## **INCOME AND EXPENSE STATEMENT**

Name:		Month:	
Standard: # in family:			
NET FAMILY INCOME (after taxes)	BANKRUPT	SPOUSE	OTHER
(must supply receipts, bank stmts, stubs etc)			
Net Salary (attach pay stubs)			
Pension/Annuities ( <i>ccp/oas</i> )			
Child Tax Benefit and Universal.			
Employment Insurance Benefits			
Social Assistance			
Rental Income and/or Self Employment Income			
Other Income ( <i>please specify</i> )			
TOTAL NET MONTHLY INCOME			
MONTHLY EXPENSES			
Non-discretionary expenses (attach copy of reciepts)			
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			
Alchohol			
Smoking			
Food/Groceries			
Laundry/Dry Cleaning			
Grooming/Toiletries			
Clothing.			
Automobile Lease/Loan Payment			
Repairs/Maintenance/Gas			
Public Transportation			
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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 De	ficit:	
Email: Phone:			

Address (if changed):

Phone:

Date:

SIGNATURE: