

Financial Statement – Payment Arrangement

Justice

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

A payment arrangement may be made with the MEP when a party is able to pay the ongoing support payments but is unable to pay the full arrears. An arrangement allows MEP to work with you to establish a repayment amount for arrears based upon your financial circumstances. The information you provide will be used to determine an affordable repayment amount for you to pay your arrears over time. We will confirm the repayment amount with you and update collection actions if required. If you are not working or are experiencing a reduction in your income and are unable to make your ongoing support payments and/or an arrears payment please visit our website at <https://www.gov.mb.ca/justice/courts/mep/fma.html> or contact our office for other options that may be available to you. Late payment penalties will not be charged against the support arrears as long as the payments are made as set out in the arrangement.

Once a payment arrangement has been established, please advise MEP of any change in your financial circumstances, including employment information, injury, lay off or termination so your payment arrangement can be reviewed and the repayment amount adjusted if required. Please also make sure we have up to date contact information for you and let us know of any changes to your contact information (address phone number or email address).

PLEASE PRINT LEGIBLY AND COMPLETELY

1. PERSONAL INFORMATION:

Full Name: _____

Other names previously or currently known by: _____

Mailing & Civic Address: _____

EMAIL: _____

*Providing your email address authorizes the MEP to communicate with you and send documents, letters or forms by email until you cancel this authorization.

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 ☐ roommate: _____

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

Name of dependent _____ Age _____ Relationship to you _____

Address _____ Reason for dependency _____

Name of dependent _____ Age _____ Relationship to you _____

Address _____ Reason for dependency _____

Use page 3 if more dependents

2. INCOME INFORMATION: (Attach two recent paystubs from all sources of income)

Employment Information

☐ Current Employer. Name: _____

Address: _____

Phone Number: _____ Type of Business: _____

Name of Supervisor: _____

Pay cycle: ☐ Weekly ☐ Bi-weekly ☐ Semi-Monthly ☐ Once a month ☐ Other _____

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

☐ Self-Employed: Legal Name of Company: _____ Operating As: _____

Is Company a Registered Corporation ☐ Yes ☐ No Address: _____

Phone Number: _____ Type of Business: _____

Name of Business Partner/s: _____

Address: _____ Phone: _____

☐ Sub-Contractor: Name of Company you are being subcontracted through: _____

Contact person's name and phone number: _____

Benefits or Wage Replacement

☐ Employment Insurance (EI) Benefits

☐ Employment and Income Assistance (EIA): Caseworker: _____

☐ Pension Income (OAS, CPP, other – please specify): _____

☐ Worker's Compensation, Disability or Other Wage Replacement Benefits:

Pay frequency: ☐ Weekly ☐ Bi-weekly ☐ Semi-Monthly ☐ Once a month ☐ Other _____

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

Total monthly income from all sources before deductions \$ _____

Total Monthly income after deductions

\$ _____

Other income source _____

\$ _____

(ex.: hobbies, rental income, dividends, annuities, interest. Specify which one you are receiving if not included above)

3. MONTHLY EXPENSES:

☐ Rent _____

(Provide name, address and phone number of landlord)

☐ Mortgage _____

(Provide name of bank that holds the mortgage)

Property Taxes \$ _____

Home or tenant insurance \$ _____

Utilities (heat, electrical, water) \$ _____

Groceries (food, toiletries, etc) \$ _____

☐ Home Phone ☐ Cell Phone(s) \$ _____

TV/Internet.. \$ _____

Clothing \$ _____

Personal Expenses (list _____) \$ _____

Transportation (fuel, parking, repairs, public transit, etc.) \$ _____

Vehicle insurance \$ _____

Life insurance \$ _____

Court ordered support payments (for all children)..... \$ _____

Child care/babysitting \$ _____

Activities/school expenses (for all dependents) \$ _____

Alcohol, tobacco (other describe _____) \$ _____

Entertainment \$ _____

Church/charities \$ _____

Other (specify) _____ \$ _____

_____ \$ _____

TOTAL MONTHLY EXPENSES

**TOTAL
EXPENSE**

**AMOUNT PAID
BY YOU**

\$ _____

\$ _____

\$ _____

\$ _____

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\$ _____

(enter this amount on Line B In the Monthly Income and Expense Summary)

Monthly Income and Expense Summary:

A) Total Monthly Income from all sources after deductions \$ _____

B) Subtract: Total Monthly Expenses \$ _____

C) **Total Disposable Income** (subtract A from B) \$ _____

List all equipment and its value (motor vehicles, construction, recreation, etc.) you own, lease or rent (make, model, year, serial number/VIN, Licence Plate Number):

List all bank accounts, investments and pension plans (account number and balance, name & address of institution for each):

List all real estate with the address and current value (homes, rental properties, cottages, time shares, condominiums, etc.) in which you have an interest and the names and addresses of co-owner(s):

List any settlements or inheritance received with the amount and the date received:

Type	Amount	Date Received
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you filed income tax returns within the past 3 years ☐ Yes ☐ No

If yes, attach copies of your returns or Notices of Assessment.

If no, why not? _____

Additional Dependent Information

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

Name of dependent _____	Age _____	Relationship to you _____
Address _____	Reason for dependency _____	
Name of dependent _____	Age _____	Relationship to you _____
Address _____	Reason for dependency _____	

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

Name of dependent _____	Age _____	Relationship to you _____
Address _____	Reason for dependency _____	
Name of dependent _____	Age _____	Relationship to you _____
Address _____	Reason for dependency _____	

I understand that the arrears repayments are in addition to the ongoing support obligation. A federal support deduction notice will be maintained to attach Income Tax Refunds and GST to be paid towards the arrears in addition to any payment arrangement amount until all arrears are paid in full.

I understand that I need to inform the MEP if my circumstances change so my payment arrangement can be reviewed and updated if necessary.

I understand that if I do not make the payments as required and do not contact the MEP, collection action may be taken to collect the full ongoing support and the arrears.

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 TRUE TO THE BEST OF MY KNOWLEDGE.

DATE: _____
Date you are completing this Statement

Sign: _____
Sign here