

Monthly Statement of Income and Expenses for the Month of: _____ / _____

Name: _____ Phone Number: (H) _____ (W) _____ (C) _____ Office / Month of bky

Address: _____

of persons in household family unit, including bankrupt: _____ Different address from your last statement? Yes _____ No _____

Income (Attach pay stubs/verification)	Monthly	Non-Discretionary Expenses (Attach receipts)	Monthly
Net employment income		Child support payments	
Net employment income of spouse		Spousal support payments	
Net pensions/annuities		Child care	
Net child/spousal support		Medical expenses	
Net child tax/universal child care benefits		Fines/penalties existing at date of bankruptcy	
Net EI benefits/social assistance		Interest on student loans	
Net self-employment income			
Other income – describe			
Total monthly income (A)		Total monthly non-discretionary expenses	

Discretionary Expenses (Do not send receipts)	Monthly		Monthly
Housing Expenses		Living Expenses	
Rent/Mortgage(s)		Food/Grocery	
Property taxes/Condo fees		Laundry/Dry Cleaning	
Heating/Gas/Oil		Grooming/Toiletries	
Telephone/Cell/Internet		Clothing	
Cable/Internet		Bank Charges/Newspaper	
Hydro		Other –	
Water		Transportation Expenses	
Home Maintenance		Car Lease/Payments	
Other –		Repair/Maintenance/Gas	
Personal Expenses		Public Transportation	
Smoking		Other –	
Alcohol		Insurance Expenses	
Dining/Lunches/Restaurants		Vehicle	
Entertainment/Sports		House	
Gifts/Charitable Donations		Furniture/Contents	
Allowances		Life Insurance	
Education		Other –	
Other –		Payments	
		To the Trustee	
		To secured creditor	
		Other –	
		Total Monthly Discretionary Expenses	

The above is an accurate statement of my income and expenses as witnessed by my signature.

Signature

Date

This Monthly Statement and the greater of your bankruptcy fee or the Superintendent Standard (see reverse) must be forwarded to the Trustee by the 10th day of the following month.

