
(Name of Court)

at

(Court office address)

Form 13.1: Financial Statement (Property and Support Claims) sworn/affirmed

Applicant(s)

Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Respondent(s)

Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

INSTRUCTIONS

- USE THIS FORM IF:
 - you are making or responding to a claim for property or exclusive possession of the matrimonial home and its contents; or
 - you are making or responding to a claim for property or exclusive possession of the matrimonial home and its contents together with other claims for relief.
- DO NOT USE THIS FORM AND INSTEAD USE FORM 13 IF:
 - you are making or responding to a claim for support but NOT making or responding to a claim for property or exclusive possession of the matrimonial home and its contents.

1. **My name is** (full legal name) _____
I live in (municipality & province) _____

and I swear/affirm that the following is true:

My financial statement set out on the following (specify number) _____ pages is accurate to the best of my knowledge and belief and sets out the financial situation as of (give date for which information is accurate) _____ for

Check one or more boxes, as circumstances require. me

the following person(s): (Give name(s) and relationship to you.)

NOTE: When you show monthly income and expenses, give the current actual amount if you know it or can find out. To get a monthly figure you must multiply any weekly income by 4.33 or divide any yearly income by 12.

PART 1: INCOME

for the 12 months from (date) to (date)

Include all income and other money that you get from all sources, whether taxable or not. Show the gross amount here and show your deductions in Part 3.

	CATEGORY	Monthly			
1.	Pay, wages, salary, including overtime (before deductions)		10.	Canada Child Tax Benefit	
2.	Bonuses, fees, commissions		11.	Support payments actually received	
3.	Social assistance		12.	Income received by children	
4.	Employment insurance		13.	G.S.T. refund	
5.	Workers' compensation		14.	Payments from trust funds	
6.	Pensions		15.	Gifts received	
7.	Dividends		16.	Other (Specify.)	
8.	Interest				
9.	Rent, board received		17.	INCOME FROM ALL SOURCES	\$0.00

PART 2: OTHER BENEFITS

Show your non-cash benefits – such as the use of company car, a club membership or room and board that your employer or someone else provides for you or benefits that are charged through or written off by your business.

ITEM	DETAILS	Monthly Market Value
18. TOTAL		\$0.00

19. GROSS MONTHLY INCOME AND BENEFITS (Add [17] plus [18].) **\$0.00**

PART 3: AUTOMATIC DEDUCTIONS FROM INCOME

for the 12 months from (date) to (date)

	TYPE OF EXPENSE	Monthly			
20.	Income tax deducted from pay		25.	Group insurance	
21.	Canada Pension Plan		26.	Other (Specify.)	
22.	Other pension plans				
23.	Employment insurance		27.	TOTAL AUTOMATIC DEDUCTIONS	\$0.00
24.	Union or association dues				

28. NET MONTHLY INCOME (Do the subtraction: [19] minus [27].) **\$0.00**

PART 4: TOTAL EXPENSES

for the 12 months from (date) to (date) .

Note: This part must be completed in all cases. You must set out your TOTAL living expenses, including those expenses involving any children now living in your home. This part may also be used for a proposed budget. To prepare a proposed budget, photocopy Part 4, complete as necessary, change the title to "Proposed Budget" and attach it to this form.

TYPE OF EXPENSE	Monthly
Housing	
29. Rent / Mortgage	
30. Property taxes & municipal levies	
31. Condominium fees & common expenses	
32. Water	
33. Electricity & heating fuel	
34. Telephone	
35. Cable television & pay television	
36. Home insurance	
37. Home repairs, maintenance, gardening	
Sub-total of items [29] to [37]	\$0.00
Food, Clothing and Transportation	
38. Groceries	
39. Meals outside home	
40. General household supplies	
41. Hairdresser, barber & toiletries	
42. Laundry & dry cleaning	
43. Clothing	
44. Public transit	
45. Taxis	
46. Car insurance	
47. Licence	
48. Car loan payments	
49. Car maintenance and repairs	
50. Gasoline & oil	
51. Parking	
Sub-total of items [38] to [51]	\$0.00
Health & Medical <i>(do not include child(ren)'s expenses)</i>	
52. Regular dental care	
53. Orthodontics/special dental care	
54. Medicine & drugs	
55. Eye glasses or contact lenses	
56. Life or term insurance premiums	
Sub-total of items [52] to [56]	\$0.00

