APPENDIX A STATEMENT OF INCOME AND EXPENSES

# OF PEOPLE IN HOUSEHOLD	MONTH	
INCOME OR OTHER MONEY RECEIVED DURING MONTH		
SELF	SPOUSE	
TAKE HOME PAY	TAKE HOME PAY	
SUPPORT/ALIMONY	SUPPORT/ALIMONY	
CHILD TAX BENEFIT	CHILD TAX BENEFIT	
UNIVERSAL CHILD CARE SUPPLEMENT	UNIVERSAL CHILD CARE SUPPLEMEN	NT
U.I.C BENEFITS	U.I.C BENEFITS	
SOCIAL ASSISTANCE	SOCIAL ASSISTANCE	
DISABILITY PENSION	DISABILITY PENSION	
CPP	CPP	
OAS	OAS	
W.S.I.B	W.S.I.B	
NET SELF EMPLOYEMENT INCOME	NET SELF EMPLOYEMENT INCOME	
(A) TOTAL INCOME	(B) TOTAL INCOME	
	(A+B) TOTAL FAMILY INCOME	
CHILD SUPPORT SPOUSAL SUPPORT CHILD CARE	<u></u>	
MEDICAL EXPENSES	(C) TOTAL	
DISCRETIONA	ARY HOUSEHOLD EXPENSES	
RENT/MORTGAGE	GROCERY	
PROPERTY TAX	MEALS OUT	
HOUSEHOLD INSURANCE	LAUNDRY	
HOME REPAIR	CLOTHING	
HYDRO	CAR PAYMENT	
HEATING	CAR INSURANCE	
WATER	CAR REPAIR	
CABLE/INTERNET/SATELLITE	FUEL FOR CAR/GAS	
TELEPHONE/CELL PHONE	PUBLIC TRANSPORTATION	
TOBACCO	PAYMENT TO TRUSTEE	
ENTERTAINMENT		
ALLOWANCE	(D) TOTAL EXPENSES	
GIFTS		
CHARITY	Monthly Surplus/Defecit (A + B - C - D)	