

FAMILY MAINTENANCE ENFORCEMENT PROGRAM INCOME & EXPENSE FORM

PART 1: PERSONAL INFORMATION

FMEP Case #:	SIN:	Birthdate: DD/MON/YR:
Name:	Home Phone #:	
Mailing Address:	Cell Phone #:	
Employer:	Work Phone #:	
Employer's Address:	Employer's Phone #:	

Number of people in your residence (including yourself): Adults _____ Children (under age 19) _____

PART 2: ASSETS

Asset	Value	Details/Description
Chequing Account	\$ _____	Bank _____
Savings Account	\$ _____	Bank _____
RRSP/Investments/ Pensions/Savings Bonds	\$ _____	Financial Institution _____
Real Estate (house, land, recreational property)	\$ _____	Address _____
	\$ _____	Address _____
Motor Vehicle(s)	\$ _____	Make/Model/Year _____
	\$ _____	Make/Model/Year _____
Other Vehicle(s) (motorcycles, trailers, motorhomes)	\$ _____	Make/Model/Year _____
	\$ _____	Make/Model/Year _____
Household Items (furniture, appliances, electronics)	\$ _____	
Life Insurance Policy (cash surrender value)	\$ _____	
Other Asset(s)	\$ _____	Description _____

PART 3: DEBTS

Name of Creditor/Grantor (e.g. bank, financial institution or finance co.)	Type of Debt (e.g. mortgage, loan, credit card)	Balance Owing	Monthly Payment
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
TOTALS		\$ _____	\$ _____

The information on this form is collected pursuant to the *Family Maintenance Enforcement Act* for the purposes of monitoring and enforcing your maintenance order or agreement. To obtain information about privacy protection, contact the FMEP office handling your case.

PART 4: MONTHLY INCOME

Net Income (provide copies of last 3 pay stubs) \$ _____

Overtime pay, commissions, bonuses or holiday pay
(calculate total received for the year and divide by 12) \$ _____

Self-Employed Business Income
(provide copies of last 3 bank statements) \$ _____

Pension/Disability Income (provide copies of last 3 income stubs) \$ _____

Other Income (specify) _____ \$ _____

Rental Income \$ _____

Canada Child Benefit/Child or Spousal Support Income \$ _____

Net Income of Spouse or Common-law Spouse \$ _____

TOTAL MONTHLY INCOME \$ _____

PART 5: MONTHLY EXPENSES

Rent

Mortgage (include property taxes) \$ _____

Insurance – Life/House or Tenant \$ _____

Utilities - Heat/Hydro/Water \$ _____

Cable/Internet \$ _____

Telephone/Cellular \$ _____

Child and/or Spousal Support Payment \$ _____

Food \$ _____

Restaurant Meals/Entertainment \$ _____

Clothing \$ _____

Dental/Medical/Prescriptions (not covered by a medical plan) \$ _____

Vehicle - Gas/Oil/Insurance Number of vehicles _____ \$ _____

Other (specify) _____ \$ _____

Other (specify) _____ \$ _____

Total Monthly Debt Payment (from Part 3: Debts) \$ _____

TOTAL MONTHLY EXPENSES \$ _____

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FAMILY MAINTENANCE ENFORCEMENT PROGRAM PAYMENT PROPOSAL FORM

Name: _____ FMEP Case #: _____

A voluntary payment arrangement is a plan – developed in cooperation between you and the FMEP – for you to pay the arrears in addition to making your ongoing maintenance payments.

To set up a payment arrangement:

1. Complete the Income & Expense Form.
2. Attach copies of your:
 - last 3 pay stubs if you are employed or;
 - last 3 income stubs if you receive pension or disability benefits or;
 - last 3 bank statements if you are self-employed;
 - and your most recent income tax return.
3. Complete the section below:
 - Write down what you see as a reasonable payment amount, how often it will be paid (monthly, biweekly etc.) and when the payments are to start. The amount must be enough to cover both your ongoing maintenance and to reduce the arrears in a reasonable amount of time.
 - Choose how to send your payments:
 - through Online, Telephone or ABM Banking. This method allows you to either send individual payments, or set up payments to be automatically sent on a regular basis. You set this up through your financial institution - the payee name is 'Family Maintenance Enf (BC)' and your personalized FMEP account number is your case number the first four letters of your last name, or;
 - a series of post-dated cheques made payable to recipient with your case number on the cheques.
4. Mail or fax your completed forms with the other documents requested to FMEP office handling your case:

Box 80449
Burnaby BC V5H 3X9
Fax 604 678-5679

Box 830
Kamloops BC V2C 5N1
Fax 250 434-6033

Box 9216
Victoria BC V8W 9J1
Fax 250 220-4050

Your proposed payment must be enough to cover both your ongoing maintenance and to reduce your arrears in a reasonable amount of time.

I agree to pay \$ _____ per _____ (weekly, bi-weekly, semi-monthly or monthly)

The first payment will start on _____
Day Month Year

I will send payments by: PC/Telephone Banking Post-Dated Cheques Other _____

SIGNATURE

By checking the box below you confirm that you are the payor named above on this form and the information provided on the form is true.

I declare I am the payor and the information provided is true.

Name: _____

Date: _____

We will review your payment proposal and let you know as soon as possible whether it is acceptable.

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