

Please complete in full the portions of this form that apply to you. List your total family income and the expenses and debts/liabilities for your entire household. Also, list the net value of your family's assets ("net value" is the amount received if the asset were sold on the open market).

Date (mm/dd/yyyy)	
Your full name	

1. Composition of household

What are the full names and ages of the individuals residing with you? Please provide birth date(s) for the child(ren).

Full name	Age	Date of birth (mm/dd/yyyy)

2. Income and Expense Summary

Please complete the following **after** completing all of the sections **A**, **B** and **C** below

Total household income (Box A from your net monthly family income)	
Total expenses (Total of Box B from Total Household Monthly Expenses plus Box C from Total Children's Expenses)	
Total monthly surplus or deficit: (Total household income - Total expenses)	

Section A- Total household income

Are you currently Employed ?	☐ Yes ☐ No
What is your net monthly income? (Please attach copies of recent pay stubs and copy of Notice of Assessment)	\$ (1)
Do you receive any income from other sources such as CPP, pension benefits payments, support payments, or other payments?	☐ Yes ☐ No
If yes, how much do you receive each month?	\$ (2)
Is there another income earner in the household?	☐ Yes ☐ No
If yes, what is that person's net monthly income?	\$ (3)
Do you receive social assistance?	☐ Yes ☐ No
If yes, how much do you receive per month?	\$ (4)
Does anybody else contribute to the expenses of yourself and your dependents?	☐ Yes ☐ No
If yes, how much per month?	\$ (5)

Your net monthly household income =
(Add 1, 2, 3, 4 and 5 above)

\$

(A)

Section B- Household expenditures

Expense	Monthly Amount
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Housing

Rent or Mortgage	\$	
Property Taxes	\$	
Home Insurance	\$	
Condominium Fees	\$	
Repairs and Maintenance	\$	
Housing Subtotal	\$	

Utilities

Heat	\$	
Water	\$	
Electricity	\$	
Phone	\$	
Cable	\$	
Internet	\$	
Utilities Subtotal	\$	

Transportation

Public Transit, taxis	\$	
Vehicle - gas and oil	\$	
Vehicle maintenance	\$	
Car Insurance and License	\$	
Car Loan or Lease Payments	\$	
Parking	\$	
Transportation Subtotal	\$	

Household Expenses

Groceries	\$	
Meals outside the home	\$	
Household supplies	\$	
Laundry, dry cleaning	\$	
Household Expenses Subtotal	\$	

Personal

Clothing (excluding children)	\$	
Hair care and grooming	\$	
Alcohol and tobacco	\$	
Entertainment and recreation	\$	
Gifts	\$	
Personal Subtotal	\$	

Other

Private health insurance premiums	\$	
Life Insurance premiums	\$	
Charities	\$	
Vacations	\$	
Other expenses (please specify)	\$	
Other Subtotal	\$	

Total household monthly expenses =(Add **all** Subtotal amounts above)

\$

(B)

Section C- Children's expenditures

Expense		Monthly Amount
Minor for whom request is being made		
Childcare	\$	
Clothing	\$	
School fees and supplies	\$	
Extra-curricular activities	\$	
Allowance	\$	
Dental expenses not covered by insurance	\$	
Other expenses (please specify)		
	\$	
Minor for whom request is being made subtotal		\$

Other children

Childcare	\$	
Clothing	\$	
School fees and supplies	\$	
Extra-curricular activities	\$	
Allowance	\$	
Dental expenses not covered by insurance	\$	
Other expenses (please specify)		
	\$	
Other children subtotal		\$

Total Children's Expenses:(Add **all** Subtotal amounts above)

\$

(C)

Section D- Household assets

Real Estate

Names of Owners	Address of Property	Market Value

Cars, Boats, Vehicles

Names of Owners	Year, Make and Model	Market Value

Bank Accounts, Savings and Investments

(Please list bonds, shares, term deposits, GICs, RRSPs, etc.)

Type	Institution, Account #, Details	Market Value

Life Insurance

Company, Type and Policy #	Owner	Beneficiary	Face Value

Business Interests

Name of Firm or Company	Nature of your Interest	Market Value of your interest

Money Owed to You

Name of Debtor	Amounts

Other

Please provide details and values/amounts.

Details	Values/amounts

Section E- Household debts/liabilities

Nature of Debt	Values/amounts

I certify that the above information is accurate.

Date (mm/dd/yyyy)	Applicant Signature
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I consent to the disclosure of my personal financial information to the Office of the Children's Lawyer for the purpose of presenting an application for payment out of court.

Date (mm/dd/yyyy)	Signature of additional income earner
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Print Name