

- Income & Expenses for the month of _____ 2011-

Name: _____
Address: _____
Home Phone: _____
Marital Status: _____

Employer: _____
Work Phone: _____
Occupation: _____
Spouse's Name: _____
of Members in Household: _____

MONTHLY FAMILY INCOME (NET)

MONTHLY FAMILY NON-DISCRETIONARY EXPENSES

	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	_____	_____

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

Living expenses

Rent/Mortgage _____
Property taxes/Condo fees. _____
Heating/Gas/Oil. _____
Telephone. _____
Cable. _____
Hydro. _____
Water. _____
Furniture. _____
Other _____

Food/Grocery. _____
Laundry/Dry cleaning. _____
Grooming/Toiletries. _____
Clothing. _____
Other. _____

Personal expenses

Transportation expenses

Smoking _____
Alcohol _____
Dining/Lunches/Restaurants. _____
Entertainment/Sports. _____
Gifts/Charitable donations. _____
Allowances. _____
Other _____

Car lease/Payments. _____
Repair/Maintenance/Gas. _____
Public transportation. _____
Other. _____

Non-recoverable medical expenses

Insurance expenses

Prescriptions. _____
Dental. _____
Other. _____

Vehicle. _____
House. _____
Furniture/Contents. _____
Life insurance. _____
Other. _____

Income Total: _____
Expense Total: _____
Difference: _____

Payments
To the estate. _____
To secured creditor. _____
(Other than mortgage and vehicle). _____
Other. _____
Total _____

I hereby certify that the above information is complete and accurate to the best of my knowledge.

SIGNATURE

Date