

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

MONTHLY INCOME		
<i>* Proof of income required</i>	Yours	Spouse/Others
Employment income (after deductions)		
El 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		
<u>Housing expenses</u>		
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		
<u>Personal expenses</u>		
Meals eaten outside the home		
Tobacco		
Alcohol		
Entertainment		
Gifts, holidays, etc.		
School and Sport Supplies		
Barber & Hairdresser		
Donations		
Bank Fees		
TOTAL MONTHLY DISCRETIONARY EXPENSES		

NON-DISCRETIONARY EXPENSES <i>* Receipts or other proof (required)</i>		
*Child Support payment		
*Spousal Support payment		
*Childcare		
*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		
<u>Living expenses</u>		
Groceries		
Laundry & Dry Cleaning		
Clothing		
<u>Transportation expenses</u>		
Car lease or payment		
Fuel costs		
Car Repairs/Maintenance		
Public Transportation/Tolls		
<u>Insurance expenses</u>		
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 =	