

#of people in your household: _____, NAME: _____

Circle Month Reported (report required each month for 9 months) January, February, March, April, May, June, July, August, September, October, November, December of 20_____

Complete for every month from the 1st to 31st. Deliver to the Trustee by the 15th of the next month.

MONTHLY INCOME (provide proof of income: copy of pay stubs . Please add back deductions for advances and personal deductions for net pay such as savings.)	Bankrupt	Other member of the family unit (spouse, common-law spouse)	
Net employment income	\$	\$	
Net pension/ Annuities	\$	\$	
Net child support / net spousal support	\$	\$	
Net employment insurance benefits-EI	\$	\$	
Net social assistance	\$	\$	
Self-employment income-< attach spreadsheet of income and expenses->	\$	\$	
Other net income – Child Tax Benefit	\$	\$	
TOTAL MONTHLY INCOME	\$ (1)	\$ (2)	
TOTAL MONTHLY INCOME OF THE FAMILY UNIT ((1) +(2))	\$ (3)		
NON-DISCRETIONARY EXPENSES (Provide proof of expenses)			
Child support payments or spousal support	\$	\$	
Child care (daycare)	\$	\$	
Medical condition expenses	\$	\$	
Fines/Penalties imposed by the court	\$	\$	
Expenses as condition of employment / Income tax paid to CCRA (attach proof of payment)	\$	\$	
Debts where Stay is lifted	\$	\$	
TOTAL MONTHLY NON-DISCRETIONARY EXPENSES	\$ (4)	\$ (5)	
Surplus income amount as discussed with trustee: If you have surplus and do not understand the process, please telephone our office to calculate the surplus figure for this month.	(3) – (4) equals (5) which is the total household income after allowable non-discretionary expenses		
	* [DO NOT] SEND RECEIPTS FOR THESE EXPENSES		
Household expenses actually paid out during the month.			
Housing Expenses	Living Expenses		
Rent/Mortgage	\$	Food /Grocery	\$
Property taxes / Condo fees/ Pad rent	\$	Laundry/Dry cleaning	\$
Heating / Gas / Oil /Hydro / Water	\$	Grooming/Toiletries	\$
Telephone / Cellular	\$	Clothing	\$
Cable / Internet	\$	Other	\$
Other:	\$	Transportation Expenses	
Personal Expenses		Car lease/Payments	\$
Smoking/Alcohol	\$	Repairs/Maintenance/Gas	\$
Allowances	\$	Public Transportation	\$
Dining out/Lunches/Restaurants	\$		\$
Entertainment/Sports	\$	Insurance Expense	
Gifts. Charitable donations	\$	Vehicle Insurance	\$
Non-recoverable Medical Expenses		House Insurance	\$
Prescriptions/ dental	\$	Furniture/Contents Insurance	\$
		Life Insurance	\$
To the Trustee		To the secured creditor	\$
			\$
TOTAL MONTHLY DISCRETIONARY EXPENSES (FAMILY UNIT)	(NO RECEIPTS PLEASE)		

<Attach copies of pay stubs or bank statements, self-employed reports, medical receipts or day care receipts, thanks>

New Employer: _____, Position: _____, Tel #: _____

IF New Residence Address: _____ Tel#: _____

Dated: _____, 20____ Signature(s): _____

Please add a separate sheet of paper for any comments or notes Thank-you.

OFFICE USE ONLY: Received -initial and date: _____
 Entered new information in Ascend: N/A, YES Recorded on Surplus Spreadsheet: _____