

NAME: _____
 MONTH: _____
 NUMBER OF PEOPLE IN HOUSEHOLD: _____

INCOME OR OTHER MONIES RECEIVED DURING MONTH

YOU

SPOUSE

Take home pay _____
 Commissions _____
 Support/Alimony _____
 Child Benefit/Family Allowance _____
 E.I. Benefits _____
 Social Assistance _____
 Pension _____
 Rental income _____
 Interest/Dividends _____
 W.C.B. Benefits _____
 Net Self-employment income _____
(A)YOUR TOTAL INCOME _____

Take-home pay _____
 Commissions _____
 Support/Alimony _____
 Child Benefit/Family Allowance _____
 E.I. Benefits _____
 Social Assistance _____
 Pension _____
 Rental income _____
 Interest/Dividends _____
 W.C.B. Benefits _____
 Net Self-employment income _____
(B)SPOUSE'S TOTAL INCOME _____

(A+B) TOTAL FAMILY INCOME

Help From Family _____

NON-DISCRETIONARY EXPENSES - RECEIPTS OR OTHER PROOF REQUIRED

Child Support _____
 Spousal Support _____
 Child Care _____
 Medical Expenses _____

TOTAL

DISCRETIONARY HOUSEHOLD EXPENSES

Rent/Mortgage _____
 Property Tax _____
 Household Insurance _____
 Home Repairs _____
 Hydro _____
 Heating (gas/oil) _____
 Water _____
 Cable TV/Internet _____
 Telephone _____
 Food _____
 Life Insurance _____
 Home Insurance _____
 Car Insurance _____
 Car Payment _____
 Car Exp. (gas/oil) _____
 Parking _____
 Public Transportation _____
 Car Exp. (repairs) _____

Entertainment _____
 Gifts _____
 Tobacco _____
 Alcohol _____
 Clothing _____
 Laundry, Etc. _____
 Grooming _____
 Vacations _____
 Pet Care _____
 Education/Training _____

TOTAL EXPENSES: _____

Address: _____

Employer: _____
