

SHEILA SMELT & ASSOCIATES INC  
100 - 46093 Yale Road Chilliwack BC V2P 2L8

**MONTHLY STATEMENTS OF INCOME AND EXPENSES**

For the month of: \_\_\_\_\_ # of People in Household: \_\_\_\_\_  
 Name of Bankrupt: \_\_\_\_\_ Phone# ( ) \_\_\_\_\_  
 Complete Address: \_\_\_\_\_ New Address? Yes/No  
 Joint Budget?  YES  NO Joint budget with (name person) \_\_\_\_\_

**MONTHLY FAMILY INCOME( *Attach Proof of Income* ) (Bank Stmt/ Paystubs/Invoices)**

Net Earnings from Employment _____	Net Earnings from (Sp.) _____
Pensions/Disability Income _____	Pension/Disability (Sp) _____
Child / Spousal Support _____	Child / Spousal Support (Sp) _____
Employment Insurance Benefits _____	Employment Insurance Benefits (Sp) _____
Social Assistance _____	Social Assistance(Sp) _____
Net Self Employment Earnings _____	Net Self Employment Earnin _____
Canada Child Benefit _____	Canada Child Benefit( Sp) _____
Income Other Sources _____	Income Other (Sp) _____
<b>TOTAL NET INCOME</b>	<b>LINE (A) \$ _____</b>

**MONTHLY NON-DISCRETIONARY EXPENSES (Attach Receipts)**

Child Support/MEP/Alimony _____	Child Support/MEP/Alimony(Sp) _____
Childcare _____	Childcare(Sp) _____
Medical/Dental Expenses/MSP _____	Medical/Dental Expenses/MSP(Sp) _____
Work related Expenses _____	Work related Expenses(Sp) _____
<b>TOTAL NON-DISCRETIONARY EXPENSES</b>	<b>LINE (B) \$ _____</b>
	<b>(A) MINUS (B) = ( C ) \$ _____</b>

*This is your total Net income*

**Calculation to determine ( on average) whether you owe surplus income**

\$ \_\_\_\_\_ - \$ \_\_\_\_\_ = \$ \_\_\_\_\_ x 50% x \_\_\_\_\_ % = \$ \_\_\_\_\_

Total Net Income	Guideline	Gross surplus	Your net earnings/Total net income	Surplus payment
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**FAMILY MONTHLY EXPENSES**

Rent or Mortgage _____	Food/Groceries _____
Property Tax/Strrata _____	Laundry/Dry Cleaning _____
Heat & Hydro _____	Grooming/toiletries _____
Cable & Internet _____	Clothing _____
Telephone/Cell Phone _____	
Water/Sewer _____	Car Payments/Leases _____
	Gas/repairs/maint. _____
Dining Out/ Restaurants _____	Public Transportation _____
Entertainment _____	
Cigarettes _____	Car Insurance _____
Alcohol _____	House/Content Ins. _____
Gifts/Allowances/tithing _____	Life Insurance _____
Trustee Fees _____ (this is the fee you pay each month)	Other?Misc _____ (bank charges/TFSA contribution)
<b>TOTAL EXPENSES</b>	<b>LINE (D) \$ _____</b>
Funds left over at the end of the month ( take Line C and - Line D)	<b>MONTHLY SAVINGS \$ _____</b>

**THIS REPORT IS DUE 10 DAYS AFTER THE MONTH END**

