

YOUR MONTHLY INCOME

MONTHLY NET INCOME	YOU	YOUR SPOUSE
Net employment income		
Net Pension/Annuities		
Child Support		
Spousal Support		
EI Benefits		
Ontario Works		
Ontario Disability		
Child Tax Credit/UCCB		
Self-Employment Income Gross _____		
	Net	Net
Other Income (specify):		

SUB-TOTAL		
TOTAL MONTHLY INCOME		\$



YOUR NON-DISCRETIONARY EXPENSES
PLEASE PROVIDE RECEIPTS FOR THESE EXPENSES

MONTHLY	YOU	YOUR SPOUSE
Child Support/Alimony		
Child Care		
Medical Expenses		
Fines/Penalties Imposed by Court		
Expenses as a condition of employment		
Garnishments		
Other Expenses (provide details)		
SUB-TOTAL		
TOTAL MONTHLY NON-DISCRETIONARY EXPENSES		\$



YOUR MONTHLY EXPENSES
MONTHLY FOR YOUR FAMILY UNIT

<u>Housing Expenses</u>		<u>Living Expenses</u>	
Rent/Mortgage		Food/Groceries	
Property Tax/Condo Fees		Laundry/Dry Cleaning	
Heating – Gas/Oil		Grooming/Toiletries	
Telephone/Cell		Clothing	
Cable		Other	
Hydro		<u>Transportation Expenses</u>	
Water		Lease/Finance Payment	
Furniture		Gas/Repairs/Maintenance	
Internet		Public Transportation	
Other		Parking	
<u>Personal Expenses</u>		Other	
Cigarettes		<u>Insurance Expenses</u>	
Alcohol		Automobile	
Dining/Lunches/Coffee		House	
Entertainment/Sports		Contents	
Gifts/Charitable Donations		Life	
Allowances		Other	
Other			
<u>Non-recoverable Medical</u>			
Prescriptions			
Dental			
Other			
TOTAL MONTHLY DISCRETIONARY EXPENSES			
TOTAL MONTHLY DISCRETIONARY AND NON-DISCRETIONARY EXPENSES			
MONTHLY SURPLUS (DEFICIT)			