

**BC FAMILY MAINTENANCE AGENCY  
INCOME & EXPENSE FORM**

**PART 1: PERSONAL INFORMATION**

|                     |      |                          |
|---------------------|------|--------------------------|
| Case ID:            | SIN: | Birthdate:<br>DD/MON/YR: |
| Name:               |      | Home<br>Phone #:         |
| Mailing Address:    |      | Cell<br>Phone #:         |
| Employer:           |      | Work<br>Phone #:         |
| Employer's Address: |      | Employer's<br>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/<br>Pensions/Savings Bonds             | \$ _____ | Financial Institution _____ |
| Real Estate<br>(house, land, recreational property)     | \$ _____ | Address _____               |
|   | \$ _____ | Address _____               |
| Motor Vehicle(s)  | \$ _____ | Make/Model/Year _____       |
|   | \$ _____ | Make/Model/Year _____       |
| Other Vehicle(s)<br>(motorcycles, trailers, motorhomes) | \$ _____ | Make/Model/Year _____       |
|   | \$ _____ | Make/Model/Year _____       |
| Household Items<br>(furniture, appliances, electronics) | \$ _____ |                             |
| Life Insurance Policy<br>(cash surrender value)         | \$ _____ |                             |
| Other Asset(s)  | \$ _____ | Description _____           |

**PART 3: DEBTS**

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

The information on this form is collected pursuant to the *Family Maintenance Enforcement Act* for the purpose of managing your support order or agreement. To obtain information about privacy protection, go to the BCFMA website.

**PART 4: MONTHLY INCOME**

|   |                 |
|---|-----------------|
| Net Income (provide copies of last 3 pay stubs)   | \$ _____        |
| Overtime pay, commissions, bonuses or holiday pay<br>(calculate total received for the year and divide by 12) | \$ _____        |
| Self-Employed Business Income<br>(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   | \$ _____        |
| <b>TOTAL MONTHLY INCOME</b>   | <b>\$ _____</b> |

**PART 5: MONTHLY EXPENSES**

|  |                 |
|--|-----------------|
| <input type="checkbox"/> Rent                                |                 |
| <input type="checkbox"/> 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)              | \$ _____        |
| <b>TOTAL MONTHLY EXPENSES</b>                                | <b>\$ _____</b> |

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**BC FAMILY MAINTENANCE AGENCY  
PAYMENT PROPOSAL FORM**

Name: \_\_\_\_\_ Case ID: \_\_\_\_\_

A voluntary payment arrangement is a plan developed between you and BCFMA in which you agree to pay a set amount for a period of time towards your ongoing support payment and/or any arrears. This arrangement reflects our balanced approach, which ensures we listen to, collaborate with, and work with all parties to achieve the best outcomes for children and families.

**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
  - 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. Please set this up through your financial institution. The payee name is 'BC Family Maintenance Agency (BCFMA)' and your personalized account number is your Case ID the first four letters of your last name, or
    - Post-dated cheques made payable to recipient with your Case ID on them
4. Submit by web account, mail or fax your filled forms with the other documents to BCFMA at:

Box 9216, Victoria BC V8W 9J1  
Telephone: 1-866-557-2427 Fax: 250-220-4050

***Please ensure your proposed payment plan reflects your ongoing support obligations, arrears owed and your financial circumstances.***

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:  Online/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 try to reach an agreeable arrangement with you.

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