

Monthly Income and Expense

Please return to: Crawford, Smith & Swallow Inc.
 43 Church Street, Suite 400
 St.Catharines, ON L2R7E1

Phone# 905-937-2100
 Fax# 905-346-3232
 Email: info@niagaradebthelp.com

Name _____ Month of _____ # In family _____
 Address _____ Phone _____ Email _____

New Address Y/N ? _____

Monthly family Income (Net after deductions)

	Bankrupt	Spouse
Employment Income	_____	_____
Pension/Annuities	_____	_____
Spousal Support	_____	_____
E.I. Benefits	_____	_____
Social Assistance	_____	_____
Self-Employed income	_____	_____
Child Tax Benefit	_____	_____
Other net income	_____	_____
Total	_____	_____

Monthly Family Non-discretionary Expenses		
	Bankrupt	Spouse
Child Support	_____	_____
Spousal Support	_____	_____
Child Care	_____	_____
Medical expenses	_____	_____
Fines imposed by court	_____	_____
Condition of employment expenses	_____	_____
Debts where stay has been lifted	_____	_____
Other expenses	_____	_____
Total	_____	_____

Monthly Family Discretionary Expenses

Housing Expenses

Rent/Mortgage _____
 Property taxes/Condo fees _____
 Heating/Gas _____
 Water _____
 Telephones (including cell) _____
 TV _____
 Internet _____
 Other _____

Personal Expenses

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

Non-recoverable medical

Prescriptions _____
 Dental _____
 Other _____

Income Total

=====

Expense Total

=====

Difference

=====

Living Expenses

Food/Grocery _____
 Laundry/Dry Cleaning _____
 Grooming/Toiletries _____
 Clothing _____
 Other _____

Transportation Costs

Car lease/ payments _____
 Repairs/Fuel _____
 Public Transportation _____
 Other _____

Insurance Expenses

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

Payments

To the Estate _____
 Other _____

Total _____

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

 Signature(s)