

MONTHLY STATEMENT OF FAMILY INCOME AND EXPENSES

NAME:	Marital Status:		
Number in Family:	Budget for:		to

MONTHLY INCOME <i>(provide proof)</i>		FIXED EXPENSES	
Income after deductions		Rent, mortgage	
Spouse's income after deductions		Property Taxes	
Dependent's income after deductions		Heat	
EI benefits		Electricity	
Social Assistance		Water	
Child Tax Benefit + UCCB		Telephone	
Pensions		Life Insurance	
Alimony or support income		Residential Insurance	
Rental income		Car lease or payment	
Other		Child Care	
Self-employment income (GROSS) <i>list deductions below at ☼</i>		Child Support payment	
		Spousal Support payment	
		Payment to estate (trustee)	
TOTAL MONTHLY FAMILY INCOME		TOTAL MONTHLY FIXED EXPENSES	

REGULAR EXPENSES		VARIABLE EXPENSES	
Groceries		Meals eaten outside the home	
Clothing		Tobacco and/or alcohol	
Laundry & Dry Cleaning		Entertainment	
Cable TV		Donations	
House Maintenance and Repairs		Gifts, holidays, etc.	
Car Gas and Oil		Barber & Hairdresser	
Car Repairs		School and Sport Supplies	
Car Insurance		☼ SELF-EMPLOYED BUSINESS EXPENSES <i>(please list)</i>	
Public Transportation/Tolls		1. Income tax on self-employed income	
		2. CPP on self-employed income	
Non-reimbursed portions of:		3. GST/HST	
Medical Insurance		4.	
Dentist		5.	
Prescriptions		6.	
		7.	
TOTAL MONTHLY REGULAR EXPENSES		TOTAL MONTHLY VARIABLE EXPENSES	

COMMENTS AND NOTES:	SUMMARY OF EXPENSES	
	REGULAR	
	FIXED	
	VARIABLE	
	TOTAL EXPENSES	
EXCESS (DEFICIENCY) OF INCOME OVER EXPENSES =		

I hereby certify that the above is an accurate statement of my income and expenses as witnessed by my signature and that I am aware of my obligations to contribute a portion of my surplus income to the estate.

DATE: _____ SIGNATURE: _____