Child(ren)	
57. School activities <i>(field trips, etc.)</i>	
58. School lunches	
59. School fees, books, tuition, etc. <i>(for children)</i>	
60. Summer camp	
61. Activities <i>(music lessons, clubs, sports)</i>	
62. Allowances	
63. Baby sitting	
64. Day care	
65. Regular dental care	
66. Orthodontics/special dental care	
67. Medicine & drugs	
68. Eye glasses or contact lenses	
Sub-total of items [57] to [68]	\$0.00
Miscellaneous and Other	
69. Books for home use, newspapers, magazines, videos, compact discs	
70. Gifts	
71. Charities	
72. Alcohol & tobacco	
73. Pet expenses	
74. School fees, books, tuition, etc.	
75. Entertainment & recreation	
76. Vacation	
77. Credit cards <i>(but not for expenses mentioned elsewhere in the statement)</i>	
78. R.R.S.P. or other savings plans	
79. Support actually being paid in any other case	
80. Income tax and <i>Canada Pension Plan</i> <i>(not deducted from pay)</i>	
81. Other <i>(Specify.)</i>	
Sub-total of items [69] to [81]	\$0.00
82. Total of items [29] to [81]	\$0.00

SUMMARY OF INCOME AND EXPENSES

Net monthly income (item [28] above)	=	\$0.00
Subtract actual monthly expenses (item [82] above)	-	\$0.00
ACTUAL MONTHLY SURPLUS / (DEFICIT)	=	\$0.00

PART 5: OTHER INCOME INFORMATION

1. I am employed by *(name and address of employer)*
 - self-employed, carrying on business under the name of *(name and address of business)*
 - unemployed since *(date when last employed)*
2. I attach the following required information *(if you are filing this statement to update or correct an earlier statement, then you do not need to attach income tax returns that have already been filed with the court):*
 - a copy of my income tax returns that were filed with the Canada Revenue Agency for the past 3 taxation years, together with a copy of all material filed with the returns and a copy of any notices of assessment or re-assessment that I have received from the Canada Revenue Agency for those years; or
 - a statement from the Canada Revenue Agency that I have not filed any income tax returns for the past 3 years; or
 - a direction in Form 13A signed by me to the Taxation Branch of the Canada Revenue Agency for the disclosure of my tax returns and assessments to the other party for the past 3 years.

I attach proof of my current income, including my most recent

- pay cheque stub. employment insurance stub. worker's compensation stub.
 pension stub. Other *(Specify.)*

3. *(check if applicable)* I am an Indian within the meaning of the *Indian Act* (Canada) and all my income is tax exempt and I am not required to file an income tax return. I have therefore not attached an income tax return for the past three years.

PART 6: OTHER INCOME EARNERS IN THE HOME

Complete this part only if you are making or responding to a claim for undue hardship or spousal support. Indicate at paragraph 1 or 2, whether you are living with another person (for example, spouse, roommate or tenant). If you complete paragraph 2, also complete paragraphs 3 to 6.

1. I live alone
2. I am living with *(full legal name of person)*
3. This person has *(give number)* child(ren) living in the home.
4. This person works at *(place of work or business)*
 - does not work outside the home.
5. This person earns *(give amount)* \$ per .
 - does not earn anything.
6. This person contributes about \$ per towards the household expenses.
 - contributes no money to the household expenses.

PART 7: ASSETS IN AND OUT OF ONTARIO

If any sections of Parts 7 to 12 do not apply, do not leave blank, print "NONE" in the section.

The date of marriage is: (give date)

The valuation date is: (give date)

The date of commencement of cohabitation is (if different from date of marriage): (give date)

PART 7(a): LAND

Include any interest in land **owned** on the dates in each of the columns below, including leasehold interests and mortgages. Show estimated market value of your interest, but do not deduct encumbrances or costs of disposition; these encumbrances and costs should be shown under Part 8 "Debts and Other Liabilities".

Nature & Type of Ownership <i>(Give your percentage interest where relevant.)</i>	Address of Property	Estimated Market value of YOUR interest		
		on date of marriage	on valuation date	today
Matrimonial Home				
83. TOTAL VALUE OF LAND		\$0.00	\$0.00	\$0.00

PART 7(b): GENERAL HOUSEHOLD ITEMS AND VEHICLES

Show estimated market value, not the cost of replacement for these items owned on the dates in each of the columns below. Do not deduct encumbrances or costs of disposition; these encumbrances and costs should be shown under Part 8, "Debts and Other Liabilities".

