

PERSONAL INCOME AND EXPENSE REPORT

Calendar Month: _____

Name: _____

If we need to contact you, what is the best way?

Home Phone: Cell Phone:

Email: Other:

Did you move this month?

(If you did, please write your new address below:)

INCOME	Bankrupt	Spouse & other family members	
Take-home pay from employment (attach pay stubs)	_____	_____	
Add back deductions for RRSPs, savings, extra taxes etc.	_____	_____	
EI Benefits, Pensions, Old Age Security (attach bank statement)	_____	_____	
Child Tax Benefit & Universal Child Care Benefit	_____	_____	
Self employment income (from Business Income & Expense report)	_____	_____	
Other income (describe)	_____	_____	
TOTAL INCOME FOR MONTH	\$ _____	+ \$ _____	= \$ _____

EXPENSES

NON-DISCRETIONARY EXPENSES (attach copies of receipts or proof of payments)

- Child or spousal support payments _____
- Medical/dental expenses/prescription drugs..... _____
- Child care (describe) _____
- Other non-discretionary expenses (eg: fines from before the date of bankruptcy)..... _____

DISCRETIONARY EXPENSES (do NOT attach receipts)

- Housing:
 - Rent or mortgage payment _____
 - Property taxes/condo fees _____
 - Natural Gas _____
 - Telephone, Cable, Internet..... _____
 - Electricity..... _____
- Personal:
 - Tobacco _____
 - Alcohol _____
 - Charitable donations/tithing/gifts _____
 - Entertainment/sports _____
- Living:
 - Food/groceries _____
 - Dining out/coffee or lunch at work..... _____
 - Grooming / toiletries/ laundry / drycleaning..... _____
 - Clothing..... _____
- Transportation:
 - Car lease/payments _____
 - Gas/repairs/maintenance _____
 - Public transportation/parking _____
 - Other _____
- Insurance:
 - Vehicle _____
 - House / Furniture / Contents _____
 - Life / Medical/ Disability..... _____
- Miscellaneous:
 - To secured creditors (other than mortgage and vehicle) _____
 - Other (describe) _____

Payments to Trustee as agreed _____

TOTAL EXPENSES FOR MONTH \$ _____

INCOME LESS EXPENSES = SAVINGS!!! \$ _____

The above is an accurate statement of my income and expenses as witnessed by my signature. The trustee has made me aware of my obligations to contribute the payments required under the Superintendent's Standards based on my income less my non-discretionary expenses. I confirm that there are _____ people in my family unit.

Signature..... Date

THIS STATEMENT AND YOUR MONTHLY PAYMENT MUST BE FORWARDED TO THE TRUSTEE BY THE ____ DAY OF THE FOLLOWING MONTH AS AGREED WHEN YOU DECLARED BANKRUPTCY.