

REVENUE SERVICES
of British Columbia

Mailing Address:
PO Box 9401 Stn Prov Govt
Victoria BC V8W 9S6
Toll Free: 1 866 361-5050
Fax: 250 405-4410 or 250 405-4412

FINANCIAL REPORT

ACCOUNT NO. _____

Freedom of Information and Protection of Privacy Act (FOIPPA)

The personal information on this form is collected for the purpose of administering revenue services under the authority of section 26 of the *FOIPPA*. Questions about the collection or use of this information can be directed to the Information and Privacy Analyst, FOI Section, PO Box 9432 Stn Prov Govt, Victoria, BC V8W 9N6. (Telephone: Victoria at 250 953-3671, Vancouver at 604 660-2421 or toll-free at 1 800 663-7867 and ask to be re-directed). Email: FOI.QRYS@gov.bc.ca

IF MORE SPACE NEEDED, PLEASE ATTACH ADDITIONAL SHEETS.

PERSONAL INFORMATION

SURNAME		GIVEN NAMES		BIRTHDATE YYYY / MM / DD	
PREVIOUS NAME(S)			SOCIAL INSURANCE NO.		HOME PHONE NO. ()
MAILING ADDRESS		CITY	PROVINCE	POSTAL CODE	WORK PHONE NO. ()
MARITAL STATUS	NO. IN HOUSEHOLD	EMAIL ADDRESS			FAX NO. ()

DEPENDENTS – INCLUDING SPOUSE OR COMMON-LAW

NAME	BIRTHDATE YYYY / MM / DD	RELATIONSHIP TO YOU

NAME OF NEXT OF KIN – NOT LIVING WITH YOU

ADDRESS OF NEXT OF KIN				CITY	PROVINCE	POSTAL CODE	RELATIONSHIP TO YOU
HOME PHONE NO. ()							

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 most recent payment stubs for all sources of income to confirm your figures.**

SOURCE	SELF	SPOUSE / PARTNER
NET EARNINGS + TIPS + BONUSES + COMMISSIONS	_____	_____
EMPLOYMENT INSURANCE	_____	_____
SOCIAL ASSISTANCE	_____	_____
PENSION _____	_____	_____
GST + CHILD TAX BENEFIT + BC FAMILY BONUS	_____	_____
ALIMONY/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 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 <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> LIMITED COMPANY
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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 a completed Medical Report from your physician explaining your condition.
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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	ACCOUNT NUMBER	BALANCE OWING	MONTHLY PAYMENT

BANKING INFORMATION – Provide the name and address of the financial institution and your account number for each account type.

CHEQUING ACCOUNT NO.	FINANCIAL INSTITUTION NAME AND ADDRESS
SAVINGS ACCOUNT NO.	

CERTIFICATION – Please read before signing.

- I understand and acknowledge that my British Columbia Government debt including principal plus all accruing interest is now due and payable in full.
- I authorize Revenue Services of British Columbia to obtain reports containing credit and/or personal information as necessary in connection with its collection of this debt. I also authorize the Ministry of Housing and Social Development, the Ministry of Health Services, the Canada Revenue Agency, and my financial institution(s) to confirm my circumstances to Revenue Services of British Columbia.
- 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 Revenue Services of British Columbia to revoke any payment schedule made on the basis of the information provided in this report, and to initiate remedial action to enforce payment of the entire debt.

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