

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> Rent/Mortgage _____ Taxes _____ Repairs/Furnishings _____ Utilities _____ Telephone _____	<u>Transportation</u> Gas and Oil _____ Vehicle Repairs _____ Public Transit _____ Other (describe) _____	<u>Living Expenses</u> Groceries _____ Food Eaten Out _____ Clothing _____ Laundry/Dry Cleaning _____	
<u>Insurance</u> Vehicle _____ Property _____ Life _____ Other _____	<u>Other</u> Loan Payments _____ Entertainment _____ Holidays _____ Other (details on reverse) _____	<u>Personal</u> Smoking _____ Newspaper/Magazines _____ Barber/Beauty _____ 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