

**Statement of Receipts and Disbursements**

Full Name: \_\_\_\_\_

Address, if new: \_\_\_\_\_

Month and Year: \_\_\_\_\_

Number of Persons in Family: \_\_\_\_\_

	<u>Self</u>	<u>Others in Your Family</u>	<u>Total</u>
<b>Received in the month:</b>			
Net employment earnings, <b>attach pay stub</b>	\$ _____	\$ _____	
Net self-employment earnings - from next page	_____	_____	
Pensions - employer	_____	_____	
Pensions - CPP	_____	_____	
Pensions - Old Age	_____	_____	
Pensions	_____	_____	
Child Tax Benefit	_____	_____	
Universal Child Care Benefit	_____	_____	
Child Support	_____	_____	
Employment Insurance	_____	_____	
Other Amounts (Describe): _____	_____	_____	
Total Received	\$ _____	\$ _____	\$ _____

<b>Subtract Non-Discretionary Disbursements:</b>			
Child Support Paid	\$ _____	\$ _____	
Child Care Paid	_____	_____	
Employment-Related Expenses Paid: <i>(work use portion only)</i>	_____	_____	
Gas, Oil & Repairs	_____	_____	
Insurance	_____	_____	
Lease / Purchase Payments	_____	_____	
Medical Condition Payments	_____	_____	
Total Monthly Non-Discretionary Disbursements	\$ _____	\$ _____	\$ _____
Available Monies	\$ _____	\$ _____	\$ _____

**Subtract Other Disbursements of the Family Unit:**

Housing:		Living:	
Rent	\$ _____	Food & Grocery	\$ _____
Mortgage	_____	Laundry & Dry Cleaning	_____
Property Taxes / Condo Fees	_____	Grooming & Toiletries	_____
Telephone	_____	Clothing	_____
Cable	_____	Savings	_____
Hydro	_____	Transportation <i>(personal use portion)</i> :	
Water	_____	Car Lease / Payments	_____
Furniture	_____	Repairs / Gas	_____
Internet Service Provider	_____	Public Transportation	_____
Personal:		Parking	_____
Smoking	_____	Insurance:	
Alcohol	_____	Vehicle	_____
Dining / Lunches / Restaurants	_____	House	_____
Entertainment / Sports	_____	Furniture / Contents	_____
Gifts / Charitable Donations	_____	Life / Disability	_____
Allowances	_____	Medical Services Plan	_____
Cheque Cashing/Bank Charges	_____	Debt payments	
Vitamins and Supplements	_____	To the Trustee	_____
Dental	_____	Partner's Debts	_____
Alarm	_____	To Secured Parties	_____
Total Discretionary Expenses			\$ _____
<b>Remaining Surplus (or Deficit)</b>			\$ _____

Other comments: \_\_\_\_\_

Have you this month received or become entitled to receive any amounts other than your normal income?

Please check: yes / no

Dated: \_\_\_\_\_ Signed as Accurate: \_\_\_\_\_

Deliver this completed form to us within 15 days after the end of the month. Attach proof of income such as pay stubs and proof of payment of any non-discretionary expenses. Our fax number is 604-430-4170.

**KEN ROWAN & ASSOCIATES INC. #206, 4603 Kingsway, Burnaby, BC V5H 4M4 Tel: 604-430-4188**