

Please return to: Grant Thornton Limited
 979 Alloy Drive
 Thunder Bay ON P7B 5Z8

Fax: (807) 346-7304
 Return Before: the 15th 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 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 _____

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. _____

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 _____

Income Total: _____
 Expense Total: _____
 Difference: _____

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

 Date