



MAINTENANCE ENFORCEMENT PROGRAM
INCOME AND EXPENSE FORM FOR RESPONDENTS

MEP File #

RESPONDENT INFORMATION

Last name	First name	Middle name
Date of birth (YYYY/MM/DD)	Phone	Social insurance number
Employer	Employer location	Employer phone
How many people do you support in your present household? (e.g., now living with you): _____		

MONTHLY INCOME

Employment income	
Total (gross) pay	\$
Overtime pay, commissions, bonuses (Total received for the year divided by 12 for the average per month)	\$
Employment deductions	
Income tax	\$
Canada Pension	\$
Unemployment insurance	\$
Union dues	\$
Superannuation/pension	\$
Group Life	\$
Medical Plan	\$
Parking	\$
Other (specify)	\$
Other income	
Family allowance	\$
Income assistance	\$
Pensions/annuities	\$
Income from rentals	\$
Interest	\$
Separation agreement / Court order	\$
Income of children	\$
Other (specify)	\$
Spouse's income	
Spouse's total (take-home) pay	\$

Total employment income	+ \$
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Total employment deductions	- \$
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Total other income	+ \$
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Spousal income	+ \$
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Total income (Net all sources)	\$
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* A copy of your last three pay stubs and income tax returns **must** be attached.

PROPOSAL

In addition to my regular maintenance payments of \$ _____ per _____, WEEKLY / BI-WEEKLY / MONTHLY / ETC.

I propose to pay \$ _____ per _____ towards the arrears, WEEKLY / BI-WEEKLY / MONTHLY / ETC.

starting _____ .
DAY MONTH YEAR

Signature _____

Date (YYYY/MM/DD) _____

Note: your payment towards arrears must be large enough to reduce the arrears in a reasonable time or your proposal will not be accepted.

MONTHLY EXPENSES

Shelter

Rent	\$	Mortgage	\$
Taxes	\$	Insurance	\$
Repairs/Maintenance	\$	Light/Power	\$
Heat	\$	Water	\$
Telephone	\$	Cablevision	\$
Fuel (oil, propane, wood)	\$		
Other (specify)			\$

Household contents

Repair	\$	Replacement	\$
Insurance	\$		

Groceries

Food	\$	Restaurant meals	\$
Non-food groceries	\$		

Clothing

For children who live with you	\$	For yourself	\$
Other (specify)			\$

Transportation

Bus/Taxi	\$	Depreciation	\$
Gas/Oil	\$	Repairs	\$
Insurance/License	\$		
Other (specify)			\$

Medical and dental (if additional to Medical Plan payroll deductions)

Medical insurance	\$	Dental costs	\$
Dental specialist	\$	Prescriptions	\$
Other (therapy, vitamins)			\$

Total shelter expenses \$

Total household expenses \$

Total grocery expenses \$

Total clothing expenses \$

Total transportation expenses \$

Total medical/dental expenses \$

MONTHLY EXPENSES (continued)**Miscellaneous expenses**

Debt payments (from below)	\$	Children's allowances	\$
School supplies/charges	\$	Other insurance	\$
Babysitter/childcare	\$	Haircuts/hairdresser	\$
Laundry/drycleaning	\$	Sports/club fees	\$
Church/charities	\$	Gifts	\$
Christmas/birthday	\$	Vacation allowance	\$
Entertainment (movies, rentals)	\$	Newspapers/magazines	\$
Alcohol	\$	Tobacco	\$
Legal fees and disbursements	\$	Emergencies	\$
Other (specify)			\$
Other (specify)			\$
Other (specify)			\$
Other (specify)			\$

Total shelter expenses \$

Total expenses \$

LIST DEBT PAYMENTS (include car payments, if any, here)

To whom	For what	Balance owing	Monthly amount
Total		\$	\$

Have you made your proposal on page 2? If not, please go back and fill in the box.

Signature _____

Date (YYYY/MM/DD) _____

Submit this completed form to MEP:**In person:**

Andrew A. Philipsen Law Centre (first floor)
2134 Second Avenue
Whitehorse

Office hours:

9 a.m. to 4 p.m., Monday to Friday

Mail:

Maintenance Enforcement Program
Box 2703 (J-3M),
Whitehorse, Yukon Y1A 2C6

FAX: 867-393-6989

Email: justmep@gov.yk.ca

Need help?

Contact MEP toll free at 1-877-617-5347

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