

INCOME & EXPENSE STATEMENT FOR THE MONTH OF: _____

NAME: _____

PHONE NO.: _____

ADDRESS: _____

EMAIL: _____

NO. IN HOUSEHOLD: _____

PLEASE EXPLAIN ANY CHANGE IN YOUR CIRCUMSTANCES SINCE YOUR LAST REPORT: _____

MONTHLY INCOME (attach pay stubs & bank statements)

Bankrupt/Debtor

Net Employment Income _____

Pensions/Annuities _____

Employment Insurance Benefits _____

Social Assistance _____

Spousal Support received _____

Child Support received _____

Child Tax Benefit & UCCB _____

Net Self-Employment (E) _____

Other net income _____

Other Household Members

Net Employment Income _____

Pensions/Annuities _____

Employment Insurance Benefits _____

Social Assistance _____

Spousal Support received _____

Child Support received _____

Child Tax Benefit & UCCB _____

Net Self-Employment (E) _____

Other net income _____

TOTAL MONTHLY INCOME (A) _____

MONTHLY NON-DISCRETIONARY EXPENSES (attach receipts)

Child +/-or Spousal Support Payments _____

Child Care _____

Medical & Dental Expenses / MSP _____

Required work expenses _____

Child +/-or Spousal Support Payments _____

Child Care _____

Medical & Dental Expenses / MSP _____

Required work expenses _____

TOTAL MONTHLY NON-DISCRETIONARY EXPENSES (B) _____

MONTHLY HOUSEHOLD DISCRETIONARY EXPENSES:

Housing expenses

Rent/mortgage _____

Property taxes/strata _____

Heat & Hydro _____

Cable & Internet _____

Telephone _____

Water/Sewer _____

House/contents insurance _____

Personal expenses

Entertainment _____

Cigarettes _____

Alcohol _____

Gifts _____

Cell phone _____

Living expenses

Food/groceries _____

Laundry/dry cleaning _____

Grooming/toiletries _____

Clothing _____

Transportation expenses

Car payments/lease _____

Repairs & maintenance _____

Car insurance _____

Public transit/taxis _____

Miscellaneous

Payment to the Trustee _____

TOTAL MONTHLY HOUSEHOLD DISCRETIONARY EXPENSES (C) _____

TOTAL MONTHLY HOUSEHOLD SAVINGS (A-B-C) _____