

STATEMENT OF INCOME FOR THE MONTH OF: \_\_\_\_\_

Name(s) of Bankrupt(s): \_\_\_\_\_

Tel No.: \_\_\_\_\_ Number of people in household unit (note if change from previous) \_\_\_\_\_

Mailing Address (if changed from previous): \_\_\_\_\_

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**MONTHLY INCOME (attach all pay stubs or other proof of income)**

Net Earnings \_\_\_\_\_

Net Earnings of Spouse \_\_\_\_\_

E.I. Benefits \_\_\_\_\_

E.I. Benefits of Spouse \_\_\_\_\_

Net Pensions \_\_\_\_\_

Net Pensions of Spouse \_\_\_\_\_

Child/Spousal Support \_\_\_\_\_

Child/Spousal Support of Spouse \_\_\_\_\_

Self-employed income – Gross \_\_\_\_\_ Net \_\_\_\_\_

Self-employed (spouse) – Gross \_\_\_\_\_ Net \_\_\_\_\_

Child Tax Benefit/Family Allowance \_\_\_\_\_

Social Assistance \_\_\_\_\_

Other income (Rent, etc.) \_\_\_\_\_

**TOTAL MONTHLY INCOME (A)** \_\_\_\_\_

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**MONTHLY NON-DISCRETIONARY EXPENSES (all receipts must be attached in order for deductions to be allowed)**

Child Support Payments \_\_\_\_\_

Spousal Support Payments \_\_\_\_\_

Expenses as a Condition of Employment \_\_\_\_\_

Child Care \_\_\_\_\_

Medical Condition Expenses \_\_\_\_\_

**TOTAL MONTHLY NON-DISCRETIONARY EXPENSES (B)** \_\_\_\_\_

**AVAILABLE MONTHLY INCOME (A-B) = (C)** \_\_\_\_\_

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The above is an accurate statement of my/our income and expenses as witnessed by my/our signature(s). The Trustee has made me/us aware of my obligations to contribute a portion of my/our Surplus Income to the Estate for the general benefit of creditors until I am/we are discharged from bankruptcy.

\_\_\_\_\_  
Bankrupt Signature(s)

\_\_\_\_\_  
Date

**Please return to Janes & Noseworthy Limited, Suite 201, 516 Topsail Road, St. John's, NL A1E 2C5**