



Financial Services
Commission
of Ontario
5160 Yonge Street,
Box 85
Toronto ON M2N 6L9

**Affidavit in Support of
Application for Settlement**
*The Motor Vehicle Accident Claims Act
R.S.O. 1990, Chapter M.41, as amended*

MAIL TO:

File No.

Motor Vehicle Accident Claims Fund

P.O. Box 85
North York, Ontario
M2N 6L9

PLEASE PRINT

1. I, Last Name _____

First Name _____

Middle Name _____

MAKE OATH AND SAY AS FOLLOWS:

2. I live at: _____

My home telephone number is: _____

3. My occupation is: _____

4. My employer is: _____

5. My employer's address is: _____

6. My employer's telephone number is: _____

7. My supervisor's name is: _____

8. I have worked for this employer since: _____

Particulars of my financial situation and of all my property are accurately set out below, to the best of my knowledge, information and belief.

ALL INCOME AND MONEY RECEIVED

Include all income and other money received from all sources, whether taxable or not. Show gross amount here. Give current actual amount where known or ascertainable. Where amount cannot be ascertained, give your best estimate. Use weekly, monthly or yearly column as appropriate.)

Category	Weekly	Monthly	Yearly
1. Salary or Wages			
2. Bonuses			
3. Fees			
4. Commissions			
5. Family Allowance			
6. Unemployment Insurance			
7. Workers' Compensation			
8. Public Assistance			
9. Pension			
10. Dividends			
11. Interest			
12. Rental Income			
13. Allowances and Support From Others			
14. Other (Specify)			
TOTAL	\$ _____	\$ _____	\$ _____

Weekly Total \$ _____ x 4.33 = (A) \$ _____ monthly

\$ _____ ÷ 12 (B) \$ _____ monthly

GROSS MONTHLY INCOME (A) OR (B) = (C) \$ _____

OTHER BENEFITS

(Show all non-monetary benefits from all sources, such as use of vehicle or room and board, and include such items as insurance or dental plans or other expenses paid on your behalf. Give your best estimate where you cannot ascertain the actual value.)

Item	Particulars	Monthly Market Value
	TOTAL (D)	\$
	GROSS MONTHLY INCOME AND BENEFITS (C) + (D) =	\$

EXPENSES

For twelve month period from, 20to....., 20 Show your actual expenses, or your best estimate where you cannot ascertain the actual amount.

Category	Weekly	Monthly	Yearly
Housing			
1. Rent			
2. Real Property Taxes			
3. Mortgage			
4. Common Expense Charges			
5. Water			
6. Electricity			
7. Natural Gas			
8. Fuel Oil			
9. Telephone			
10. Cable T.V.			
11. Home Insurance			
12. Repairs and Maintenance			
13. Gardening and Snow Removal			
14. Other (Specify)			

Category	Weekly	Monthly	Yearly
Food Toiletries and Sundries			
15. Groceries			
16. Meals Outside Home			
17. Toiletries and Sundries			
18. Grooming			
19. General Household Supplies			
20. Laundry, Dry Cleaning			
21. Other (<i>Specify</i>)			
Clothing			
22. Children			
23. Self			
Transportation			
24. Public Transit			
25. Taxis, Car Pools			
26. Car Insurance			
27. Licence			
28. Car Maintenance			
29. Gasoline, Oil			
30. Parking			
31. Other (<i>Specify</i>)			
Health and Medical			
32. Doctors, Chiropractors			
33. Dentist (regular care)			
34. Orthodontist or Special Dental Care			
35. Insurance Premiums			
36. Drugs			
37. Other (<i>Specify</i>)			

Category	Weekly	Monthly	Yearly
Deductions From Income Tax			
38. Income Tax			
39. Canada Pension Plan			
40. Unemployment Insurance			
41. Employer Pension			
42. Union or Other Dues			
43. Group Insurance			
44. Credit Union Loan			
45. Credit Union Savings			
46. Other (<i>Specify</i>)			
Miscellaneous			
47. Life Insurance Premiums			
48. Tuition Fees, Books, etc.			
49. Entertainment			
50. Recreation			
51. Vacation			
52. Gifts			
53. Babysitting, Day Care			
54. Children's Allowances			
55. Children's Activities			
56. Support Payment			
57. Newspapers, Periodicals			
58. Alcohol, Tobacco			
59. Charities			
60. Income Tax (not deducted at source)			
61. Other (<i>Specify</i>)			

