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**MONTHLY INCOME AND EXPENSE STATEMENT**

You are required to complete a report each month and forward it to this office **on or before the 10th day of the following month**. It may be necessary for you to swear an affidavit concerning your income and expenses, so please be accurate. Each report must be dated and signed by you.

NAME \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ POSTAL CODE \_\_\_\_\_  
 NUMBER AND AGES OF FAMILY MEMBERS \_\_\_\_\_  
 STATEMENT FOR THE MONTH OF \_\_\_\_\_ 20 \_\_\_\_\_

<b>INCOME (Attach all pay stubs, proof, etc.)</b>	Debtor	Spouse	Total
Net Earnings	_____	_____	_____
Net E.I. Benefits	_____	_____	_____
Child Tax Benefit	_____	_____	_____
Net Business Income (from schedule)	_____	_____	_____
Pension Earnings	_____	_____	_____
Social Assistance	_____	_____	_____
Child Support	_____	_____	_____
Other - describe _____	_____	_____	_____
<b>Total Household Income</b>	_____	_____	_____

<b>NON-DISCRETIONARY EXPENSES (Receipts Required)</b>			
Alimony/Maintenance Payments	_____	_____	_____
Child Care	_____	_____	_____
Medical Treatment ordered by doctor-describe	_____	_____	_____
Prescriptions not covered by insurance	_____	_____	_____
Court Fines	_____	_____	_____
Other - describe _____	_____	_____	_____
<b>Total Non-discretionary Expenses</b>	_____	_____	_____
<b>Net Income for surplus calculation (Income - Non-discretionary Exp.)</b>	_____	_____	_____

<b>DISCRETIONARY EXPENSES (Do not send bills/invoices; keep them in a safe place at home)</b>			
Rent/Mortgage Payment	_____	Vehicle Insurance	_____
Property Taxes/Condo Fees	_____	Life Insurance	_____
Electricity (Enmax/Epcor)	_____	Home Insurance	_____
Natural Gas (Direct Energy)	_____	Vitamins/Herbs, etc.	_____
Property Maintenance	_____	Dental Care	_____
Telephone	_____	Massage/Chiropractic	_____
Cellphone	_____	Aesthetics (haircuts, etc.)	_____
Cable	_____	Laundry/Dry Cleaning	_____
Internet	_____	Cigarettes/Tobacco	_____
Groceries	_____	Alcohol	_____
Clothing	_____	Entertainment/Sports	_____
Dining Out	_____	Babysitting (non work)	_____
Vehicle Payments	_____	Gifts/Donations	_____
Gas	_____	Student Loan Payments	_____
Vehicle Maintenance/Repairs	_____	Payment made to Trustee	_____
Public Transportation	_____	Other-describe _____	_____
Bank Fees/Service Charges	_____	Other-describe _____	_____
<b>Total Discretionary Expenses</b>	_____		_____

<b>FOR OFFICE USE ONLY</b>	
Net Income	_____
Subtract Guideline Allowance	_____
Multiply by bankrupt's share	_____
Multiply by 50%	_____

**SURPLUS/DEFICIT**  
 (Net income - Discretionary Expenses)  
 If this amount is a deficit, explain how you covered it.  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMMENTS** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Payment to Trustee **TODAY** \_\_\_\_\_

I certify that the above information is true and that I have kept the receipts in accordance with the requirements of the Bankruptcy and Insolvency Act.

DATE \_\_\_\_\_ SIGNATURE OF BANKRUPT (S) \_\_\_\_\_  
 \_\_\_\_\_