

NAME: _____
 MONTH: _____
 NUMBER OF PEOPLE IN HOUSEHOLD: _____

INCOME OR OTHER MONIES RECEIVED DURING MONTH

YOU	_____	SPOUSE	_____
Take home pay	_____	Take-home pay	_____
Commissions	_____	Commissions	_____
Support/Alimony	_____	Support/Alimony	_____
Child Benefit/Family Allowance	_____	Child Benefit/Family Allowance	_____
E.I. Benefits	_____	E.I. Benefits	_____
Social Assistance	_____	Social Assistance	_____
Pension	_____	Pension	_____
Rental income	_____	Rental income	_____
Interest/Dividends	_____	Interest/Dividends	_____
W.C.B. Benefits	_____	W.C.B. Benefits	_____
Net Self-employment income	_____	Net Self-employment income	_____
(A)YOUR TOTAL INCOME	_____	(B)SPOUSE'S TOTAL INCOME	_____
		(A+B) TOTAL FAMILY INCOME	_____
		Help From Family	_____

NON-DISCRETIONARY EXPENSES - RECEIPTS OR OTHER PROOF REQUIRED

Child Support	_____		
Spousal Support	_____		
Child Care	_____		
Medical Expenses	_____		
		TOTAL	_____

DISCRETIONARY HOUSEHOLD EXPENSES

Rent/Mortgage	_____	Entertainment	_____
Property Tax	_____	Gifts	_____
Household Insurance	_____	Tobacco	_____
Home Repairs	_____	Alcohol	_____
Hydro	_____	Clothing	_____
Heating (gas/oil)	_____	Laundry, Etc.	_____
Water	_____	Grooming	_____
Cable TV/Internet	_____	Vacations	_____
Telephone	_____	Pet Care	_____
Food	_____	Education/Training	_____
Life Insurance	_____		
Home Insurance	_____		
Car Insurance	_____		
Car Payment	_____		
Car Exp. (gas/oil)	_____	TOTAL EXPENSES:	_____
Parking	_____		
Public Transportation	_____		
Car Exp. (repairs)	_____		

Address: _____

Employer: _____