

STATEMENT OF MONTHLY INCOME AND EXPENSES

FOR THE MONTH OF

NAME OF BANKRUPT: _____

HOME ADDRESS: _____

FULL NAME OF EMPLOYER: _____

NO OF MEMBERS OF FAMILY UNIT: _____

Change of Address?	
Change of Phone Number?	
Change of Employer?	
Change in # of Dependents?	

MONTHLY FAMILY INCOME

Net Salary
 Pension/Annuities
 Spousal Income
 Child Tax Benefit
 Alimony/Child Support
 Employment Insurance Benefits
 Social Assistance
 Rental Income
 Other Income

TOTAL NET MONTHLY INCOME \$ _____

↑
Proof required every month
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MONTHLY EXPENSES

Non-discretionary expenses

Child Support Payments
 Spousal Support Payments
 Child Care
 Health-related expenses for chronic illness
 Court Imposed Fines/Penalties being paid
 Employment-related expenses deductible on income taxes
 Debts where stay has been lifted by court
 Post-Bankruptcy Revenue Canada Instalment

TOTAL NON-DISCRETIONARY EXPENSES \$ _____

↑
Proof required every month
 ↓

Discretionary expenses

(Please keep proof of payment for future reference)

Payment to Trustee
 Rent/Mortgage
 Property Taxes
 Utilities (Electricity/ Water/Heating and/or Gas)
 Telephone
 Cable
 Prescription Drugs/ Alberta Health Care/Blue Cross/Dental
 Car Maintenance
 Transportation Costs
 Car Insurance
 House Insurance
 Life Insurance
 Car/Loan Payments
 Food and Meals
 Dining Out
 Laundry & Dry Cleaning
 Clothing
 Personal
 Cigarettes
 Alcohol

Entertainment.....

Other (specify: _____)

TOTAL MONTHLY EXPENSES _____

SURPLUS OR DEFICIT _____

↑
Proof not required
 ↓

_____ Date _____ Bankrupt's Signature

- (1) If your family income exceeds the standard of _____ you must pay ½ of the surplus to the Trustee's office or your regular payment, **whichever is greater**.
- (2) It is the Bankrupt's responsibility to retain documents to support income and expenses and to submit proof of Income with all monthly statements. It is possible that the Bankrupt may have to present these documents for examination under oath.
- (3) Retain a photocopy of this report for your own records. ****The Trustee's office will not provide any photocopy services.**
- (4) If receipts for non-discretionary expenses do not accompany this statement, the expense will be disallowed.

PAYMENTS: Send to-- Barry Nykyforuk & Associates Inc. Suite 314, 1212 – 31 Ave. N.E., Calgary, Alberta T2E 7S8
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