Item	Description	Indicate if NOT in your possession	Estimated Market value of YOUR interest		
			on date of marriage	on valuation date	today
Household goods & furniture Cars, boats, vehicles Jewellery, art, electronics, tools, sports & hobby, equipment Other special items					
84. TOTAL VALUE OF GENERAL HOUSEHOLD ITEMS AND VEHICLES			\$0.00	\$0.00	\$0.00

PART 7(c): BANK ACCOUNTS, SAVINGS, SECURITIES AND PENSIONS

Show the items owned on the dates in each of the columns below by category, for example, cash, accounts in financial institutions, pensions, registered retirement or other savings plans, deposit receipts, any other savings, bonds, warrants, options, notes and other securities. Give your best estimate of the market value of the securities if the items were to be sold on the open market.

Category	Institution (including location)/ Description (including issuer and date)	Account number	Amount / Estimated Market Value		
			on date of marriage	on valuation date	today

85. TOTAL VALUE OF ACCOUNTS, SAVINGS, SECURITIES AND PENSIONS	\$0.00	\$0.00	\$0.00	\$0.00

PART 7(d): LIFE & DISABILITY INSURANCE

List all policies in existence on the dates in each of the columns below.

Company, Type & Policy Number	Owner	Beneficiary	Face Amount	Cash Surrender Value		
				on date of marriage	on valuation date	today
86. TOTAL CASH SURRENDER VALUE OF INSURANCE POLICIES				\$0.00	\$0.00	\$0.00

PART 7(e): BUSINESS INTERESTS

Show any interest in an unincorporated business owned on the dates in each of the columns below. An interest in an incorporated business may be shown here or under "BANK ACCOUNTS, SAVINGS, SECURITIES AND PENSIONS" in Part 7(c). Give your best estimate of market value of your interest.

Name of Firm or Company	Interest	Estimated Market value of YOUR interest		
		on date of marriage	on valuation date	today
87. TOTAL VALUE OF BUSINESS INTERESTS		\$0.00	\$0.00	\$0.00

PART 7(f): MONEY OWED TO YOU

Give details of all money that other persons owe to you on the dates in each of the columns below, whether because of business or from personal dealings. Include any court judgments in your favour and any estate money and any income tax refunds owed to you.

Details	Amount Owed to You			
	on date of marriage	on valuation date	today	
88. TOTAL OF MONEY OWED TO YOU		\$0.00	\$0.00	\$0.00

PART 7(g): OTHER PROPERTY

Show other property or assets owned on the dates in each of the columns below. Include property of any kind not listed above. Give your best estimate of market value.

Category	Details	Estimated Market Value of YOUR interest		
		on date of marriage	on valuation date	today
89. TOTAL OF OTHER PROPERTY		\$0.00	\$0.00	\$0.00
90. VALUE OF ALL PROPERTY OWNED ON THE VALUATION DATE <i>(Add items [83] to [89].)</i>		\$0.00	\$0.00	\$0.00

PART 8: DEBTS AND OTHER LIABILITIES

Show your debts and other liabilities on the dates in each of the columns below. List them by category such as mortgages, charges, liens, notes, credit cards, and accounts payable. Don't forget to include:

- any money owed to the Canada Revenue Agency;
- contingent liabilities such as guarantees or warranties given by you (but indicate that they are contingent); and
- any unpaid legal or professional bills as result of this case.

Category	Details	Amount owing		
		on date of marriage	on valuation date	today
91. TOTAL OF DEBTS AND OTHER LIABILITIES		\$0.00	\$0.00	\$0.00

PART 9: PROPERTY, DEBTS AND OTHER LIABILITIES ON DATE OF MARRIAGE

Show by category the value of your property and your debts and other liabilities **as of the date of your marriage**. DO NOT INCLUDE THE VALUE OF A MATRIMONIAL HOME THAT YOU OWNED ON THE DATE OF MARRIAGE IF THIS PROPERTY IS STILL A MATRIMONIAL HOME ON THE VALUATION DATE.

Category and details	Value on date of marriage	
	Assets	Liabilities
Land (exclude matrimonial home owned on date of marriage, unless sold before date of separation.)	\$0.00	
General household items & vehicles	\$0.00	
Bank accounts, savings, securities, pensions	\$0.00	
Life & disability insurance	\$0.00	
Business interests	\$0.00	
Money owed to you	\$0.00	
Other property (Specify.)	\$0.00	
Debts and other liabilities (Specify.)		\$0.00
TOTALS	\$0.00	\$0.00
92. NET VALUE OF PROPERTY OWNED ON DATE OF MARRIAGE <i>(From the total of the "Assets" column, subtract the total of the "Liabilities" column.)</i>	\$0.00	
93. VALUE OF ALL DEDUCTIONS (Add items [91] and [92].)	\$0.00	

PART 10: EXCLUDED PROPERTY

Show by category the value of property owned on the valuation date that is excluded from the definition of "net family property" (such as gifts or inheritances received after marriage).

