

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		
<small>* Attach a breakdown showing gross income and deductions</small>		
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 and/or alcohol	
Entertainment	
Donations	
Gifts, holidays, etc.	
School and Sport Supplies	
Barber & Hairdresser	
Bank Fees	
TOTAL MONTHLY DISCRETIONARY EXPENSES	

NON-DISCRETIONARY EXPENSES <i>* Receipts or other proof required</i>	
*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	
<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)	
<u>Other</u>	
TOTAL MONTHLY DISCRETIONARY EXPENSES	

COMMENTS AND NOTES:

SUMMARY OF EXPENSES:	
NON-DISCRETIONARY	
DISCRETIONARY	
OTHER	
TOTAL EXPENSES	

EXCESS (DEFICIENCY) OF INCOME OVER EXPENSES	=	
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