

**STATEMENT OF INCOME & EXPENSE**

FOR THE MONTH OF \_\_\_\_\_ 2019

Debtor Name: \_\_\_\_\_

Joint filing? NO

**INCOME (NET AFTER NORMAL DEDUCTIONS) PER MONTH**

**AGREED LIVING ALLOWANCE \$ (A)**

Net Employment Income \_\_\_\_\_  
 Pension/Annuities \_\_\_\_\_  
 Child Support \_\_\_\_\_  
 Spousal Support \_\_\_\_\_  
 Employment Insurance \_\_\_\_\_  
 Social Assistance/WCB \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
**Net Self-Employment Income** \_\_\_\_\_  
 (use worksheet to calculate) :

Net Employment Income \_\_\_\_\_  
 Pension/Annuities \_\_\_\_\_  
 Child Support \_\_\_\_\_  
 Spousal Support \_\_\_\_\_  
 Employment Insurance \_\_\_\_\_  
 Social Assistance/WCB \_\_\_\_\_  
**Net Self-Employment Income** \_\_\_\_\_  
 (use worksheet to calculate)  
 Subtotal Spouse income \_\_\_\_\_  
 Canada Child Benefit \_\_\_\_\_

Subtotal of bankrupt's income: \_\_\_\_\_

**Total Family Income:** \$ \_\_\_\_\_

**Non-discretionary expenses:**

Child Support Payments \$ \_\_\_\_\_  
 Child Care \_\_\_\_\_  
 Health (Prescriptions/Med. Supply) \_\_\_\_\_  
 Health (MSP) \_\_\_\_\_  
 Other: \_\_\_\_\_

Employment-related expenses \_\_\_\_\_  
 Debts where stay has been  
 lifted by the court \_\_\_\_\_

**Subtotal Non Discretionary exp.** \$ \_\_\_\_\_

*Total Income less non-discretionary expenses*

**Adjusted Net Income:** \$ \_\_\_\_\_ **(B)**

**Discretionary Expenses:**

Rent/Mortgage \$ \_\_\_\_\_  
 Property Taxes/Strata Fees \_\_\_\_\_  
 Water \_\_\_\_\_  
 Heating – Gas/Oil \_\_\_\_\_  
 Hydro \_\_\_\_\_  
 Telephone (landline) \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Cable \_\_\_\_\_  
 Internet \_\_\_\_\_  
 Dental \_\_\_\_\_  
 Dining/Lunches/Restaurant \_\_\_\_\_  
 Food/Grocery \_\_\_\_\_  
 Health Supplements \_\_\_\_\_  
 Grooming/Toiletries \_\_\_\_\_  
 Laundry/Dry cleaning \_\_\_\_\_  
 Clothing \_\_\_\_\_  
 Furniture \_\_\_\_\_  
 Public Transportation \_\_\_\_\_

Car payment / lease \$ \_\_\_\_\_  
 Repairs/Maintenance/Gas \_\_\_\_\_  
 Parking \_\_\_\_\_  
 Vehicle Insurance \_\_\_\_\_  
 House Insurance \_\_\_\_\_  
 Contents Insurance \_\_\_\_\_  
 Life Insurance \_\_\_\_\_  
 Allowances \_\_\_\_\_  
 Aesthetic Services \_\_\_\_\_  
 Alcohol \_\_\_\_\_  
 Smoking \_\_\_\_\_  
 Entertainment/Sports \_\_\_\_\_  
 Memberships \_\_\_\_\_  
 Gifts \_\_\_\_\_  
 Charitable Donations \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Paid to Trustee \_\_\_\_\_

**Subtotal Discretionary Expenses** \$ \_\_\_\_\_ **(C)**

**NET Adjusted Income vs. Expenses(B - C)** \$ \_\_\_\_\_

<b>SURPLUS INCOME per Directive (B – A)</b>	\$ _____	
<b>½ of surplus income per Directive</b>	\$ _____	<b>(D)</b>
<b>% of bankrupts surplus payable</b>	\$ _____	

**Asset payment (if applicable)** \$ \_\_\_\_\_

The above is an accurate statement of my income and expenses as witnessed by my signature. The Trustee has made me aware of my obligations to contribute a portion of my surplus income to the estate for the general benefit of creditors until I am discharged from bankruptcy.

**Dated:** \_\_\_\_\_

**Signature:** \_\_\_\_\_