

Monthly Statement of Income and Expenses

Name: _____
 Address: _____
 Employer: _____

Month of: _____
 Payment: _____
 No. In Family: _____

INCOME	(Verification Required, i.e. pay stub, bank statement, etc.)						Net Income
	Gross Wage	Tax	CPP	EI	Pension	Other	
Bankrupt							0
Spouse							0
Dependents							0
Canada Child Benefit							
Other Income (refunds, grants, tips, etc.) Give details							
Money obtained by loan (describe source of loan)							
Net Business/Farm Income							
TOTAL INCOME							0

MONTHLY ALLOWABLE EXPENSES (non-discretionary expenses) (Receipts required)	
Child Care	
Prescriptions (not covered by insurance)	
Other Medical Expenses (describe)	
Child Support/Alimony Support (attach receipt or copy of cashed cheque)	
Canada Student Loan Interest	
TOTAL ALLOWABLE EXPENSES	0

MONTHLY EXPENSES (actually paid this month)			
<u>Housing Costs</u>	<u>Transportation</u>	<u>Living Expenses</u>	
Rent/Mortgage _____	Gas and Oil _____	Groceries _____	
Taxes _____	Vehicle Repairs _____	Food Eaten Out _____	
Repairs/Furnishings _____	Public Transit _____	Clothing _____	
Utilities _____	Other (describe) _____	Laundry/Dry Cleaning _____	
Telephone _____			
<u>Insurance</u>	<u>Other</u>	<u>Personal</u>	
Vehicle _____	Loan Payments _____	Smoking _____	
Property _____	Entertainment _____	Newspaper/Magazines _____	
Life _____	Holidays _____	Barber/Beauty _____	
Other _____	Other (details on reverse) _____	Children's Allowances _____	
		Donations/Clubs, etc. _____	
		Toiletries _____	
		<u>Payment to Trustee</u> _____	
TOTAL EXPENSES			0

OTHER ASSETS ACQUIRED _____

The above is accurate statement of my income and expenses as witnessed by my signature.
 I am aware of my obligations to contribute a portion of surplus income, pursuant to OSB Standards to the estate.

 Date

 Signature