Category	Details	Value on valuation date
Gift or inheritance from third person		
Income from property expressly excluded by donor/testator		
Damages and settlements for personal injuries, etc.		
Life insurance proceeds		
Traced property		
Excluded property by spousal agreement		
Other Excluded Property		
94. TOTAL VALUE OF EXCLUDED PROPERTY		\$0.00

PART 11: DISPOSED-OF PROPERTY

Show by category the value of all property that you disposed of during the two years immediately preceding the making of this statement, or during the marriage, whichever period is shorter.

Category	Details	Value
95. TOTAL VALUE OF DISPOSED-OF PROPERTY		\$0.00

PART 12: CALCULATION OF NET FAMILY PROPERTY

	Deductions	BALANCE
Value of all property owned on valuation date (from item [90] above)		\$0.00
Subtract value of all deductions (from item [93] above)	\$0.00	\$0.00
Subtract total value of all excluded property (from item [94] above)	\$0.00	\$0.00
96. NET FAMILY PROPERTY		\$0.00

I do not expect changes in my financial situation.

I do expect changes in my financial situation as follows:

I attach a proposed budget in the format of Part 4 of this form.

NOTE: As soon as you find out that the information in this financial statement is incorrect or incomplete, or there is a material change in your circumstances that affects or will affect the information in this financial statement, you **MUST** serve on every other party to this case and file with the court:

- a new financial statement with updated information, or
- if changes are minor, an affidavit in Form 14A setting out the details of these changes.

Sworn/Affirmed before me at: <hr style="border-top: 1px dashed black;"/> <div style="text-align: center;"><i>(municipality)</i></div> in <hr style="border-top: 1px dashed black;"/> <div style="text-align: center;"><i>(province, state or country)</i></div> on <div style="text-align: center;"><i>(date)</i></div>	<div style="text-align: center; border-top: 1px dashed black;"> <i>Signature</i> (This form to be signed in front of a lawyer, justice of the peace, notary public or commissioner for taking affidavits.) </div>
_____ Commissioner for taking affidavits (Type or print below if signature is illegible.)	

**FINANCIAL STATEMENT
SUMMARY PAGE**

BUDGET

Income		Monthly
Income From All Sources	[17]	\$0.00
Other Benefits	+ [18]	\$0.00
Automatic Deductions From Income	- [27]	\$0.00
Net Monthly Income	= [28]	\$0.00

Expenses	Actual	Proposed
Housing	\$0.00	
Food, Clothing and Transportation	\$0.00	
Health & Medical	\$0.00	
Child(ren)	\$0.00	
Miscellaneous and Other	\$0.00	
Total Expenses [82]	\$0.00	

Monthly Surplus / (Deficit) \$0.00

NET FAMILY PROPERTY

Assets		Valuation Date
Land	[83]	\$0.00
General Household Items and Vehicles	[84]	\$0.00
Bank Accounts, Savings, Securities and Pensions	[85]	\$0.00
Life and Disability Insurance	[86]	\$0.00
Business Interests	[87]	\$0.00
Money Owed to You	[88]	\$0.00
Other Property	[89]	\$0.00
Total Assets [90]		\$0.00

Deductions		
Debts and Other Liabilities on Valuation Date	[91]	\$0.00
Net Value of Property Owned on Date of Marriage	[92]	\$0.00
Total Deductions [93]		\$0.00

Exclusions		
Excluded Property owned on Valuation Date	[94]	\$0.00

Net Family Property \$0.00
([Assets] minus [Deductions] minus [Exclusions])

Notes:

NOTE: When you show monthly income and expenses, give the current actual amount if you know it or can find out. To get a monthly figure you must multiply any weekly income by 4.33 or divide any yearly income by 12.

PART 1: INCOME

for the 12 months from (date) PROPOSED to (date) BUDGET

Include all income and other money that you get from all sources, whether taxable or not. Show the gross amount here and show your deductions in Part 3.

