

**- Income & Expenses for the month of \_\_\_\_\_**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Marital Status: \_\_\_\_\_

Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_  
# of Members in Household: 4

**MONTHLY FAMILY INCOME (NET)**

**Bankrupt Spouse**

Employment income. . . . . \_\_\_\_\_  
Pension/Annuities. . . . . \_\_\_\_\_  
Child support. . . . . \_\_\_\_\_  
Spousal support. . . . . \_\_\_\_\_  
Employment insurance benefits . . . . . \_\_\_\_\_  
Social assistance. . . . . \_\_\_\_\_  
Self-employment income. . . . . \_\_\_\_\_  
Child Tax Benefit. . . . . \_\_\_\_\_  
Other net income. . . . . \_\_\_\_\_  
**Total** . . . . . \_\_\_\_\_

**MONTHLY FAMILY NON-DISCRETIONARY EXPENSES**

Child support payments . . . . . \_\_\_\_\_  
Spousal support payments . . . . . \_\_\_\_\_  
Child care . . . . . \_\_\_\_\_  
Medical condition expenses . . . . . \_\_\_\_\_  
Fines/Penalties imposed by the court . . . . . \_\_\_\_\_  
Expenses as a condition of employment . . . . . \_\_\_\_\_  
Debts where stay has been lifted . . . . . \_\_\_\_\_  
Other Expenses . . . . . \_\_\_\_\_  
**Total** . . . . . \_\_\_\_\_

**MONTHLY FAMILY DISCRETIONARY EXPENSES**

**Housing expenses**

Rent/Mortgage . . . . . \_\_\_\_\_  
Property taxes/Condo fees. . . . . \_\_\_\_\_  
Heating/Gas/Oil. . . . . \_\_\_\_\_  
Telephone. . . . . \_\_\_\_\_  
Cable. . . . . \_\_\_\_\_  
Hydro. . . . . \_\_\_\_\_  
Water. . . . . \_\_\_\_\_  
Furniture. . . . . \_\_\_\_\_  
Other . . . . . \_\_\_\_\_

**Personal expenses**

Smoking . . . . . \_\_\_\_\_  
Alcohol . . . . . \_\_\_\_\_  
Dining/Lunches/Restaurants. . . . . \_\_\_\_\_  
Entertainment/Sports. . . . . \_\_\_\_\_  
Gifts/Charitable donations. . . . . \_\_\_\_\_  
Allowances. . . . . \_\_\_\_\_  
Other . . . . . \_\_\_\_\_

**Non-recoverable medical expenses**

Prescriptions. . . . . \_\_\_\_\_  
Dental. . . . . \_\_\_\_\_  
Other. . . . . \_\_\_\_\_

Income Total: \_\_\_\_\_  
Expense Total: \_\_\_\_\_  
Difference: \_\_\_\_\_

**Living expenses**

Food/Grocery. . . . . \_\_\_\_\_  
Laundry/Dry cleaning. . . . . \_\_\_\_\_  
Grooming/Toiletries. . . . . \_\_\_\_\_  
Clothing. . . . . \_\_\_\_\_  
Other. . . . . \_\_\_\_\_

**Transportation expenses**

Car lease/Payments. . . . . \_\_\_\_\_  
Repair/Maintenance/Gas. . . . . \_\_\_\_\_  
Public transportation. . . . . \_\_\_\_\_  
Other. . . . . \_\_\_\_\_

**Insurance expenses**

Vehicle. . . . . \_\_\_\_\_  
House. . . . . \_\_\_\_\_  
Furniture/Contents. . . . . \_\_\_\_\_  
Life insurance. . . . . \_\_\_\_\_  
Other. . . . . \_\_\_\_\_

**Payments**

To the estate. . . . . \_\_\_\_\_  
To secured creditor. . . . . \_\_\_\_\_  
(Other than mortgage and vehicle). . . . . \_\_\_\_\_  
Other. . . . . \_\_\_\_\_  
**Total** . . . . . \_\_\_\_\_

I hereby certify that the above information is complete and accurate to the best of my knowledge.

TEST

Date