

Telephone: (250) 377-3255  
Facsimile: (250) 314-1744  
Toll free: 1-(866) 387-3255

#of people in the household:  Month ( ): \_\_\_\_\_, 20\_\_

Name(s): \_\_\_\_\_

**Complete each & every month from the 1<sup>st</sup> to 30<sup>th</sup>. Deliver to the Trustee by the 15<sup>th</sup> of the next month.**

MONTHLY INCOME (provide proof of income: copy of pay stubs. Please add back deductions for advances and personal deductions for net pay.)	Bankrupt	Other member of the family unit (spouse, common-law spouse)	
Net employment income	\$	\$	
Net pension/ Annuities	\$	\$	
Net child support / net spousal support	\$	\$	
Net employment insurance benefits-EI	\$	\$	
Net social assistance	\$	\$	
Self-employment income< attach spreadsheet of income and expenses>	\$	\$	
Other net income – Child Tax Benefit	\$	\$	
<b>TOTAL MONTHLY INCOME</b>	\$ (1)	\$ (2)	
<b>TOTAL MONTHLY INCOME OF THE FAMILY UNIT ((1) +(2))</b>		\$ (3)	
<b>NON-DISCRETIONARY EXPENSES</b>	(Provide proof of expenses)		
Child support payments or spousal support	\$	\$	
Child care (daycare)	\$	\$	
Medical condition expenses	\$	\$	
Fines/Penalties imposed by the court	\$	\$	
Expenses as condition of employment / Income tax paid to CCRA (attach proof of payment)	\$	\$	
Debts where Stay is lifted	\$	\$	
<b>TOTAL MONTHLY NON-DISCRETIONARY EXPENSES</b>	\$ (4)	\$ (5)	
<b>Surplus Income amount as discussed with trustee:</b> <i>If you have surplus and do not understand the process, please telephone our office to calculate the surplus figure for this month.</i>		\$	
		<b>* DO NOT SEND RECEIPTS FOR EXPENSES *</b>	
<b>*Household expenses actually paid out during the month.*</b>			
<b>Housing Expenses</b>		<b>Living Expenses</b>	
Rent/Mortgage	\$	Food /Grocery	\$
Property taxes / Condo fees/ Pad rent	\$	Laundry/Dry cleaning	\$
Heating / Gas / Oil /Hydro / Water	\$	Grooming/Toiletries	\$
Telephone / Cellular	\$	Clothing	\$
Cable / Internet	\$	Other	\$
Other:	\$	<b>Transportation Expenses</b>	
<b>Personal Expenses</b>		Car lease/Payments	\$
Smoking/Alcohol	\$	Repairs/Maintenance/Gas	\$
Allowances	\$	Public Transportation	\$
Dining out/Lunches/Restaurants	\$		\$
Entertainment/Sports	\$	<b>Insurance Expense</b>	
Gifts. Charitable donations	\$	Vehicle Insurance	\$
<b>Non-recoverable Medical Expenses</b>		House Insurance	\$
Prescriptions/ dental	\$	Furniture/Contents Insurance	\$
		Life Insurance	\$
To the Trustee		To the secured creditor	\$
<b>TOTAL MONTHLY DISCRETIONARY EXPENSES (FAMILY UNIT)</b>		\$	

<Attach copies of pay stubs, or bank statements, self-employed reports, medical receipts or day care receipts, thanks>

New Employer: \_\_\_\_\_, Position: \_\_\_\_\_

New Home Address: \_\_\_\_\_ Tel#: \_\_\_\_\_

Dated: \_\_\_\_\_, 20\_\_ Signature(s): \_\_\_\_\_

**Please add a separate sheet of paper for any comments or notes Thank-you.**

<b>OFFICE USE ONLY:</b> Recorded ISS-initial and date: _____ Entered new information: N/A, Yes Recorded on Surplus Spreadsheet: N/A or Recorded in Excel: _____
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