

MONTHLY INCOME AND EXPENSE SUMMARY

Month/Year _____

NAMES

Myself _____

My Partner _____

Dependant(s):

Name: _____ Age: _____ Name: _____ Age: _____ Name: _____ Age: _____

MONTHLY INCOMES:

	Myself		My Partner
Net salary	_____	Net salary	_____
Self-employment Income	_____	Self-employment Income	_____
Pensions/Annuities/ CPP/OAS	_____	Pensions/Annuities/ CPP/OAS	_____
Disability Income	_____	Disability Income	_____
Child Support	_____	Child Support	_____
Spousal Support	_____	Spousal Support	_____
Child Tax Credit	_____	Child Tax Credit	_____
Employment Insurance Benefits	_____	Employment Insurance Benefits	_____
Social Assistance	_____	Social Assistance	_____
Other	_____	Other	_____
TOTAL INCOMES			_____

MONTHLY EXPENSES:

NON-DISCRETIONARY

Child Support Payments	_____	Child Support Payments	_____
Spousal Support Payments	_____	Spousal Support Payments	_____
Child Care	_____	Child Care	_____
Medical/Prescriptions	_____	Medical/Prescriptions	_____
Fines/Penalties Being Paid	_____	Fines/Penalties Being Paid	_____
Employment Related Expenses	_____	Employment Related Expenses	_____
Debts Where Stay Has Been Lifted	_____	Debts Where Stay Has Been Lifted	_____
TOTAL NON-DISCRETIONARY EXPENSES			_____

DISCRETIONARY/OTHER EXPENSES

Housing		Personal (cont'd)	
Rent/Mortgage	_____	School Fees/Supplies	_____
Property Taxes	_____	Entertainment/Sports	_____
Water & Sewer	_____	Other _____	_____
House Repairs	_____		
Electricity	_____	Living	
Heating	_____	Groceries, etc.	_____
Telephone	_____	Clothing	_____
Cable	_____	Transportation	
Personal		Gas/Oil/Maintenance	_____
Restaurants/Lunches	_____	License/Registration	_____
Bus Fare/Taxi	_____	Vehicle Loan/Lease	_____
Haircuts	_____	Other _____	_____
Bank Charges	_____	Insurance	
Laundry/Dry Cleaning	_____	Life	_____
Tobacco	_____	Home/Tenant	_____
Alcohol	_____	Vehicle	_____
Newspaper/Magazines	_____	Payments	
Pet Care	_____	To the Trustee	_____
Gifts/Charitable Donations	_____	Other _____	_____
TOTAL MONTHLY COMBINED DISCRETIONARY/OTHER EXPENSES			_____

DISPOSABLE INCOME

CHANGES since last month (Leave blank if this is an application)

Name: _____

Address: _____

Tel: _____

Marital Status: married _____ divorced _____ single _____ widowed _____ separated _____ common law _____

I/We certify that this summary is true and correct to the best of my/our knowledge.

SIGNATURE

SIGNATURE

DATE