

MONTHLY BUDGET WORKSHEET
(Subsection 102(3) of the Act; Rule 105(4))

NET MONTHLY INCOME, FOR THE MONTH OF _____

CHEQUE STUBS REQUIRED	(Name)	(Name)	Total
Net Salary	\$ _____	\$ _____	\$ _____
Pension/Annuities	_____	_____	_____
Family Allowance	_____	_____	_____
Alimony/Child Support.....	_____	_____	_____
Employment Insurance Benefits	_____	_____	_____
Social Assistance	_____	_____	_____
Rental Income	_____	_____	_____
Other Income	_____	_____	_____
TOTAL NET MONTHLY INCOME	_____	_____	_____

MONTHLY EXPENSES

Non-discretionary Expenses PROOF OF PAYMENT OR COURT ORDERS REQUIRED

- Child Support and/or Spousal Payments..... _____
- Child Care
- Health-related expenses (medical, drug, dental)
- Fines/Penalties being paid..... _____
- Employment-related expenses
- Debts where stay has been lifted by court..... _____
- Interest paid on Student Loans..... _____

Discretionary Expenses

- Food and Meals..... _____
- Rent/Mortgage & Property Taxes
- House/Tenant Insurance..... _____
- Heating and/or Gas
- Electricity
- Telephone..... _____
- Cable
- Clothing
- Life Insurance
- Vehicle (Gas/repairs/lease payment)..... _____
- Vehicle Insurance..... _____
- Public Transportation..... _____
- Laundry & Dry Cleaning
- Children's Education and Allowances..... _____
- Hair Care
- Tobacco
- Entertainment
- Other (specify: _____)

TOTAL MONTHLY EXPENSES

SURPLUS OR DEFICIT

Dated at _____ on _____ 200__.
 (PLEASE ATTACH YOUR PAYSTUBS AND PROOF OF NON-DISCRETIONARY EXPENSES TO THIS FORM)

 Bankrupt's Name (Please Print)

 Bankrupt's Signature

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 Bankrupt's Signature