

MONTHLY INCOME AND EXPENSES

FOR THE CALENDAR MONTH OF \_\_\_\_\_ 200\_\_

Name: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Employer's Address \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Is this a change of address - No  Yes

Marital Status: Single  Married  Widowed  Divorced  Separated  Common-law

Name of Spouse \_\_\_\_\_ Name of Spouse's Employer \_\_\_\_\_

No. of Dependents: - \_\_\_\_\_ : \_\_\_\_\_ ( ) \_\_\_\_\_ ( )

Names (ages) \_\_\_\_\_ ( ) \_\_\_\_\_ ( )

MONTHLY INCOME:

Your monthly earnings (net take home pay after deductions):

Current employment (attach copy of paystub) \$ \_\_\_\_\_

Employment Insurance \_\_\_\_\_

Spouse's net earnings \_\_\_\_\_

Allowances, pensions, etc. \_\_\_\_\_

Child tax benefit \_\_\_\_\_

Alimony and maintenance payments \_\_\_\_\_

Other sources of income (specify) \_\_\_\_\_

\_\_\_\_\_ \$

TOTAL INCOME

MONTHLY EXPENSES:

Rent or Mortgage payments \$ \_\_\_\_\_

Property taxes \_\_\_\_\_

Gas \_\_\_\_\_

Electricity \_\_\_\_\_

Water \_\_\_\_\_

Home insurance \_\_\_\_\_

Telephone \_\_\_\_\_

Cable \_\_\_\_\_

Food and groceries \_\_\_\_\_

Clothing \_\_\_\_\_

Laundry & drycleaning \_\_\_\_\_

Motor vehicle operating expenses \_\_\_\_\_

Motor vehicle insurance \_\_\_\_\_

Transportation to and from work (parking, bus, LRT, etc.) \_\_\_\_\_

Recreation & entertainment \_\_\_\_\_

Childcare expenses (babysitting) \_\_\_\_\_

Alimony & maintenance payments \_\_\_\_\_

Medical insurance (if not deducted from payroll) \_\_\_\_\_

Medical & dental expenses (if not covered by insurance) \_\_\_\_\_

Life insurance premiums \_\_\_\_\_

Spouse's Creditor Payment(s) \_\_\_\_\_

Payment to Trustee \_\_\_\_\_

Miscellaneous (describe) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ \$

TOTAL MONTHLY EXPENSES

Have you acquired any assets since the date of your bankruptcy? Yes  No

If yes, please describe: \_\_\_\_\_  
(attach detailed notes)

Signature(s) \_\_\_\_\_