

**STATEMENT OF MONTHLY INCOME AND EXPENSE**

Please check off your trustee's name: Ryan Cliffe \_\_\_\_\_ Egle (Lyte) Aston \_\_\_\_\_ James Cringan \_\_\_\_\_

NAME \_\_\_\_\_ MONTH OF \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_ # IN FAMILY \_\_\_\_\_

IS THIS A NEW ADDRESS OR PHONE NUMBER? Y/N

**MONTHLY INCOME (Net after deductions)**

Person #1 (name) \_\_\_\_\_

Net Employment Income \_\_\_\_\_

Net Self-Employment Income \_\_\_\_\_

Net E.I. Benefits \_\_\_\_\_

Net Pensions/Annuities \_\_\_\_\_

Net Child Support \_\_\_\_\_

Net Spousal Support \_\_\_\_\_

Net Social Assistance \_\_\_\_\_

Child Tax Benefit \_\_\_\_\_

Other (specify) \_\_\_\_\_

Person #2 (name) \_\_\_\_\_

Net Employment Income \_\_\_\_\_

Net Self-Employment Income \_\_\_\_\_

Net E.I. Benefits \_\_\_\_\_

Net Pensions/Annuities \_\_\_\_\_

Net Child Support \_\_\_\_\_

Net Spousal Support \_\_\_\_\_

Net Social Assistance \_\_\_\_\_

Child Tax Benefit \_\_\_\_\_

Other (specify) \_\_\_\_\_

**TOTAL FAMILY INCOME** \_\_\_\_\_

**MONTHLY EXPENSES (FAMILY):**

Child Support Payments \_\_\_\_\_

Spousal Support Payments \_\_\_\_\_

Child Care \_\_\_\_\_

**\*Medical Condition Expenses** \_\_\_\_\_

Fines/Penalties being paid \_\_\_\_\_

**\*Employment related Expenses** \_\_\_\_\_

Debts where stay is lifted \_\_\_\_\_

Income Tax Installments \_\_\_\_\_

Legal Fees \_\_\_\_\_

Insurance Auto \_\_\_\_\_

Life \_\_\_\_\_

House/Tenants \_\_\_\_\_

Car Maintenance/Repairs \_\_\_\_\_

Car loan/lease \_\_\_\_\_

Gifts/Donations \_\_\_\_\_

Children's Allowances \_\_\_\_\_

Payments to Secured Creditors \_\_\_\_\_

Trustee's Fees \_\_\_\_\_

Other (specify) \_\_\_\_\_

Rent/Mortgage \_\_\_\_\_

Property Taxes/Condo fees \_\_\_\_\_

Utilities: Hydro \_\_\_\_\_

Gas \_\_\_\_\_

Water \_\_\_\_\_

Oil \_\_\_\_\_

Telephone \_\_\_\_\_

Cable \_\_\_\_\_

Food/Grocery \_\_\_\_\_

Meals Out \_\_\_\_\_

Entertainment \_\_\_\_\_

Bingo/Lotteries \_\_\_\_\_

Hygiene Products \_\_\_\_\_

Transportation Costs \_\_\_\_\_

Dental \_\_\_\_\_

Laundry/Dry-cleaning \_\_\_\_\_

Clothing \_\_\_\_\_

Alcohol \_\_\_\_\_

Cigarettes \_\_\_\_\_

**TOTAL FAMILY EXPENSES** \_\_\_\_\_

**DIFFERENCE (INCOME-EXPENSES)** \_\_\_\_\_

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 a portion of any surplus income to the estate until I am discharged from bankruptcy.

\_\_\_\_\_  
Signature of Bankrupt

\_\_\_\_\_  
Date

**\*Please provide receipts and/or proof for expenses that would be considered tax deductible**