

PERSONAL INCOME AND EXPENSE REPORT

Calendar Month: _____

Name: _____

If we need to contact you, what is the best way? _____

Has any of your contact information changed? Y / N

Home Phone: _____

Cell Phone: _____

Email: _____

Other: _____

Did you move this month? Y / N

Did your employer change this month? Y / N

(If you moved or switched employers, please write the new information below:)

I confirm that there are _____ people in my family unit as defined by the Superintendent's Standards.

INCOME

	Bankrupt	Spouse & other family members
Take-home pay from employment (attach pay stubs)	_____	_____
Add back deductions for RRSPs, savings, extra taxes etc.	_____	_____
EI Benefits, Pensions, Old Age Security (attach bank statement)	_____	_____
Child Tax Benefit & Universal Child Benefit (attach bank statement or government notice)	_____	_____
Other income (describe) _____	_____	_____
TOTAL INCOME FOR MONTH	\$ _____ +	\$ _____ = \$ _____

EXPENSES

NON-DISCRETIONARY EXPENSES (attach copies of receipts or proof of payments)

Child or spousal support payments	_____
Medical/dental expenses/prescription drugs	_____
Child care (describe)	_____
Other non-discretionary expenses (eg: fines from before the date of bankruptcy)	_____

DISCRETIONARY EXPENSES (do NOT attach receipts)

Housing:	Rent or mortgage payment	_____
	Property taxes/condo fees	_____
	Natural Gas	_____
	Telephone, Cable, Internet	_____
	Electricity	_____
Personal:	Tobacco	_____
	Alcohol	_____
	Charitable donations/tithing/gifts	_____
	Entertainment/sports	_____
Living:	Food/groceries	_____
	Dining out/coffee or lunch at work	_____
	Grooming / toiletries/ laundry / dry cleaning	_____
	Clothing	_____
Transportation:	Car lease/payments	_____
	Gas/repairs/maintenance	_____
	Public transportation/parking	_____
	Other	_____
Insurance:	Vehicle	_____
	House / Furniture / Contents	_____
	Life / Medical/ Disability	_____
Miscellaneous:	To secured creditors (other than mortgage and vehicle)	_____
	Other (describe)	_____
Payments to Trustee as agreed		_____
TOTAL EXPENSES FOR MONTH		\$ _____
INCOME LESS EXPENSES = SAVINGS!!!		\$ _____

The above is an accurate statement of my income and expenses as witnessed by my signature.

Signature _____ Date _____

YOU MUST FULLY COMPLETE EVERY LINE ON THIS FORM. INCOMPLETE FORMS WILL BE RETURNED.

THIS STATEMENT MUST BE FORWARDED TO OUR OFFICE BY THE _____ OF THE FOLLOWING MONTH.

Please return by Email: IncomeExpense@BromwichSmith.com or by Toll Free Fax: 1-855-370-6079