



**MONTHLY INCOME AND EXPENSE SUMMARY**

Month/Year \_\_\_\_\_

**NAMES**

Myself \_\_\_\_\_

My Partner \_\_\_\_\_

**Dependant(s):**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

**MONTHLY INCOMES:**

**Myself**

**My Partner**

Net salary \_\_\_\_\_  
Self-employment Income \_\_\_\_\_  
Pensions/Annuities/ CPP/OAS \_\_\_\_\_  
Disability Income \_\_\_\_\_  
Child Support \_\_\_\_\_  
Spousal Support \_\_\_\_\_  
Child Tax Credit \_\_\_\_\_  
Employment Insurance Benefits \_\_\_\_\_  
Social Assistance \_\_\_\_\_  
Other \_\_\_\_\_

Net salary \_\_\_\_\_  
Self-employment Income \_\_\_\_\_  
Pensions/Annuities/ CPP/OAS \_\_\_\_\_  
Disability Income \_\_\_\_\_  
Child Support \_\_\_\_\_  
Spousal Support \_\_\_\_\_  
Child Tax Credit \_\_\_\_\_  
Employment Insurance Benefits \_\_\_\_\_  
Social Assistance \_\_\_\_\_  
Other \_\_\_\_\_

**TOTAL INCOMES**

\_\_\_\_\_

**MONTHLY EXPENSES:**

**NON-DISCRETIONARY**

Child Support Payments \_\_\_\_\_  
Spousal Support Payments \_\_\_\_\_  
Child Care \_\_\_\_\_  
Medical/Prescriptions \_\_\_\_\_  
Fines/Penalties Being Paid \_\_\_\_\_  
Employment Related Expenses \_\_\_\_\_  
Debts Where Stay Has Been Lifted \_\_\_\_\_

Child Support Payments \_\_\_\_\_  
Spousal Support Payments \_\_\_\_\_  
Child Care \_\_\_\_\_  
Medical/Prescriptions \_\_\_\_\_  
Fines/Penalties Being Paid \_\_\_\_\_  
Employment Related Expenses \_\_\_\_\_  
Debts Where Stay Has Been Lifted \_\_\_\_\_

**TOTAL NON-DISCRETIONARY EXPENSES**

\_\_\_\_\_

**DISCRETIONARY/OTHER EXPENSES**

**Housing**  
Rent/Mortgage \_\_\_\_\_  
Property Taxes \_\_\_\_\_  
Water & Sewer \_\_\_\_\_  
House Repairs \_\_\_\_\_  
Electricity \_\_\_\_\_  
Heating \_\_\_\_\_  
Telephone \_\_\_\_\_  
Cable \_\_\_\_\_  
**Personal**  
Restaurants/Lunches \_\_\_\_\_  
Bus Fare/Taxi \_\_\_\_\_  
Haircuts \_\_\_\_\_  
Bank Charges \_\_\_\_\_  
Laundry/Dry Cleaning \_\_\_\_\_  
Tobacco \_\_\_\_\_  
Alcohol \_\_\_\_\_  
Newspaper/Magazines \_\_\_\_\_  
Pet Care \_\_\_\_\_  
Gifts/Charitable Donations \_\_\_\_\_

**Personal (cont'd)**  
School Fees/Supplies \_\_\_\_\_  
Entertainment/Sports \_\_\_\_\_  
Other \_\_\_\_\_  
**Living**  
Groceries, etc. \_\_\_\_\_  
Clothing \_\_\_\_\_  
**Transportation**  
Gas/Oil/Maintenance \_\_\_\_\_  
License/Registration \_\_\_\_\_  
Vehicle Loan/Lease \_\_\_\_\_  
Other \_\_\_\_\_  
**Insurance**  
Life \_\_\_\_\_  
Home/Tenant \_\_\_\_\_  
Vehicle \_\_\_\_\_  
**Payments**  
To the Trustee \_\_\_\_\_  
Other \_\_\_\_\_

**TOTAL MONTHLY COMBINED DISCRETIONARY/OTHER EXPENSES**

\_\_\_\_\_

**DISPOSABLE INCOME**

\_\_\_\_\_

**CHANGES** since last month (Leave blank if this is an application)

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

**Marital Status:** married \_\_\_\_\_ divorced \_\_\_\_\_ single \_\_\_\_\_ widowed \_\_\_\_\_ separated \_\_\_\_\_ common law \_\_\_\_\_

I/We certify that this summary is true and correct to the best of my/our knowledge.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE