

Please return to: Grant Thornton Limited
94 Commerce Drive
Winnipeg ON R3P 0Z3

E-mail: thufaxinsolvency@ca.gt.com

Fax: (807) 346-7304

Return Before: the 10th of the following month

- Income & Expenses for the month of _____, 201__

Name: _____
Address: _____
Home Phone: _____
Marital Status: _____

Employer: _____
Work Phone: _____
Occupation: _____
Spouse's Name: _____
of Members in Household: _____

MONTHLY FAMILY INCOME (NET)

	Bankrupt	Spouse
Employment income.....	_____	_____
Pension/Annuities.....	_____	_____
Child support.....	_____	_____
Spousal support.....	_____	_____
Employment insurance benefits.....	_____	_____
Social assistance.....	_____	_____
Self-employment income.....	_____	_____
Child Tax Benefit.....	_____	_____
Other net income.....	_____	_____
Total.....	_____	_____

MONTHLY FAMILY DISCRETIONARY EXPENSES

Housing expenses

Rent/Mortgage.....	_____
Property taxes/Condo fees.....	_____
Heating/Gas/Oil.....	_____
Telephone.....	_____
Cable.....	_____
Hydro.....	_____
Water.....	_____
Furniture.....	_____
Other.....	_____

Personal expenses

Smoking.....	_____
Alcohol.....	_____
Dining/Lunches/Restaurants.....	_____
Entertainment/Sports.....	_____
Gifts/Charitable donations.....	_____
Allowances.....	_____
Other.....	_____

Non-recoverable medical expenses

Prescriptions.....	_____
Dental.....	_____
Other.....	_____

Income Total: _____
Expense Total: _____
Difference: _____

MONTHLY FAMILY NON-DISCRETIONARY EXPENSES

Child support payments.....	_____
Spousal support payments.....	_____
Child care.....	_____
Medical condition expenses.....	_____
Fines/Penalties imposed by the court.....	_____
Expenses as a condition of employment.....	_____
Debts where stay has been lifted.....	_____
Other Expenses.....	_____
Total.....	_____

Living expenses

Food/Grocery.....	_____
Laundry/Dry cleaning.....	_____
Grooming/Toiletries.....	_____
Clothing.....	_____
Other.....	_____

Transportation expenses

Car lease/Payments.....	_____
Repair/Maintenance/Gas.....	_____
Public transportation.....	_____
Other.....	_____

Insurance expenses

Vehicle.....	_____
House.....	_____
Furniture/Contents.....	_____
Life insurance.....	_____
Other.....	_____

Payments

To the estate.....	_____
To secured creditor.....	_____
(Other than mortgage and vehicle).....	_____
Other.....	_____
Total.....	_____

I hereby certify that the above information is complete and accurate to the best of my knowledge.

Date