MONTHLY STATEMENT OF FAMILY INCOME AND EXPENSES

do not alter blue boxes - they contain formulas to auto-calculate your totals

NAME:	Marital Status:
Number in Family:	Budget from: *to*

MONTHLY INCOME		
**** Proof of income required***	Yours	Spouse/Others
Employment income (after deductions)		
EI benefits		
Social Assistance		
Canada Child Tax Benefit		
Pensions		
Spousal or child support income		
Rental income		
Income Tax Refund		
Net Self-employment income		
* Attach a breakdown showing gross income and deductions		
Other income		
TOTAL MONTHLY FAMILY INCOME		

MONTHLY FAMILY DISCRETIONARY EXPENSES	
Housing expenses	
Rent/ mortgage	
Property Taxes (If not included in mortgage)	
Lot Rent	
Heating/Gas/Oil/Wood	
Electricity	
Water	
Telephone/Cell	
Cable TV / Internet	
House Maintenance and Repairs	
Personal expenses	
Meals eaten outside the home	
Tobacco and/or alcohol	
Entertainment	
Donations	
Gifts, holidays, etc.	
School and Sport Supplies	
Barber & Hairdresser	
Bank Fees	

NON-DISCRETIONARY EXPENSES	
*** Receipts or other proof required**	
*Child Support payment	
*Spousal Support payment	
*Child care	
*Medical (prescriptions, private ins. Etc)	
*Court-imposed fines or penalties	
*Expenses as a condition of employment	
*Dental	
TOTAL NON-DISCRETIONARY EXPENSES	
MONTHLY FAMILY DISCRETIONARY EXPENSES	
Living expenses	
Groceries	
Laundry & Dry Cleaning	
Clothing	
Transportation expenses	
Car lease or payment	
Fuel costs	
Car Repairs/Maintenance	
Public Transportation/Tolls	
Insurance expenses	
Vehicle	
House/Residential	
Life	
To the estate (bankruptcy)	
Other	
TOTAL MONTHLY DISCRETIONARY EXPENSES	

COMMENTS AND NOTES:

SUMMARY OF EXPENSES:	
NON-DISCRETIONARY	
DISCRETIONARY	
OTHER	
TOTAL EXPENSES	
EXCESS (DEFICIENCY) OF INCOME OVER EXPENSES =	

expenses and that I am aware of my obligations to contribute a portion of my surplus income to the estate.

DATE: _____ SIGNATURE :

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