

# STATEMENT OF FINANCES

IN THE PROVINCIAL COURT OF BRITISH COLUMBIA (SMALL CLAIMS COURT)

REGISTRY FILE NUMBER
REGISTRY LOCATION

Name and occupation. NAME

OCCUPATION

**Complete all that apply and write N/A for anything that does not apply. See page 2 for further instructions.**

Circle one.

- I am married / single / in a common law relationship / other (specify) \_\_\_\_\_
- I am responsible for financially supporting (check if applicable, and indicate number)
  - a child or children under 19 \_\_\_\_\_  
indicate the number of children
  - another person or persons \_\_\_\_\_  
specify relationship \_\_\_\_\_ indicate the number \_\_\_\_\_
- Listed below is an accurate statement of my household's finances:

<b>A. MONTHLY INCOME</b> (net of tax and deductions)	
Salary	\$
Commissions	\$
Tips and Gratuities	\$
Self-Employment Income	\$
Employment Insurance	\$
Workers' Compensation	\$
Pension Income	\$
Interest and Investment Income	\$
Rental Income	\$
Business Income	\$
Government Child Benefit <small>any government benefits received for a child that is not included on another income line</small>	\$
Spousal Support	\$
Income of spouse/partner residing in the home	\$
Income of Children <small>children residing in the home 19 years of age and over</small>	\$
Income Assistance	\$
Other Income <small>specify where the other income is from</small>	\$
_____	\$
<b>A.1 INCOME TOTAL</b>	<b>\$</b>

<b>B. MONTHLY EXPENSES</b>	
Rent	\$
Mortgage	\$
Property Taxes/Strata Fees	\$
Home maintenance and repair	\$
Utilities <small>electricity, gas, water, waste</small>	\$
Phone/cellular/internet	\$
Cable/streaming subscriptions	\$
Homeowners/Renters Insurance	\$
Life Insurance	\$
Medical/Dental <small>including regular dental care and contact lenses</small>	\$
Groceries/household supplies	\$
Restaurant meals/food delivery	\$
Personal grooming and self-care <small>hair dresser/barber and cosmetics</small>	\$
Clothing	\$
Laundry & Dry Cleaning	\$
Motor Vehicle (lease or loan) <small>license, insurance, fuel &amp; service</small>	\$
Transportation <small>bus, taxi, parking and ride share</small>	\$
Newspapers & subscriptions	\$
Entertainment & recreation	\$
Alcohol, tobacco & non-medicinal cannabis	\$
Gift	\$
Charitable Donations	\$
Support Payments/Child Maintenance	\$
Childcare/Babysitting	\$
Children's Expenses: School, Activities and Lessons	\$
Pets	\$
Vacation	\$
Other <small>specify</small>	\$
_____	\$
<b>B.1 EXPENSES TOTAL</b>	<b>\$</b>

STATEMENT OF FINANCES

<b>C. MONTHLY DEBT PAYMENTS</b>	
<b>Credit Card(s)</b> <small>provide card type and issuer</small>	
	\$
	\$
	\$
<b>Bank or Finance Company</b>	
	\$
	\$
	\$
<b>Government Debt</b> <small>student loan, income tax, etc.</small>	
	\$
	\$
	\$
<b>Other</b> <small>including all other personal debts</small>	
	\$
	\$
	\$
<b>C.1 DEBT PAYMENT TOTAL</b>	\$

<b>D. VALUE OF ASSETS</b>	
<b>Real Estate</b>	
Market Value	\$
Mortgage Balance	\$
<b>Cars/Boats/Vehicles</b>	
Make, Model, and Year	
Market Value	\$
Loan Balance	\$
<b>Bank or Other Accounts</b>	
TFSA/RRSP	\$
Stocks, Bonds & Pensions	\$
Investment Accounts	\$
Cash	\$
Life Insurance <small>cash value</small>	\$
Loans and Credit <small>money owing to me</small>	\$
<small>name of debtor</small>	
Other <small>includes precious metals, art, jewelry or other items of high value</small>	\$
<b>D.1 TOTAL VALUE OF ASSETS</b>	\$

**If you need more space to complete a portion of this Statement of Finances Form, attach** additional pages to this form and label them as an appendix for the section you are continuing. For example: "Appendix 1-D, Additional Values of Assets" or "Appendix 4: Additional Supporting Records Attached".

<b>A.1 INCOME TOTAL</b>	\$
<b>B.1 EXPENSES TOTAL</b>	— \$
<b>C.1 DEBT PAYMENT TOTAL</b>	— \$
<b>BALANCE</b>	= \$

4. Attached are additional pages(s). The additional pages or supporting records are List

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5. I understand at the hearing the judge/justice may require me to swear or affirm to the truth of the contents of this Statement of Finances.

\_\_\_\_\_  
sign, print or type name

\_\_\_\_\_  
date