

INCOME AND NON-DISCRETIONARY EXPENSE STATEMENTS

Office: +1 (416) 496-1200

Fax: +1 (416) 496-9651

E Mail: income@afarber.com

Please complete the sections below and attach ALL proof of income and ALL proof of non-discretionary expenses (e.g. paystubs, bank statements, receipts etc.)

NAME: _____ # OF PEOPLE IN THE HOUSEHOLD: _____

	Month:		Month:		Month:		Month:		Month:		Month:	
INCOME:	Debtor	Spouse	Debtor	Spouse	Debtor	Spouse	Debtor	Spouse	Debtor	Spouse	Debtor	Spouse
Employment Income												
Commissions												
Support/Alimony (received)												
Child Benefit/Family Allowance												
E.I. Benefits/Soc.Assistance/W.C.B.												
Pension												
Rental Income												
Net "After Tax" Self-Employment Income (Attach summary of business expenses)												
TOTAL INCOME												
NON-DISCRETIONARY EXP.												
Child Support												
Spousal Support												
Child Care												
Medical Expenses												
TOTAL NON-DISC. EXPENSES												

YOU MUST ANSWER THE FOLLOWING:

- Has there been any change in your employment situation
- Has there been any change in your income or expenses
- Has there been any change in the number of people in your household
- Has your address or telephone number changed
- Have you attached any additional information (e.g. correspondence, T4's)

NO

YES

*_____
*_____
*_____
*_____
*_____

* IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE PROVIDE DETAILS

Insolvency Date: _____