

**INCOME AND EXPENSE STATEMENT**

Name: \_\_\_\_\_  
Standard: \_\_\_\_\_ # in family: \_\_\_\_\_

Month: \_\_\_\_\_

**NET FAMILY INCOME (after taxes)**

*(must supply receipts, bank stmts, stubs etc)*

Net Salary *(attach pay stubs)*..... \_\_\_\_\_  
Pension/Annuities *(ccp/oas)*..... \_\_\_\_\_  
Child Tax Benefit and Universal..... \_\_\_\_\_  
Employment Insurance Benefits..... \_\_\_\_\_  
Social Assistance..... \_\_\_\_\_  
Rental Income and/or Self Employment Income..... \_\_\_\_\_  
Other Income *(please specify)*..... \_\_\_\_\_  
**TOTAL NET MONTHLY INCOME**..... \_\_\_\_\_

<b>BANKRUPT</b>	<b>SPOUSE</b>	<b>OTHER</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**MONTHLY EXPENSES**

**Non-discretionary expenses (attach copy of receipts)**

Child Support Payments..... \_\_\_\_\_  
Spousal Support Payments..... \_\_\_\_\_  
Child Care..... \_\_\_\_\_  
Medical Expenses *(prescriptions, MSP, dental provide copy of original)*..... \_\_\_\_\_  
Employment related expenses..... \_\_\_\_\_  
Other Expenses..... \_\_\_\_\_  
**TOTAL AFTER DEDUCTING EXPENSES.**..... \_\_\_\_\_

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**DISCRETIONARY EXPENSES**

Rent/Mortgage..... \_\_\_\_\_  
Property Taxes/Condo Fees..... \_\_\_\_\_  
Heating/Hydro..... \_\_\_\_\_  
Telephone..... \_\_\_\_\_  
Cable..... \_\_\_\_\_  
Entertainment..... \_\_\_\_\_  
Alcohol..... \_\_\_\_\_  
Smoking..... \_\_\_\_\_  
Food/Groceries..... \_\_\_\_\_  
Laundry/Dry Cleaning..... \_\_\_\_\_  
Grooming/Toiletries..... \_\_\_\_\_  
Clothing..... \_\_\_\_\_  
Automobile Lease/Loan Payment..... \_\_\_\_\_  
Repairs/Maintenance/Gas..... \_\_\_\_\_  
Public Transportation..... \_\_\_\_\_  
Vehicle Insurance..... \_\_\_\_\_  
House/Contents Insurance..... \_\_\_\_\_  
Life Insurance..... \_\_\_\_\_  
Payment to Trustee..... \_\_\_\_\_  
Payment to Secured Creditor..... \_\_\_\_\_  
Veterinary Expense/pet supplies..... \_\_\_\_\_  
Other *(specify: \_\_\_\_\_)*..... \_\_\_\_\_  
Other *(specify: \_\_\_\_\_)*..... \_\_\_\_\_  
Other *(specify: \_\_\_\_\_)*..... \_\_\_\_\_  
**TOTAL MONTHLY EXPENSES:**..... \_\_\_\_\_

**Surplus or Deficit:** \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address (if changed): \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

Date: \_\_\_\_\_