MONTHLY INCOME	**DEBTOR**	**OTHERS**
Net Employment Income	**A** $ _____	**B** $ _____
Pensions/Annuities.....	_____	_____
Family Allowance	_____	_____
Alimony/Child Support	_____	_____
Employment Insurance Benefits...	_____	_____
Social Assistance	_____	_____
Net Self-Employment Income	_____	_____
Other Income (Please Specify _____)	_____	_____
TOTAL MONTHLY INCOME: $ _____	**A $** _____	**B $** _____

MONTHLY EXPENSES:		
Child Support Payments	**A $** _____	**B $** _____
Spousal Support Payments	_____	_____
Child Care Payments	_____	_____
Health Related Expenses	_____	_____
Fines/Penalties being paid	_____	_____
Employment Related expenses	_____	_____
Debts where Stay has been lifted by Court	_____	_____
Total Monthly Non-Discretionary Expenses - $ _____	**A $** _____	**B $** _____

Rent/Mortgage ..... _____
Property Taxes/ Condo Fees..... _____
Heating / Gas/Oil .... _____
Telephone ..... _____
Cable ..... _____
Hydro ..... _____
Water .... _____
Furniture .... _____
Smoking ..... _____
Alcohol .... _____
Dining/Lunches/Restaurants..... _____
Entertainment/Sports..... _____
Gifts/Charitable donations..... _____
Allowances..... _____
Prescriptions ..... _____
Dental ..... _____
Food/Grocery ..... _____
Laundry and Dry cleaning ..... _____
Grooming /Toiletries..... _____
Clothing ..... _____
Car lease/Payments ..... _____
Repair/Maintenance/Gas ..... _____
Public Transportation ..... _____
Vehicle Insurance ..... _____
House Insurance ..... _____
Furniture/Contents Insurance ..... _____
Life Insurance ..... _____
Payment to the Estate..... _____
Payment to Secured Creditor ..... _____

TOTAL MONTHLY EXPENSES

$_____