| For the Month | of: | |
|---------------|-----|--|
| | | |

AFFIDAVIT OF INCOME AND EXPENSES

| Name of bankrupt: | No. of People in | No. of People in household: | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------|--|
| Name of employer: | | | |
| Employed since: | | | |
| Has your family income increased or de | ecreased: Wh | os: | |
| Bankrupts Income: | Spouses Income: | | |
| By how much: | When: | | |
| (Ne | MONTHLY INCOME et after normal deductions per month) | Other Members | |
| | Bankrupt | of Family Unit | |
| Employment Income Net Pension/Annuities Net Child Support Net Spousal Support Net Employment Insurance Benefits Net Social Assistance Self-employment Income Other (specify) TOTAL NET FAMILY INCOME | | | |
| | MONTHLY EXPENSES | | |
| DISCRETIONARY EXPENSES: | <u>Bankrupt</u> | Other Members of Family Unit | |
| Child Support Payments Spousal Support Payments Child Care Medical Condition Expenses Fine/Penalties imposed by Court Expenses as a condition of employment Debts where stay has been lifted Interest paid on debts not dischargeable In a bankruptcy | | | |
| TOTAL NON-DISCRETIONARY | | | |

DISCRETIONARY EXPENSES:

| Housing Expenses: | | Living Expenses: | |
|----------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------|---------------|
| Rent/Mortgage | | Food/Grocery | |
| Property taxes/Condo Fees | | Laundry/Dry Cleaning | |
| Heating/Gas/Oil Hydro | | Grooming/Toiletries | |
| | | Clothing | |
| Ca | able | Other (Specify) | |
| Те | elephone | | |
| Re | epairs/Maintenance | | |
| | ater | | |
| Ot | her(Specify) | | |
| Person | al Expenses: | Transportation Expenses: | |
| Smoking | | Car Lease/Payments | |
| | lcoho] | Repair/Maintenance/Gas | |
| | | Public Transportation | |
| | ada ada da ana ana de Cara andra | Other (Specify) | |
| | An/Charitable Donations | | |
| | | Insurance: | |
| | they (Specific) | Vohiala | |
| 0, | | House | · |
| | | Furniture/Contents | |
| Non-P | ecoverable Medical Expenses: | Life Insurance | |
| | rescriptions | Other (Specify) | |
| | ental | Outer (opecity) | |
| | SURPLUS II | NCOME CALCULATION - (To be completed by Trus | <u>tee)</u> |
| Α. | Family Income: | 1. Net family income (all sources) | • . |
| л. | Talling income. | 2. Minus Non-discretionary expenses | |
| | · | 3. Total Net Monthly Income of Bankrupt | |
| מ | Daulmont's Incomes | 1 Total monthly income of honlywat | |
| В. | Bankrupt's Income: | Total monthly income of bankrupt Bankrupt's income as a % of total income | |
| _ | | - | |
| C. | Surplus Income – Family: | 1. Total net monthly income (line A3) | |
| | | 2. Minus standard | |
| | | 3. Family surplus | |
| D. | Required Monthly Payment Pe | r Directive on Surplus Income: | |
| | 1. Family surplus inco | ome \$ x %= x ½\$ | |
| | 2. Amount bankrupt h | ome \$x% =x ½ \$ as agreed to pay monthly | |
| | 3. Difference between | amounts (D1) and (D2) | |
| | • | | |
| | SWORN before me at the City | of) | · |
| Burlington, in the Provinc | | | |
| | this day of | ,20) | |
| | | , j | ٠. |