

DUE BY THE 12TH OF THE FOLLOWING MONTH

SMITH CAGEORGE BAILEY INC.
#210, 617 – 11th Avenue SW
Calgary, AB T2R 0E1
Phone(403)261-7779 or 877-806-2918
Fax (403) 452-8187

MONTH OF _____

MONTHLY INCOME AND EXPENSE STATEMENT

DEBTOR: _____ SPOUSE: _____
ADDRESS: _____ PHONE #: _____
EMPLOYER: _____ EMPLOYER: _____
NUMBER OF DEPENDENTS: _____ AGES: _____

MONTHLY (FAMILY) INCOME FROM ALL SOURCES (ATTACH ANY PAY STATEMENT):

	MYSELF	SPOUSE
GROSS WAGES	\$ _____	\$ _____
NET WAGES	\$ _____	\$ _____
CHILD TAX BENEFIT	\$ _____	\$ _____
U.I.C./SOCIAL ASS./BORROWINGS/	\$ _____	\$ _____

PART-TIME EARNINGS (CIRCLE ONE)

A) TOTAL NET MONTHLY INCOME \$ _____

MONTHLY (FAMILY) LIVING EXPENSES (DO NOT ATTACH RECEIPTS; BUT RETAIN):

HOUSING:

RENT/MORTGAGE \$ _____ UTILITIES \$ _____
HSHLD. MAINT. \$ _____ TELEPHONE \$ _____
TAXES/CONDO FEES \$ _____ OTHER (SPECIFY) _____
SUB-TOTAL HOUSING \$ _____

PERSONAL:

FOOD/TOILETRIES \$ _____ DRYCLEANING \$ _____
BABY SUPPLIES \$ _____ DAY CARE \$ _____
CLOTHING \$ _____ GROOMING \$ _____
ENTERTAINMENT \$ _____ ALCOHOL \$ _____
TOBACCO \$ _____ SCHOOL FEES \$ _____
ALIMONY/SUPPORT \$ _____ OTHER (SPECIFY) _____
OTHER (SPECIFY) \$ _____ OTHER (SPECIFY) _____
SUB-TOTAL PERSONAL \$ _____

MEDICAL: (Attach Receipts for prescription drugs and dentist)

DRUGS \$ _____ DENTIST \$ _____
SUB-TOTAL MEDICAL \$ _____

INSURANCE:

LIFE \$ _____ AUTO \$ _____
BLUE CROSS \$ _____ BLUE CROSS \$ _____
HOUSE/CONTENTS \$ _____ OTHER (SPECIFY)\$ _____
SUB-TOTAL INSURANCE \$ _____

TRAVEL:

VEHICLE PAYMENT \$ _____ BUS/CARPOOL \$ _____
GAS/MAINTENANCE \$ _____ OTHER \$ _____
SUB-TOTAL TRAVEL \$ _____

B) TOTAL MONTHLY EXPENSES \$ _____

SURPLUS INCOME/DEFICIT (A-B) \$ _____

PAYMENT TO TRUSTEE \$ _____

CHEQUE ENCLOSED PREVIOUSLY SUBMITTED BY POST-DATED CHEQUE

COMMENTS: _____

DATE: _____ SIGNATURE: _____