

**APPENDIX A
STATEMENT OF INCOME AND EXPENSES**

NAME _____

OF PEOPLE IN HOUSEHOLD _____

MONTH _____

INCOME OR OTHER MONEY RECEIVED DURING MONTH

SELF

SPOUSE

TAKE HOME PAY _____
 SUPPORT/ALIMONY _____
 CHILD TAX BENEFIT _____
 UNIVERSAL CHILD CARE SUPPLEMENT _____
 U.I.C BENEFITS _____
 SOCIAL ASSISTANCE _____
 DISABILITY PENSION _____
 CPP _____
 OAS _____
 W.S.I.B _____
 NET SELF EMPLOYMENT INCOME _____

TAKE HOME PAY _____
 SUPPORT/ALIMONY _____
 CHILD TAX BENEFIT _____
 UNIVERSAL CHILD CARE SUPPLEMENT _____
 U.I.C BENEFITS _____
 SOCIAL ASSISTANCE _____
 DISABILITY PENSION _____
 CPP _____
 OAS _____
 W.S.I.B _____
 NET SELF EMPLOYMENT INCOME _____

(A) TOTAL INCOME _____

(B) TOTAL INCOME _____

(A+B) TOTAL FAMILY INCOME

NON-DISCRETIONARY EXPENSES (RECEIPTS REQUIRED)

CHILD SUPPORT _____
 SPOUSAL SUPPORT _____
 CHILD CARE _____
 MEDICAL EXPENSES _____

(C) TOTAL

DISCRETIONARY HOUSEHOLD EXPENSES

RENT/MORTGAGE _____
 PROPERTY TAX _____
 HOUSEHOLD INSURANCE _____
 HOME REPAIR _____
 HYDRO _____
 HEATING _____
 WATER _____
 CABLE/INTERNET/SATELLITE _____
 TELEPHONE/CELL PHONE _____
 TOBACCO _____
 ENTERTAINMENT _____
 ALLOWANCE _____
 GIFTS _____
 CHARITY _____

GROCERY _____
 MEALS OUT _____
 LAUNDRY _____
 CLOTHING _____
 CAR PAYMENT _____
 CAR INSURANCE _____
 CAR REPAIR _____
 FUEL FOR CAR/GAS _____
 PUBLIC TRANSPORTATION _____
 PAYMENT TO TRUSTEE _____

(D) TOTAL EXPENSES

Monthly Surplus/Defecit
(A + B - C - D)