

For the Month of: \_\_\_\_\_

**AFFIDAVIT OF INCOME AND EXPENSES**

**Name of bankrupt:** \_\_\_\_\_ **No. of People in household:** \_\_\_\_\_

**Name of employer:** \_\_\_\_\_

**Employed since:** \_\_\_\_\_

**Has your family income increased or decreased:** \_\_\_\_\_ **Whos:** \_\_\_\_\_

**Bankrupts Income:** \_\_\_\_\_ **Spouses Income:** \_\_\_\_\_

**By how much:** \_\_\_\_\_ **When:** \_\_\_\_\_

**MONTHLY INCOME**

(Net after normal deductions per month)

	<b><u>Bankrupt</u></b>	<b><u>Other Members of Family Unit</u></b>
Employment Income	_____	_____
Net Pension/Annuities	_____	_____
Net Child Support	_____	_____
Net Spousal Support	_____	_____
Net Employment Insurance Benefits	_____	_____
Net Social Assistance	_____	_____
Self-employment Income	_____	_____
Other (specify) _____	_____	_____
<b>TOTAL NET FAMILY INCOME</b>	_____	

**MONTHLY EXPENSES**

***NON-DISCRETIONARY EXPENSES:***

	<b><u>Bankrupt</u></b>	<b><u>Other Members of Family Unit</u></b>
Child Support Payments	_____	_____
Spousal Support Payments	_____	_____
Child Care	_____	_____
Medical Condition Expenses	_____	_____
Fine/Penalties imposed by Court	_____	_____
Expenses as a condition of employment	_____	_____
Debts where stay has been lifted	_____	_____
Interest paid on debts not dischargeable In a bankruptcy	_____	_____
<b>TOTAL NON-DISCRETIONARY</b>	_____	

