



- Please return to: Norrish & Associates Inc., #3, 675 – 3<sup>rd</sup> Street SE, Medicine Hat, Alberta T1A 0H4 OR Fax to: (403) 529.2745 -

**INCOME & EXPENSES FOR THE MONTH OF \_\_\_\_\_**

Name: _____	Employer: _____
Address: _____	Work Phone: (_____) _____ - _____
_____	Occupation: _____
Home Phone: (_____) _____ - _____	Spouses Name: _____
Marital Status: _____	# of Members in Household: _____

MONTHLY FAMILY INCOME (NET)	Bankrupt	Spouse	MONTHLY FAMILY NON-DISCRETIONARY EXPENSES	
Employment income*	\$ _____	\$ _____	Child support payments	\$ _____
Pensions/annuities	\$ _____	\$ _____	Spousal support payments	\$ _____
Child support*	\$ _____	\$ _____	Child care	\$ _____
Spousal Support*	\$ _____	\$ _____	Medical condition expenses*	\$ _____
Employment insurance benefits	\$ _____	\$ _____	Fines / penalties imposed by the court	\$ _____
Social Assistance	\$ _____	\$ _____	Expenses as a condition of employment	\$ _____
Self-employed income	\$ _____	\$ _____	Debts where stay has been lifted	\$ _____
Child Tax Benefit	\$ _____	\$ _____	Other expenses - _____	\$ _____
Other net income – _____	\$ _____	\$ _____		
<b>Total</b>	<b>\$ _____ (A)</b>	<b>\$ _____ (B)</b>	<b>Total</b>	<b>\$ _____ (C)</b>

**MONTHLY FAMILY DISCRETIONARY EXPENSES**

**Housing**

Rent / Mortgage(s)	\$ _____
Property taxes / Condo fees	\$ _____
Utilities	\$ _____
Telephone / Cell / Internet	\$ _____
Cable / Internet	\$ _____
Furniture	\$ _____
Other - _____	\$ _____

**Personal**

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**

Car lease / payments	\$ _____
Repair / Maintenance / Fuel	\$ _____
Public transportation	\$ _____
Other - _____	\$ _____

**Insurance**

Vehicle insurance	\$ _____
House insurance	\$ _____
Furniture / contents insurance	\$ _____
Life insurance	\$ _____
Other - _____	\$ _____

**Payments**

To the estate	\$ _____
To secured creditor	\$ _____
Other than mortgage and vehicle	\$ _____
Other - _____	\$ _____

**Total** \$ \_\_\_\_\_ (D)

Income Total (A + B) \$ \_\_\_\_\_ (E)      Expenses Total (C + D) \$ \_\_\_\_\_ (F)      **Difference (E - F) \$ \_\_\_\_\_**

**\*When you hand in your monthly Income & Expense reports, please remember to include all copies of your paystubs, medical and prescription receipts, and alimony and child support receipts.**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date