Category	Weekly	Monthly	Yearly
Loan Payments			
62. Banks			
63. Finance Companies			
64. Credit Unions			
65. Department Stores			
66. Other (<i>Specify</i>)			
Savings			
67. R.R.S.P.			
68. Other (<i>Specify</i>)			
TOTAL	\$ _____	\$ _____	\$ _____

Weekly Total \$ _____ x 4.33 = (E) \$ _____

Yearly Total \$ _____ ÷ 12 = (F) \$ _____

MONTHLY ACTUAL BUDGET = (G) \$ _____

SUMMARY OF INCOME AND EXPENSES

Gross Monthly Income

Amount (C) from "All Income And Money Received" above \$ _____

Subtract Monthly Actual Budget

\$ _____

Amount (G) from "Expenses" above

ASSETS

LAND

(Include any interest in land, including leasehold interests and mortgages, whether or not you are registered as owner. Show estimated market value of your interest without deducting encumbrances, and show encumbrances under Debts and Other Liabilities)

Nature and Type of Ownership (ie Owner or Tenant) State Percentage Interest Where Relevant	Name and Address of Property and Name and Address of Landlord If Applicable	Estimated Market Value Of Your Interest (See Instructions Above)
	TOTAL	\$

GENERAL HOUSEHOLD ITEMS AND VEHICLES

(Show estimated market value, not cost of replacement, and do not deduct encumbrances here. Show encumbrances under Debts and Other Liabilities)

Item	Particulars	Estimated Market Value of Your Interest See Instructions Below
General Household Contents Excluding Special Items (a) At Matrimonial Home(s) (b) Elsewhere Jewellery Works Of Art, Vehicles and Boats Other Special Items		
	TOTAL	\$

ASSETS - Cont'd

SAVINGS AND PLANS

(Show items by category. Include cash, accounts in financial institutions, registered retirement or other savings plans, deposit receipts, pensions and other savings.)

Category	Institution	Account Number	Amount
TOTAL			\$

SECURITIES

(Show items by category. Include shares, bonds, warrants, options, debentures, notes and any other securities. Give your best estimate of market value if the items were to be sold on an open market.)

Category	Number	Description	Estimated Market Value
TOTAL			\$

ASSETS - Cont'd

LIFE AND DISABILITY INSURANCE

Company and Policy Number	Kind Of Policy	Owner	Beneficiary	Face Amount	Present Cash Surrender Value
				TOTAL	\$

ACCOUNTS RECEIVABLE

(Give particulars of all debts owing to you whether arising from business or from personal dealings.)

Particulars	Amount
TOTAL	\$

ASSETS - Cont'd

BUSINESS INTERESTS

(Show any interest in an unincorporated business. A controlling interest in an incorporated business may be shown here or under Securities. Give your best estimate of market value if the business were to be sold on an open market.)

Name of Firm or Company	Interest	Estimated Market Value
	TOTAL	\$

OTHER PROPERTY

(Show other property by categories. Include property of any kind not shown above. Give your best estimate of market value.)

Category	Particulars	Estimated Market Value
	TOTAL	\$

LIABILITIES

DEBTS AND OTHER LIABILITIES

(Show your debts and other liabilities, whether arising from personal or business dealings, by category such as mortgages, charges, liens, notes, credit cards and accounts Payable. Include contingent liabilities such as guarantees and indicate that they are contingent.)

Category	Particulars, Including Name and Address of Creditor	Amount
	TOTAL	\$

SUMMARY OF ASSETS AND DEBTS

Total Assets \$ _____

Total Debts \$ _____

Attached to this affidavit are a copy of my income tax return filed with Revenue Canada for the last taxation year, together with all material filed with it, and a copy of any notice of assessment or reassessment that I have received for that year.

I do not anticipate any changes in the information set out above or any improvement in my income generating potential.

I anticipate the following material changes in the information set out above:

I offer to settle my debt to the Motor Vehicle Accident Claims Fund on the following terms:

Sworn before me at _____ on the _____ day of _____, 20____.

Signature of Commissioner taking oaths

Signature of Debtor

PLEASE NOTE THAT IT IS AN OFFENCE UNDER THE CRIMINAL CODE AND UNDER THE *INSURANCE ACT* TO PROVIDE ANY FALSE, MISLEADING OR INCOMPLETE INFORMATION.