

**Monthly Income:**

Net Employment Income \_\_\_\_\_  
Net Pension/Annuities \_\_\_\_\_  
Child Tax Benefit \_\_\_\_\_  
Net Child Support \_\_\_\_\_  
Net Spousal Support \_\_\_\_\_  
Net EI Benefits \_\_\_\_\_  
Net Social Assistance \_\_\_\_\_  
Net Self-Employment Income \_\_\_\_\_  
Gross \_\_\_\_\_  
Less: Business expenses \_\_\_\_\_  
Less: Income tax and CPP \_\_\_\_\_  
Other Income (details) \_\_\_\_\_

**BANKRUPT**


**OTHER MEMBERS  
OF FAMILY UNIT**


**TOTAL**


**Totals** (1)

(2)

(3)

**Total Monthly Income of Family Unit (1) + (2)**

**Monthly Non-Discretionary Expenses Per Directive 4(1(a),(b))**

Child Support Payments \_\_\_\_\_  
Spousal Support Payment \_\_\_\_\_  
Child Care Expenses \_\_\_\_\_  
Health / Medical Condition Expenses \_\_\_\_\_  
Fine or Penalties Imposed by Court \_\_\_\_\_  
Exp. as a Condition of Employment \_\_\_\_\_  
Debt where Stay Removed \_\_\_\_\_



**Total Non-Discretionary Expenses** (4)

(5)

(6)

**Total Non-Discretionary Expenses of Family Unit (4) + (5)**

**AVAILABLE MONTHLY INCOME OF THE BANKRUPT (1) - (4)**

(7)

**AVAILABLE MONTHLY INCOME OF THE FAMILY UNIT (3) - (6)**

(8)

**BANKRUPT'S PORTION OF ABOVE (7)/(8) X 100**

% (9)

**Monthly Discretionary Expenses of the Family Unit**

**Housing Expenses**

Rent/Mortgage \_\_\_\_\_  
Property taxes/condo fees \_\_\_\_\_  
Heating/Gas/Oil \_\_\_\_\_  
Telephone \_\_\_\_\_  
Cable \_\_\_\_\_  
Hydro \_\_\_\_\_  
Water \_\_\_\_\_  
Furniture \_\_\_\_\_  
Other \_\_\_\_\_


**Living Expenses**

Food/Grocery \_\_\_\_\_  
Laundry/Dry Cleaning \_\_\_\_\_  
Grooming/Toiletries \_\_\_\_\_  
Clothing \_\_\_\_\_  
Other \_\_\_\_\_


**Transportation Expenses**

Car lease/payments \_\_\_\_\_  
Repair/Maintenance/gas \_\_\_\_\_  
Public transportation \_\_\_\_\_  
Other \_\_\_\_\_


**Personal Expenses**

Smoking \_\_\_\_\_  
Alcohol \_\_\_\_\_  
Dining/lunches/restaurants \_\_\_\_\_  
Entertainment/Sports \_\_\_\_\_  
Gifts/Charitable Donations \_\_\_\_\_  
Allowances \_\_\_\_\_  
Other \_\_\_\_\_


**Insurance Expenses**

Vehicle \_\_\_\_\_  
House \_\_\_\_\_  
Furniture/contents \_\_\_\_\_  
Life Insurance \_\_\_\_\_  
Other \_\_\_\_\_


**Non-Recoverable Medical Expenses**

Prescriptions \_\_\_\_\_  
Dental \_\_\_\_\_  
Other \_\_\_\_\_


**Payments**

To the estate \_\_\_\_\_  
To secured creditor \_\_\_\_\_  
Other \_\_\_\_\_


**TOTAL MONTHLY DISCRETIONARY EXPENSES OF THE FAMILY UNIT**

(10)

**MONTHLY SURPLUS OR (DEFICIT) OF THE FAMILY UNIT (8) - (10)**

(11)

Number of persons in household family unit including bankrupt	Bankrupt's name (Please Print)	Bankrupt's Signature
Marital Status	Type of Employment (Occupation)	Date