

# CHILD STATUS AND FINANCIAL STATEMENT

Form J

*A separate Form is required for each child.*

**1. Child's full name and date of birth**

Name (First Middle Last)	Date of Birth (dd-mmm-yyyy)
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**2. Details of child's living arrangements**

Indicate where the child lives and/or whether child lives with someone other than a parent, etc.:

Additional page(s) attached

**3. Child's education status (check any that apply). The child:**

- Is attending school and is in grade \_\_\_\_\_.
- Completed grade \_\_\_\_\_ in \_\_\_\_\_ (year), but did not graduate, and is not going to school now.
- Has completed high school and is not planning to attend post-secondary school.
- Has completed high school and plans to attend post-secondary courses starting in: \_\_\_\_\_(month/year).
- Is taking full-time courses at community college, CEGEP or trade school.
- Is taking part-time courses at community college, CEGEP or trade school.
- Is taking full-time courses at university.
- Is taking part-time courses at university.

**Education Details**

For each item checked above, give details. (If the child is not in school, describe what the child is doing. If planning to attend, or attending post-secondary school, list name of school, location, level child is in, length of course or area of study until diploma/degree obtained.)

Additional page(s) attached

**4. Child's financial and employment status (check any that apply). The child:**

- Is not employed.
- Is employed full-time.
- Is employed part-time.
- Has seasonal employment (e.g. summer jobs).
- Has filed an income tax return showing employment income for \_\_\_\_\_ (years).
- Has personal savings of approximately \$ \_\_\_\_\_.
- Receives gifts of money each year of approximately \$ \_\_\_\_\_.
- Is entitled to funds for education through an RESP or other savings plan held by (name of person(s) who holds the plan, type of plan, value if known)  
Name: \_\_\_\_\_ Value: \$ \_\_\_\_\_.
- Is receiving, or is entitled to receive, government student loans \$ \_\_\_\_\_.
- Is receiving educational scholarships in the amount of \$ \_\_\_\_\_.
- Has personal income from investments, a trust, or other sources \$ \_\_\_\_\_.
- Other (specify): \_\_\_\_\_ \$ \_\_\_\_\_.

**Employment and income source details**

Provide details for any employment lines checked above. For example, name of employer, child's occupation, approximate wages/salary by hourly rate and monthly or annual income, and how long the child has worked for the employer. Also provide details for any other boxes checked.

Additional page(s) attached

**5. Child's education-related expenses (check all that apply and attach supporting documents for all expenses claimed)**

- Tuition fees estimated at \$\_\_\_\_\_ per year.
- Textbooks estimated at \$\_\_\_\_\_ per year.
- Accommodation expenses/residence estimated at \$\_\_\_\_\_ per year.
- Additional expenses estimated at \$\_\_\_\_\_ per year.

**Details of additional education-related expenses**

List any additional expenses directly related to the child's education:

Additional page(s) attached

**6. Other reasons for the child's continuing dependence**

If the child has reached the age of majority and is unable to live on their own or support themselves, provide reasons for the continuing dependence, such as illness, disability or other cause.

Additional page(s) attached

**7. Reasons why the child named in the application should no longer be considered a dependant**

Provide details in support of this claim, such as whether the child has reached the age of majority and is not attending a post-secondary institution or the child is no longer residing with the Respondent

Additional page(s) attached

**8. I have had no contact with the child since \_\_\_\_\_ (year) and have no knowledge of his/her circumstances since he/she reached the age of majority.**

This document is attached to and forms part of the evidence in my support application/support variation application.

\_\_\_\_\_  
(Signature of Claimant/Applicant)