



s.funtig & associates inc.

NAME: _____

ADDRESS: _____

FOR PERIOD ENDING: _____

of Members in Household: _____ SG: _____

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MONTHLY INCOME & EXPENSE STATEMENT

DUE BY THE 7th OF THE FOLLOWING MONTH

NET MONTHLY FAMILY INCOME <i>*Attach Proof of Income*</i>			NON-DISCRETIONARY EXPENSES*	
(NET is TAKE HOME)	BANKRUPT	SPOUSE/CHILD	MUST ATTACH RECEIPTS FOR PROOF OF PAYMENT*	
EMPLOYMENT INCOME	\$	\$	DOCTORS PRESCRIPTIONS*	\$
PENSION/ANNUITIES	\$	\$	DENTAL*	\$
CHILD SUPPORT	\$	\$	CHILD SUPPORT PAYMENTS *	\$
SPOUSAL SUPPORT	\$	\$	CHILD CARE *	\$
EMPLOYMENT INSURANCE BENEFITS	\$	\$	SPOUSAL SUPPORT PAYMENTS *	\$
SOCIAL ASSISTANCE	\$	\$	MEDICAL CONDITION EXPENSE *	\$
CHILD TAX BENEFIT	\$	\$	FINES/PENALTIES IMPOSED BY THE COURT *	\$
ONTARIO TRILLIUM BENEFIT	\$	\$	EXPENSES AS CONDITION OF EMPLOYMENT *	\$
SELF-EMPLOYMENT INCOME	\$	\$	DEBTS WHERE STAY HAS BEEN LIFTED *	\$
OTHER INCOME (specify below)	\$	\$	OTHER (specify)	\$
MONTHLY INCOME				\$
TOTAL INCOME (BANKRUPT + SPOUSE/CHILD) (box 1)			TOTAL NON-DISCRETIONARY EXPENSES (box 2)	
MONTHLY FAMILY EXPENSES			NO RECEIPTS REQUIRED	
HOUSING EXPENSES			LIVING EXPENSES CON'T	
RENT/MORTGAGE	\$		GROOMING/TOILETRIES	\$
PROPERTY TAXES/CONDO FEES	\$		CLOTHING	\$
HEATING/GAS/OIL	\$		OTHER (specify)	\$
TELEPHONE/CELL PHONE	\$			\$
CABLE/INTERNET	\$		TRANSPORTATION EXPENSES	
HYDRO	\$		CAR PAYMENT/LEASE	\$
WATER	\$		REPAIRS/MAINTENANCE/GAS	\$
HOUSE MAINTENANCE	\$		PUBLIC TRANSPORTATION	\$
OTHER (specify)	\$		OTHER (specify)	\$
	\$			\$
PERSONAL EXPENSES			INSURANCE EXPENSES	
SMOKING	\$		VEHICLE INSURANCE	\$
ALCOHOL	\$		HOUSE INSURANCE	\$
DINING/LUNCHES/RESTAURANTS	\$		CONTENTS INSURANCE	\$
ENTERTAINMENT/SPORTS	\$		LIFE INSURANCE	\$
GIFTS/CHARITABLE DONATIONS	\$			
ALLOWANCES	\$			
OTHER (specify)	\$		OTHER PAYMENTS	
	\$		PAYMENT TO THE ESTATE	\$
NON-RECOVERABLE MEDICAL EXPENSES			PAYMENT TO SECURED CREDITOR	
OVER THE COUNTER MEDICATIONS	\$		(other than mortgage & vehicle)	\$
OTHER (specify)	\$		OTHER (specify)	\$
	\$		TOTAL MONTHLY EXPENSES (box 3)	\$
LIVING EXPENSES				
FOOD/GROCERIES	\$		TOTAL MONTHLY INCOME (this is box 1 - box 2)	\$
LAUNDRY/DRY CLEANING	\$		TOTAL MONTHLY EXPENSES (box 3)	\$
			EXCESS - (DEFICIENCY) income-expenses=	\$
ADDITIONAL NOTES or CHANGES:				