

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**      + \$

**Total Employment Deductions**      - \$

**Total Other Income**      + \$

**Spousal Income**      + \$

**Total Income (Net all sources)**      \$

\* 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)			\$

**Total Shelter Expenses** \$

### HOUSEHOLD CONTENTS

Repair	\$	Replacement	\$
Insurance	\$		

**Total Household Expenses** \$

### GROCERIES

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

**Total Grocery Expenses** \$

### CLOTHING

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

**Total Clothing Expenses** \$

### TRANSPORTATION

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

**Total Transportation Expenses** \$

### MEDICAL AND DENTAL (if additional to Medical Plan payroll deductions)

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

**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 & 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
<b>TOTAL</b>		\$	\$

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](mailto:justmep@gov.yk.ca)

**Need help?**

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

The information on this form is collected under the authority of the *Maintenance Enforcement Act* (Sec. 6). The information will be used to fulfill the requirements of the *Maintenance Enforcement Act* for the enforcement of maintenance orders or agreements and managed in accordance with the *Access to Information and Protection of Privacy Act*. If you have any questions about the collection or use of this information, please contact Maintenance Enforcement Program at 1-877-617-5347 or write to the mailing address on this form.