



- Income & Expenses for the MONTH of _____ -

Name: Employer:
Address: Work Phone:
Occupation:
Home Phone: Spouse's Name:
Marital Status: # of Members in Household:

MONTHLY FAMILY INCOME (NET)

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

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

Personal expenses

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

Non-recoverable medical expenses

- Prescriptions.
- Dental.
- 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.
- Total**

Income Total:

Expense Total:

Difference:

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

Bankrupt's Name

Date