



FINANCIAL REPORT

FAX NUMBER: 250 356-1090

FOR OFFICE USE ONLY

ACCOUNT NO. _____

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IF MORE SPACE NEEDED, PLEASE ATTACH ADDITIONAL SHEETS.

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
MAILING ADDRESS		CITY
		PROVINCE
		POSTAL CODE
BIRTHDATE YYYY / MM / DD	MARITAL STATUS	NO. IN HOUSEHOLD
HOME PHONE NO. ()	WORK PHONE NO. ()	FAX NO. ()

DEPENDENTS – INCLUDING SPOUSE OR COMMON-LAW

NAME	BIRTHDATE YYYY / MM / DD	RELATIONSHIP TO YOU

INCOME – Indicate the household NET monthly income (take home pay) received by source. If your income varies each month, indicate the range of fluctuation. **PROVIDE copies of most recent payment stubs for all sources of income to confirm your figures.**

SOURCE	SELF	SPOUSE
NET EARNINGS + TIPS + BONUSES + COMMISSIONS	_____	_____
EMPLOYMENT INSURANCE	_____	_____
INCOME ASSISTANCE	_____	_____
PENSION _____	_____	_____
GST + CHILD TAX BENEFIT + BC FAMILY BONUS	_____	_____
MAINTENANCE CHILD SUPPORT	_____	_____
OTHER _____	_____	_____
TOTAL NET INCOME		_____

EXPENSES – Indicate all household expenses below. Divide annual expenses, such as car insurance, by twelve and indicate the monthly rate. **PROVIDE copy of most recent rent receipt, utility bill invoice, telephone bill and credit card statement(s) to confirm your figures.**

MORTGAGE/RENT _____	PUBLIC TRANSIT _____	CLOTHING _____
HOUSE/TENANT INSURANCE _____	CAR: LOAN PAYMENT _____	MEDICAL EXPENSES _____
FOOD _____	OPERATING EXPENSES _____	LIFE INSURANCE _____
TELEPHONE _____	INSURANCE _____	PERSONAL LOAN(S) _____
CABLE _____	ALIMONY/CHILD SUPPORT _____	CREDIT CARD(S) PAYMENT _____
OTHER UTILITIES _____	CHILD CARE _____	OTHER: _____
TOTAL MONTHLY EXPENSES		_____

EMPLOYMENT STATUS

EMPLOYER NAME	WORK PHONE NO. ()	OCCUPATION	HOURS WORKED PER WEEK
EMPLOYER ADDRESS		CITY	PROVINCE
			POSTAL CODE

SELF-EMPLOYED – *DOING BUSINESS AS:* _____

INDICATE TYPE OF BUSINESS
 PARTNERSHIP PROPRIETORSHIP LIMITED COMPANY

IF UNEMPLOYED, ARE YOU LOOKING FOR WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, explain why. _____	DO YOU HAVE A MEDICAL CONDITION THAT LIMITS YOUR ABILITY TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach letter from your physician confirming you are unable to work.
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ASSETS – Provide details of all assets owned whether or not they are completely paid for. Indicate owner as **I** (for yourself), **S** (for spouse) or **J** (for joint).

DESCRIPTION	OWNER I, S, J	PURCHASE DATE YYYY / MM / DD	PURCHASE PRICE	CURRENT VALUE
REAL ESTATE – Address(es)				
VEHICLE(S) – Make, Model and Year				
STOCKS, BONDS, RRSP, ETC.				
OTHER				

LIABILITIES – Provide details of all outstanding debts including those which you are currently repaying on a monthly basis. These debts include mortgages, credit cards, student loans, bank and family loans. Also include all loans for which you have guaranteed or cosigned.

CREDITOR NAME	CREDITOR ADDRESS	BALANCE OWING	MONTHLY PAYMENT

BANKING INFORMATION – Provide the name and address of all the financial institutions you deal with.

CERTIFICATION – Please read before signing.

- I understand and acknowledge that my debt owing to the Government of British Columbia, including principal plus all accrued interest, is now due and payable in full. Interest will continue to be accumulated on unpaid balances.
- I authorize the Ministry of Finance to obtain reports containing credit and/or personal information as necessary in connection with the administration of this debt. I also authorize the Ministry of Housing and Social Development, the Ministry of Health and Canada Revenue Agency or any other appropriate government office to confirm my circumstances to the Ministry of Finance.
- I certify that all of the information provided in this report is correct and accurate and supports my contention that I am not able to repay the debt in full at the present time. I understand that withholding relevant data, or falsification of data in this report may be grounds for the Government of British Columbia to revoke any payment schedule made on the basis of the information provided in this report, and to take the necessary legal steps to enforce payment of the entire debt.

SIGNATURE(S) – <i>Must be signed in ink. If spouse is also responsible for debt, both signatures must appear.</i>	DATE SIGNED YYYY / MM / DD
X	X