

MONTHLY STATEMENT OF FAMILY INCOME AND EXPENSES

NAME:		Marital Status:	
Number in Family:		Budget from:	to
MONTHLY INCOME <i>*Proof of income required</i>		NON-DISCRETIONARY EXPENSES <i>*Receipts or other proof required</i>	
	Yours	Spouse/others	
Employment income (after deductions)			Child Support payment
EI benefits			Spousal Support payment
Social Assistance			Child Care
Child Tax Benefit + UCCB			Prescriptions (non-recoverable portion)
Pensions			Court-imposed fines or penalties
Spousal or child support income			Expenses as a condition of employment
Rental income			
Income Tax Refund			TOTAL NON-DISCRETIONARY EXPENSES
Net Self-employment income			
<i>*Attach a breakdown showing gross income and expenses</i>			MONTHLY FAMILY DISCRETIONARY EXPENSES (continued)
Other income			<u>Living expenses</u>
			Groceries
TOTAL MONTHLY FAMILY INCOME			Laundry & Dry Cleaning
			Clothing
MONTHLY FAMILY DISCRETIONARY EXPENSES			Dental
<u>Housing expenses</u>			
Rent/ mortgage			<u>Transportation expenses</u>
Property Taxes (if not included in mortgage)			Car lease or payment
Lot Rent			Fuel costs
Heating/Gas/Oil/Wood			Car Repairs/Maintenance
Electricity			Public Transportation/Tolls
Water			
Telephone/Cell			<u>Insurance Expenses</u>
Cable TV/Internet			Vehicle
House Maintenance and Repairs			House/Residential
			Life
<u>Personal expenses</u>			Medical (private)
Meals eaten outside the home			
Tobacco and/or alcohol			Payment to estate (bankruptcy)
Entertainment			
Donations			<u>Other</u>
Gifts, holidays, etc.			
School and Sport Supplies			
Barber & Hairdresser			
Bank fees			
TOTAL MONTHLY DISCRETIONARY EXPENSES			
COMMENTS AND NOTES:		SUMMARY OF EXPENSES:	
		NON-DISCRETIONARY	
		DISCRETIONARY	
		OTHER	
		TOTAL EXPENSES	
EXCESS (DEFICIENCY) OF INCOME OVER EXPENSES =			

I hereby certify that the above is an accurate statement of my income and expenses as witnessed by my signature and that I am aware of my obligations to contribute a portion of my surplus income to the estate.

DATE: _____ SIGNATURE: _____