

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 = \$ **(A)**
(Add 1, 2, 3, 4 and 5 above)

Section B- Household expenditures

Expense	Monthly Amount
Housing	
Rent or Mortgage	\$ <input type="text"/>
Property Taxes	\$ <input type="text"/>
Home Insurance	\$ <input type="text"/>
Condominium Fees	\$ <input type="text"/>
Repairs and Maintenance	\$ <input type="text"/>
Housing Subtotal	\$ <input type="text"/>
Utilities	
Heat	\$ <input type="text"/>
Water	\$ <input type="text"/>
Electricity	\$ <input type="text"/>
Phone	\$ <input type="text"/>
Cable	\$ <input type="text"/>
Internet	\$ <input type="text"/>
Utilities Subtotal	\$ <input type="text"/>
Transportation	
Public Transit, taxis	\$ <input type="text"/>
Vehicle - gas and oil	\$ <input type="text"/>
Vehicle maintenance	\$ <input type="text"/>
Car Insurance and License	\$ <input type="text"/>
Car Loan or Lease Payments	\$ <input type="text"/>
Parking	\$ <input type="text"/>
Transportation Subtotal	\$ <input type="text"/>
Household Expenses	
Groceries	\$ <input type="text"/>
Meals outside the home	\$ <input type="text"/>
Household supplies	\$ <input type="text"/>
Laundry, dry cleaning	\$ <input type="text"/>
Household Expenses Subtotal	\$ <input type="text"/>
Personal	
Clothing (excluding children)	\$ <input type="text"/>
Hair care and grooming	\$ <input type="text"/>
Alcohol and tobacco	\$ <input type="text"/>
Entertainment and recreation	\$ <input type="text"/>
Gifts	\$ <input type="text"/>
Personal Subtotal	\$ <input type="text"/>
Other	
Private health insurance premiums	\$ <input type="text"/>
Life Insurance premiums	\$ <input type="text"/>
Charities	\$ <input type="text"/>
Vacations	\$ <input type="text"/>
Other expenses (please specify)	\$ <input type="text"/>
Other Subtotal	\$ <input type="text"/>

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	\$ <input style="width: 100%;" type="text"/>
Clothing	\$ <input style="width: 100%;" type="text"/>
School fees and supplies	\$ <input style="width: 100%;" type="text"/>
Extra-curricular activities	\$ <input style="width: 100%;" type="text"/>
Allowance	\$ <input style="width: 100%;" type="text"/>
Dental expenses not covered by insurance	\$ <input style="width: 100%;" type="text"/>
Other expenses (please specify)	\$ <input style="width: 100%;" type="text"/>
Minor for whom request is being made subtotal	\$ <input style="width: 100%;" type="text"/>

Other children	
Childcare	\$ <input style="width: 100%;" type="text"/>
Clothing	\$ <input style="width: 100%;" type="text"/>
School fees and supplies	\$ <input style="width: 100%;" type="text"/>
Extra-curricular activities	\$ <input style="width: 100%;" type="text"/>
Allowance	\$ <input style="width: 100%;" type="text"/>
Dental expenses not covered by insurance	\$ <input style="width: 100%;" type="text"/>
Other expenses (please specify)	\$ <input style="width: 100%;" type="text"/>
Other children subtotal	\$ <input style="width: 100%;" type="text"/>

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

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
