

MONTHLY FAMILY NET INCOME (after taxes/deductions)Proof of all income is **required** (ie paystubs, support agreement, benefit stubs, bank statements, statement of business income & expenses, etc..)

Monthly Income	Applicant	Spouse/Others
Employment Income		
Pension Income		
Child/Support		
Employment Insurance Income		
Child Tax Benefit + UCCB		
Social Assistance		
Net Self-Employment Income		
Rental Income		
Income Tax Refund		
Other Income		
Total Monthly Income		

MONTHLY FAMILY EXPENSES**NON-DISCRETIONARY EXPENSES**Proof of all non-discretionary expenses is **required** (ie support agreement, court documents, receipts, etc.)

	Applicant	Spouse		Applicant	Spouse
Child Support Payments			Prescriptions (non-recoverable portion)		
Spousal Support Payments			Court-ordered Fines/Penalties		
Child Care			Employment Expenses (tax deductible)		

Total Non-Discretionary Expenses:**DISCRETIONARY EXPENSES**

HOUSING EXPENSES		TRANSPORTATION EXPENSES	
Rent/Mortgage		Car Lease/Payments	
Property Tax (if not included in mortgage)		Fuel Costs	
Heating/Gas/Oil/Wood		Vehicle Maintenance and Repair	
Electricity		Vehicle Insurance	
Water		Public Transportation/Tolls	
Telephone/Cell		Other (please specify):	
Cable TV/Internet			
House Maintenance and Repairs		DAILY LIVING EXPENSES	
House/Tenants Insurance		Groceries	
Other (please specify):		Laundry/Dry Cleaning	
		Clothing	
PERSONAL EXPENSES		Life Insurance	
Meals eaten outside of the home		Bank Charges	
Smoking		Prescriptions (if not listed above)	
Alcohol		Other (please specify):	
Entertainment/Sports			
Gifts, holidays, donations, etc.		OTHER EXPENSES (please specify)	
Barber/Hairdresser		Payment to estate (bankruptcy)	
Allowances			
Medical Insurance (private)			
Other (please specify):			

Total Discretionary Expenses:

COMMENTS AND NOTES:	SUMMARY	
	NET INCOME	\$
	NON-DISCRETIONARY EXPENSES	-
	DISCRETIONARY EXPENSES	-
	TOTAL	=

I hereby certify that the information contained in this application is a true, correct, and complete statement that fully discloses the state of my affairs, to the best of my knowledge.

Signature – Applicant_____
Signature – Co-Applicant_____
Date (dd/mm/yyyy)