

**Complete this form for each month: SEND/Deliver to the Trustee by the 15<sup>th</sup> of the next month.**

Name: \_\_\_\_\_ Number of people living in your household:

Monthly report for ? (circle one): YEAR 20 \_\_\_\_

January February March April May June July August September October November December

Monthly Income	(1) Bankrupt COPIES of Pay Stubs Required.	(2) Other Member(s) of the Family Unit (spouse, common-law spouse) Copies of all Pay Stubs Required.
Net employment income (take home pay)	\$	\$
Net pension/ Annuities	\$	\$
Net child support / net spousal support	\$	\$
Net employment insurance benefits-EI	\$	\$
Net social assistance	\$	\$
Self-employment income <b>Pls attach list of income and expenses (see pg2)</b>	\$	\$
Other net income – Child Tax Benefit	\$	\$
<b>TOTAL MONTHLY INCOME</b>	\$	\$
<b>Total Income for all ❶</b>		

Expenses - Non Discretionary	Bankrupt	Family
Child support payments or spousal support – <i>receipts please</i>	\$	\$
Child care (daycare) <i>receipts please</i>	\$	\$
Medical condition expenses(Prescribed medication/treatment/ <b>ORIGINAL</b> receipts required)	\$	\$
Fines/Penalties imposed by the court/Debts where stay is lifted	\$	\$
Expenses as condition of employment e.g Income tax paid to CCRA (attach proof of payment)	\$	\$
<b>TOTAL MONTHLY NON-DISCRETIONARY EXPENSES ❷</b>	\$	\$

SURPLUS INCOME (Please Call if there are any questions)	
Total Net Income LESS Non Discretionary Expenses (❶ - ❷)	\$
Less Superintendent's Standard	\$
=Surplus Income	\$
Amount to your estate -50% of Surplus	\$



**Expenses -Discretionary: TO THE PENNY Please!**

Housing		Living Expenses	
Rent/Mortgage	\$	Food/Grocery	\$
Property taxes/condo fees/pad rent	\$	Laundry/dry cleaning	
Utilities – gas, oil, hydro, water, etc	\$	Grooming/Toiletries	\$
Telephone / cell	\$	Clothing	\$
Cable/Internet	\$	Children's expenses	\$
<b>Other ?</b>	\$	<b>Other?</b>	\$
<b>Personal Expenses</b>		<b>Transportation Expenses</b>	\$
Smoking/ Alcohol	\$	Vehicle lease/finance pmts	\$
Dining out	\$	Gas / Repairs / maintenance	
Entertainment	\$	Public transportation	\$
Gifts or Charitable Donations	\$	<b>Insurance</b>	\$
<b>PAYMENT to your ESTATE</b>		Vehicle	\$
		House	
<b>Other?</b>		Life	\$
<b>TOTAL Discretionary Expenses THIS month</b>			\$

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_, 20\_\_

OFFICE USE ONLY: Received date: \_\_\_\_\_  
 Entered in Ascend: \_\_\_\_\_  Recorded on Surplus Spreadsheet: \_\_\_\_\_