Monthly Statement of Income Expenses (Cash Basis)

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Month

Address (if moved):

Occupation:

No. in Family:

(Income	Self	Others in your family	TOTAL		
	Net employment income (attach	\$	\$			
	pay stubs) Net self-employment (from self					
	employment report) Net pension income (CCP and					
	OAS)					
	Net Employment Insurance/ Social Assistance					
	Child Tax Benefit / Universal Child					
	Credit					
	Total Household Income	\$	\$	\$		
	Less: Non-discretionary Expenses	Self	Others in your family			
	Medical condition expenses (attach receipts)	\$	\$			
	Employment related expenses (T2200 required)					
	Child care (attach receipts)					
	Net Household Income	\$	\$	\$		
	Surplus Income: submit 50% of the net income amount above the Superintendent's Standards to Trustee					
(Discretionary household expenses					
	Home expenses	1	Entertainment	-		
	Rent / Mortgage	\$	Smoking	\$		
	Personal use (if self-employed)		Alcohol			
	Hydro / Utilities		Dining out			
	Cable		Lunches			
	Telephone / Cell phone		Coffee			
	Food / Necessities		Insurance			
		\$		\$		
	Grooming / Toiletries		House Insurance			
	Laundry / dry-cleaning		Furniture / contents			
\langle	Clothing		Medical / Dental			
	Child care		Miscellaneous			
	Babysitting	\$	Bank charges	\$		
	Sports		Bus pass / taxi			
	Allowances		Parking			
	Education		Gifts			
	Automobile	<i>•</i>	Charitable donation			
		\$	Vacation			
	Car lease / loan		Other:			
	Vehicle gas / oil		Partner's debts			
	Maintenance / repairs		Secured creditor			
	Vehicle insurance		Payment to the Trustee			
	Boale, Wood & Company Ltd. #410, 800 W Pender St,	Total household expenses		\$		
	Van BC V6C 2V6 T: 604.605.3335 F: 604.605.3359	Income - Exp	penses (surplus or deficit)	\$		
	COMMENTS:					

Date:

Signature:

I hereby certify that this is an accurate statement of my income and expenses.

Submit in person, by mail, or by fax to the Trustee by the 10th day of the following month together with required receipts.