

INCOME & EXPENSES

For the Month of _____

Last Name		First Name		Marital Status	
Street Address (Apt/Unit No.)		City/Province		Postal Code	
Home Phone	Work Phone		Spouse Name		
Employer		Occupation		Number of Members in the household	

MONTHLY FAMILY INCOME (NET)

Income	Bankrupt	Spouse
Employment Income		
Pension/Annuities		
Child Support		
Spousal Support		
Employment Insurance Benefits		
Social Assistance		
Self-Employment Income		
Child Tax Benefit		
Other Net Income		
Total		

MONTHLY FAMILY NON-DISCRETIONARY EXPENSES

Child Support Payments	
Spousal Support Payments	
Child Care	
Medical Condition Expenses	
Fines/Penalties imposed by the court	
Expenses as a condition of employment	
Debts where stay has been lifted	
Other Expenses	
Total	

MONTHLY FAMILY DISCRETIONARY EXPENSES

Housing Expenses	Expenses
Rent/Mortgage	
Property Taxes/Condo Fees	
Heating/Gas/Oil	
Telephone	
Cable	
Hydro	
Water	
Furniture	
Other	

Living Expenses

Food/Grocery	
Laundry/Dry Cleaning	
Grooming/Toiletries	
Clothing	
Other	

Transportation Expenses

Car Lease/Payments	
Repair/Maintenance/Gas	
Public Transportation	
Other	

Insurance Expenses

Vehicle	
House	
Furniture/Contents	
Life Insurance	
Other	

Payments

To the estate	
To secured creditor (Other than mortgage and vehicle)	
Other	

Personal Expenses

Smoking	
Dining/Lunches/Restaurants	
Entertainment/Sports	
Gifts/Charitable Donations	
Allowances	
Other	

Non-Recoverable Medical Expenses

Prescriptions	
Dental	
Other	

Income Total: _____

Expenses Total: _____

Difference: _____

Income Total: _____

Expenses Total: _____

Difference: _____

Date _____