

STATEMENT OF INCOME & EXPENSE;

FOR THE MONTH OF _____, 20_____

Debtor: _____

INCOME (NET AFTER NORMAL DEDUCTIONS) PER MONTH AGREED LIVING ALLOWANCE \$ _____ **(A)**

Employment Income	_____	Net Self-Employment Income	_____
Pension/Annuities	_____	(use worksheet)	_____
Child Support	_____		
Spousal Support	_____	Other:(describe below)	_____
Employment Insurance / WCB	_____		_____
Social Assistance / PWD	_____		
Canada Child Benefit	_____		

Total Income: \$ _____

Non-discretionary expenses (personal):

Child Support Payments	\$ _____	Debts where stay was lifted by	
Child Care	_____	the court	_____
Health (Prescriptions/Med. Supply)	_____	Expense as condition of	
Health (MSP)	_____	Employment	_____

Subtotal Non-Discretionary exp. \$ _____

Adjust: Total Income minus non-discretionary expenses

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

Discretionary Expenses:

Rent/Mortgage	\$ _____	Car payment / lease	\$ _____
Property Taxes/Strata Fees	_____	Repairs/Maintenance/Gas	_____
Water	_____	Parking	_____
Heating – Gas/Oil	_____	Vehicle Insurance	_____
Hydro	_____	House Insurance	_____
Telephone (landline)	_____	Contents Insurance	_____
Cell Phone	_____	Life Insurance	_____
Cable	_____	Allowances	_____
Internet	_____	Aesthetic Services	_____
Dental	_____	Alcohol	_____
Dining/Lunches/Restaurant	_____	Smoking	_____
Food/Grocery	_____	Entertainment/Sports	_____
Health Supplements	_____	Memberships	_____
Grooming/Toiletries	_____	Gifts	_____
Laundry/Dry cleaning	_____	Charitable Donations	_____
Clothing	_____	Other:	_____
Furniture	_____	Other:	_____
Public Transportation	_____	Paid to Trustee	_____

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

Residual funds; Income less Expenses (B- C) \$ _____

SURPLUS INCOME per Directive (B – A) \$ _____

½ of surplus income per Directive \$ _____ **(D)**

IF applicable; add payment for non-exempt assets \$ _____

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: _____

Due monthly, on or before the 10th of each month to:

C.E. CRAIG & ASSOCIATES INC., #204-2736 Quadra St., Victoria, BC V8T 4E6 Fax: 250-386-6864 admin@cecraig.com