	CATEGORY	Monthly			
1.	Pay, wages, salary, including overtime (before deductions)		10.	Canada Child Tax Benefit	
2.	Bonuses, fees, commissions		11.	Support payments actually received	
3.	Social assistance		12.	Income received by children	
4.	Employment insurance		13.	G.S.T. refund	
5.	Workers' compensation		14.	Payments from trust funds	
6.	Pensions		15.	Gifts received	
7.	Dividends		16.	Other (Specify.)	
8.	Interest				
9.	Rent, board received		17.	INCOME FROM ALL SOURCES	\$0.00

PART 2: OTHER BENEFITS

Show your non-cash benefits – such as the use of company car, a club membership or room and board that your employer or someone else provides for you or benefits that are charged through or written off by your business.

ITEM	DETAILS	Monthly Market Value
18. TOTAL		\$0.00

19. GROSS MONTHLY INCOME AND BENEFITS (Add [17] plus [18].) **\$0.00**

PART 3: AUTOMATIC DEDUCTIONS FROM INCOME

for the 12 months from (date) to (date)

	TYPE OF EXPENSE	Monthly			
20.	Income tax deducted from pay		25.	Group insurance	
21.	Canada Pension Plan		26.	Other (Specify.)	
22.	Other pension plans				
23.	Employment insurance		27.	TOTAL AUTOMATIC DEDUCTIONS	\$0.00
24.	Union or association dues				

28. NET MONTHLY INCOME (Do the subtraction: [19] minus [27].) **\$0.00**

PART 4: TOTAL EXPENSES

for the 12 months from (date) **PROPOSED** to (date) **BUDGET**

Note: This part must be completed in all cases. You must set out your TOTAL living expenses, including those expenses involving any children now living in your home. This part may also be used for a proposed budget. To prepare a proposed budget, photocopy Part 4, complete as necessary, change the title to "Proposed Budget" and attach it to this form.

TYPE OF EXPENSE	Monthly
Housing	
29. Rent / Mortgage	
30. Property taxes & municipal levies	
31. Condominium fees & common expenses	
32. Water	
33. Electricity & heating fuel	
34. Telephone	
35. Cable television & pay television	
36. Home insurance	
37. Home repairs, maintenance, gardening	
Sub-total of items [29] to [37]	\$0.00
Food, Clothing and Transportation	
38. Groceries	
39. Meals outside home	
40. General household supplies	
41. Hairdresser, barber & toiletries	
42. Laundry & dry cleaning	
43. Clothing	
44. Public transit	
45. Taxis	
46. Car insurance	
47. Licence	
48. Car loan payments	
49. Car maintenance and repairs	
50. Gasoline & oil	
51. Parking	
Sub-total of items [38] to [51]	\$0.00
Health & Medical <i>(do not include child(ren)'s expenses)</i>	
52. Regular dental care	
53. Orthodontics/special dental care	
54. Medicine & drugs	
55. Eye glasses or contact lenses	
56. Life or term insurance premiums	
Sub-total of items [52] to [56]	\$0.00

Child(ren)	
57. School activities <i>(field trips, etc.)</i>	
58. School lunches	
59. School fees, books, tuition, etc. <i>(for children)</i>	
60. Summer camp	
61. Activities <i>(music lessons, clubs, sports)</i>	
62. Allowances	
63. Baby sitting	
64. Day care	
65. Regular dental care	
66. Orthodontics/special dental care	
67. Medicine & drugs	
68. Eye glasses or contact lenses	
Sub-total of items [57] to [68]	\$0.00
Miscellaneous and Other	
69. Books for home use, newspapers, magazines, videos, compact discs	
70. Gifts	
71. Charities	
72. Alcohol & tobacco	
73. Pet expenses	
74. School fees, books, tuition, etc.	
75. Entertainment & recreation	
76. Vacation	
77. Credit cards <i>(but not for expenses mentioned elsewhere in the statement)</i>	
78. R.R.S.P. or other savings plans	
79. Support actually being paid in any other case	
80. Income tax and <i>Canada Pension Plan</i> <i>(not deducted from pay)</i>	
81. Other <i>(Specify.)</i>	
Sub-total of items [69] to [81]	\$0.00
82. Total of items [29] to [81]	\$0.00

SUMMARY OF INCOME AND EXPENSES

Net monthly income (item [28] above)	=	\$0.00
Subtract actual monthly expenses (item [82] above)	-	\$0.00
ACTUAL MONTHLY SURPLUS / (DEFICIT)	=	\$0.00