



**MONTHLY INCOME**

Type of Income	Applicant	Spouse/Others	NOTES:
Net Employment Income (provide a copy of a recent paystub)			
Net Pension Income			
Child/Spousal Support			
Net Employment Insurance Benefits			
Social Assistance			
Net Self-Employment Income			
Child Tax Benefit			
Universal Child Care			
Other Net Income			
<b>Total Net Monthly Income</b>	\$	\$	\$

**MONTHLY EXPENSES**

**NON-DISCRETIONARY**

Child Support Payments		Court-ordered Fines/Penalties	
Spousal Support Payments		Employment expenses (tax deductible)	
Child Care		Debts where stay has been lifted	
Medical Condition Expenses		Other (please specify) _____	
<b>TOTAL:</b>			\$ _____

**DISCRETIONARY**

<b>HOUSING EXPENSES</b>		<b>LIVING EXPENSES</b>	
Rent/Mortgage		Food/Groceries	
Property Taxes/Condo Fees		Laundry/Dry Cleaning	
Heating/Gas/Oil		Grooming/Toiletries	
Telephone		Clothing	
Cable/internet		Other (please specify) _____	
Power			
Furniture			
Other (please specify) _____			
<b>PERSONAL EXPENSES</b>		<b>TRANSPORTATION EXPENSES</b>	
Smoking		Car lease/Payments	
Alcohol		Repair/Maintenance/Gas	
Dining/Lunches/Restaurants		Public Transportation	
Entertainment/Sports		Other (please specify) _____	
Gifts and Donations			
Allowances			
Other (please specify) _____			
<b>NON-RECOVERABLE MEDICAL EXPENSES</b>		<b>INSURANCE EXPENSES</b>	
Prescriptions		Vehicle	
Dental		House	
Other (please specify) _____		Furniture/Contents	
		Life Insurance	
		Other (please specify) _____	
<b>TOTAL:</b>			\$ _____

**TRACKING FORM – 3 MONTHS**

	Budget (from above) \$	1st Month Actual \$	2nd Month Actual \$	3rd Month Actual \$
<b>TOTAL FAMILY INCOME</b>	(A) _____	(A) _____	(A) _____	(A) _____
<b>MONTHLY EXPENSES</b>				
<b>HOUSING EXPENSES:</b>	_____	_____	_____	_____
Rent / Mortgage	_____	_____	_____	_____
Property taxes / Condo Fees	_____	_____	_____	_____
Heating / Gas / Oil	_____	_____	_____	_____
Telephone	_____	_____	_____	_____
Cable	_____	_____	_____	_____
Hydro	_____	_____	_____	_____
Water	_____	_____	_____	_____
Furniture	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
<b>PERSONAL EXPENSES:</b>	_____	_____	_____	_____
Smoking	_____	_____	_____	_____
Dining / Lunches / Restaurants	_____	_____	_____	_____
Entertainment / Sports	_____	_____	_____	_____
Gifts / Charitable donations	_____	_____	_____	_____
Children's Allowances	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
<b>MEDICAL EXPENSES:</b>	_____	_____	_____	_____
Prescriptions	_____	_____	_____	_____
Dental	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____

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**SPENDING PLAN FORM**

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	<b>Budget</b>	<b>Pay Period 1</b>	<b>Pay Period 2</b>	<b>Pay Period 3</b>
	\$	\$	\$	\$
Income 1 _____	_____	_____	_____	_____
Income 2 _____	_____	_____	_____	_____
<b>TOTAL FAMILY INCOME</b>	\$ _____	\$ _____	\$ _____	\$ _____
<b>MONTHLY EXPENSES</b>				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>TOTAL EXPENSES</b>	_____	_____	_____	_____
<b>NET INCOME/LOSS</b>	_____	_____	_____	_____