

## PERSONAL INCOME AND EXPENSE REPORT

Calendar Month: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Did you move this month? Yes \_\_\_ No \_\_\_

Did your employer change this month? Yes \_\_\_ No \_\_\_

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

Has any of your contact information changed? Yes \_\_\_ No \_\_\_

Cell Phone: \_\_\_\_\_

Other: \_\_\_\_\_

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

### INCOME

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 (attach bank statement or government notice)

Net Self Employment Income (From Business Income & Expense report):

Other income (describe) \_\_\_\_\_

**TOTAL INCOME FOR MONTH**

Bankrupt

Spouse & other family members

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \$ \_\_\_\_\_

### EXPENSES

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

Child or spousal support payments

Medical/dental expenses/prescription drugs

Child care

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 15th OF THE FOLLOWING MONTH.

Please return by Email: [IncomeExpense@BromwichandSmith.com](mailto:IncomeExpense@BromwichandSmith.com) or by Toll Free Fax: 1-855-370-6079