

MONTHLY INCOME AND EXPENSES

for MONTH of _____

Person A:

Employer: _____
Gross income _____
No of pays this month _____

Person B:

Employer: _____
Gross income _____
No of pays this month _____

Dependants living in household - list NAME (AGE)

HOUSEHOLD INCOME: Please attach ALL pay stubs for all earners.

	<u>Person A</u>		<u>Person B</u>	
Net employment income	_____		_____	
Pensions	_____		_____	
Family allowance	_____		_____	
Alimony / child support	_____		_____	
EI	_____		_____	
Social assistance	_____		_____	
Other	_____		_____	
TOTAL NET INCOME	=====	+	=====	=

HOUSEHOLD EXPENSES

Non-discretionary (attach receipts)

Child support _____
Spousal support _____
Child care _____
Housing (no receipts needed)
Rent Mortgage _____
Property tax/fees _____
Heating/Oil _____
Telephone _____
Cable _____
Electricity _____
Water _____
Other _____
Personal (no receipts needed)
Smoking _____
Alcohol _____
Eating out/Lunches _____
Entertainment/Sports _____
Gifts/Charity _____
Allowances _____
Other _____

Medical (attach receipts)

Prescriptions _____
Dental _____
Other _____
Living expenses (no receipts needed)
Food/Grocery _____
Laundry/Dry cleaning _____
Grooming/Toiletries _____
Clothing _____
Other _____
Transportation (no receipts needed)
Car payment _____
Car maintenance/Gas _____
Other _____
Insurance (no receipts needed)
Vehicle _____
House _____
Furniture contents _____
Life _____
Other _____
Payments (no receipts needed)
To the estate _____
Other _____

TOTAL EXPENSES

Address Change Yes ___ No ___ **New address here:** _____

New Phone Number Yes ___ No ___ **Please enter here:** _____

Signature(s)

Person A

Person B