **3.** | Total amount of dividends received from taxable Canadian corporations |  |
| **4.** | Total capital gains ($      ) less capital losses ($      ) |  |
| **5.** | Registered retirement savings plan withdrawals |  |
| **6.** | Any other income *(specify source)* |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Subtotal** | $0.00 |

**Schedule B**

**Special or Extraordinary Expenses for the Child(ren)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name** | **Expense** | **Amount/yr.** | **Available Tax Credits or Deductions\*** |
| 1.  |  |  |  |
| 2.  |  |  |  |
| 3.  |  |  |  |
| 4.  |  |  |  |
| 5.  |  |  |  |
| 6.  |  |  |  |
| 7.  |  |  |  |
| 8.  |  |  |  |
| 9.  |  |  |  |
| 10.  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Total Net Annual Amount** | $0.00 |
|  | **Total Net Monthly Amount** | $0.00 |

**\* Some of these expenses can be claimed in a parent’s income tax return in relation to a tax credit or deduction (for example childcare costs). These credits or deductions must be shown in the above chart.**

|  |  |  |
| --- | --- | --- |
|  |  | I attach proof of the above expenses. |
|  |  |  |
|  |  | I earn $ |  |  per year which should be used to determine my share of the above expenses. |

NOTE:

Pursuant to the Child Support Guidelines, a court can order that the parents of a child share the costs of the following expenses for the child:

* Necessary childcare expenses;
* Medical insurance premiums and certain health-related expenses for the child that cost more than $100 annually;
* Extraordinary expenses for the child’s education;
* Post-secondary school expenses; and,
* Extraordinary expenses for extracurricular activities.