

MONTHLY INCOME AND EXPENSE STATEMENT

NAME: _____

MONTH: _____

INCOME

1.	Net Income (After Taxes)	
2.	Spouse Net Income	
3.	EI	
4.	Pensions - CPP	
5.	Pensions - Old Age and Supplement	
6.	Pensions - ODSP	
7.	Pensions - Widows	
8.	Social Assistance	
9.	Rental Income	
10.	Child Tax Benefit	
11.	Universal Child Care Benefit	
12.	Child Support	
13.	Spousal Support	
14.	Alimony	
15.	Disability (Through Insurance Company)	
	TOTAL INCOME:	

EXPENSES

16.	Child Support	
17.	Spousal Support	
18.	Child Care	
19.	Medical/Prescriptions (Not Covered/Out-of-Pocket)	
20.	Fines to Court	
21.	Employment Expenses	
22.	S. 178 Debt	
23.	Dental (Not Covered/Out-of-Pocket)	
	TOTAL EXPENSES:	

TOTAL INCOME:	
LESS TOTAL EXPENSES:	
DIFFERENCE:	