



s.funtig & associates inc.

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NAME:

ADDRESS:

FOR PERIOD ENDING:

(DUE BY THE 7TH OF FOLLOWING MONTH)

MONTHLY INCOME AND EXPENSE STATEMENT

INCOME: ATTACH PROOF OF INCOME		EXPENSES CONT'D:	
NET EMPLOYMENT INCOME (TAKE HOME)		PRESCRIPTIONS	
NET SPOUSAL INCOME (TAKE HOME)		DENTAL	
NET PENSION		OTHER NON-RECOVERABLE MEDICAL	
NET CHILD SUPPORT		FOOD/GROCERIES	
NET SPOUSAL SUPPORT		LAUNDRY/DRY CLEANING	
NET EMPLOYMENT INSURANCE BENEFITS		GROOMING/TOILETRIES	
NET SOCIAL ASSISTANCE		CLOTHING	
NET SELF-EMPLOYMENT INCOME		OTHER LIVING EXPENSES	
NET OTHER INCOME-SPECIFY:		CAR PAYMENT/LEASE	
		REPAIRS/MAINTENANCE/GAS	
		PUBLIC TRANSPORTATION	
		OTHER TRANSPORTATION	
		VEHICLE INSURANCE	
TOTAL MONTHLY INCOME:		HOUSE INSURANCE	
		FURNITURE/CONTENTS INSURANCE	
EXPENSES:		LIFE INSURANCE	
CHILD SUPPORT PAYMENTS *		OTHER INSURANCE EXPENSES	
SPOUSAL SUPPORT PAYMENTS *		PAYMENT TO SECURED CREDITOR	
CHILD CARE *		OTHER PAYMENTS-SPECIFY:	
MEDICAL CONDITION EXPENSE *			
FINES/PENALTIES IMPOSED BY THE COURT *			
EXPENSES AS CONDITION OF EMPLOYMENT *		BANKRUPT AGREED MTHLY PAYMENT	
DEBTS WHERE STAY HAS BEEN LIFTED *		PAYMENT TO REPURCHASE ASSETS	
RENT/MORTGAGE			
PROPERTY TAXES/CONDO FEES		TOTAL MONTHLY EXPENSES:	
HEATING/GAS/OIL			
TELEPHONE/CELL PHONE			
CABLE/INTERNET			
HYDRO			
WATER			
FURNITURE			
SMOKING			
ALCOHOL			
DINING/LUNCHES/RESTAURANTS			
ENTERTAINMENT/SPORTS		TOTAL MONTHLY INCOME	
GIFTS/CHARITABLE DONATIONS			
ALLOWANCES		TOTAL MONTHLY EXPENSE:	
OTHER PERSONAL EXPENSES-SPECIFY:			
		EXCESS - (DEFICIENCY):	

COPIES OF PAYSTUBS OR OTHER SOURCE OF INCOME MUST BE ATTACHED

*** IF CLAIMING THESE EXPENSES, ATTACH PROOF OF PAYMENT**