

**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:**

	<b>TOTAL EXPENSE</b>	<b>AMOUNT PAID BY YOU</b>
<input type="checkbox"/> Rent _____ <small>(Provide name, address and phone number of landlord)</small>	\$ _____	\$ _____
<input type="checkbox"/> Mortgage _____ <small>(Provide name of bank that holds the mortgage)</small>	\$ _____	\$ _____
Property Taxes .....	\$ _____	\$ _____
Home or tenant insurance .....	\$ _____	\$ _____
Utilities (heat, electrical, water) .....	\$ _____	\$ _____
Groceries (food, toiletries, etc) .....	\$ _____	\$ _____
<input type="checkbox"/> Home Phone <input type="checkbox"/> 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) _____	\$ _____	\$ _____
<b>TOTAL MONTHLY EXPENSES</b>	<b>\$ _____</b>	<b>\$ _____</b>

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

<b>Monthly Income and Expense Summary:</b>		
A)	Total Monthly Income from all sources after deductions	\$ _____
B)	Subtract: Total Monthly Expenses	\$ _____
C)	<b>Total Disposable Income</b> (subtract A from B)	<b>\$ _____</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 \_\_\_\_\_  
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 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:** \_\_\_\_\_ **Sign:** \_\_\_\_\_  
 Date you are completing this Statement Sign here