

Name: _____

Month: _____

Net Income (must provide proof):

Employment Income	
Spouses Employment Income	
Pensions / Annuities	
Child Support Received	
Other Income	

Child Tax Benefits	
Spousal Support Received	
Employment Insurance Benefits	
Social Assistance Benefits	
Self-Employment Income	
TOTAL	

Non-Discretionary Expenses (must provide receipts):

Spousal Support	
Child Support	

Child Care Expenses	
Medical Expenses	
TOTAL	

Discretionary Expenses:

<i>Housing Expenses</i>	
Rent / Mortgage	
Property Tax / Strata Fees	
Telephone / Cellular	
Cable / Internet	
Gas / Heating	
Hydro / Electricity	
Water	
<i>Personal Expenses</i>	
Smoking	
Alcohol	
Dining / Lunches / Restaurants	
Entertainment / Sports	
Gifts / Donations	
Allowances	
Tuition / Books	

<i>Living Expenses</i>	
Food / Grocery	
Laundry / Dry-cleaning	
Grooming / Toiletries	
Clothing	
<i>Transportation Expenses</i>	
Car Lease / Payments	
Repairs / Maintenance / Gas	
Public Transportation	
<i>Insurance Expenses</i>	
Vehicle	
House / Contents	
Disability / Life	
<i>Other Payments</i>	
Trustee	
Secured Creditor	
TOTAL	

Signed: _____

Date: _____