

INCOME & EXPENSE STATEMENT

Name: _____
Person A (Print)

Name: _____
Person B (Print)

The Number of People in Household: (Including the Bankrupt) _____ Month: _____

NET MONTHLY INCOME	Person A	Person B	
Net Salary	_____	_____	
Pension/Annuities	_____	_____	
Spousal Income	_____	_____	
Family Allowance	_____	_____	
Alimony/Child Support	_____	_____	
Employment Insurance Benefits	_____	_____	
Social Assistance	_____	_____	
Rental Income	_____	_____	
Other Income (_____)	_____	_____	
	\$ _____	\$ _____	Total \$ _____

NOTE: PLEASE REMEMBER TO ATTACH PAY STUBS TO VERIFY THE INCOME YOU REPORTED!

MONTHLY EXPENSES	Person A	Person B	
<i>Non-Discretionary Expenses</i>			
Child Support Payments	_____	_____	
Spousal Support Payments	_____	_____	
Child Care	_____	_____	
Health-related expenses	_____	_____	
Fines/Penalties being paid	_____	_____	
Employment-Related expenses	_____	_____	
Debts where stay has been lifted by court	_____	_____	
	\$ _____	\$ _____	Total \$ _____

<i>Discretionary expenses</i>			
Rent/Mortgage	_____		
Property Taxes	_____		
Electricity	_____		
Heating (Gas/Oil/Wood)	_____		
Telephone	_____		
Cable	_____		
Car Maintenance	_____		
Transportation (Gas)	_____		
Car Insurance	_____		
Life Insurance	_____		
Food / Meals / Groceries	_____		
Hygiene Products	_____		
Clothing	_____		
Aesthetic Services	_____		
Trustee Payment	_____		
Other (_____)	_____		
			Total \$ _____
			Surplus or Deficit _____

Please Complete the following:

1) **NEW ADDRESS: Yes** / **NO** (If yes, please record your new address below):

2) **NEW TELEPHONE: Yes** / **NO** (If yes, New Phone Number:) (____) ____ - _____

Please complete and return to **Allan Marshall & Associates Inc:**

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