

For the Month of: _____

AFFIDAVIT OF INCOME AND EXPENSES

Name of bankrupt: _____ **No. of People in household:** _____

Name of employer: _____

Employed since: _____

Has your family income increased or decreased: _____ **Whos:** _____

Bankrupts Income: _____ **Spouses Income:** _____

By how much: _____ **When:** _____

MONTHLY INCOME

(Net after normal deductions per month)

	<u>Bankrupt</u>	<u>Other Members of Family Unit</u>
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

NON-DISCRETIONARY EXPENSES:

	<u>Bankrupt</u>	<u>Other Members of Family Unit</u>
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	_____	

