

## 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

### 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