

Please return to: MNP LTD.

Fax: _____

Return Before: _____

Income & Expenses for the month of _____

Name: _____

Address: _____

Home Phone: _____

Marital Status: _____

Employer: _____

Work phone: _____

Occupation: _____

Spouse's Name: _____

of Members in Household: _____

| Monthly Family Income (Net) | You | Spouse |
|------------------------------------|------------|---------------|
| Employment Income | _____ | _____ |
| Pension/Annuities | _____ | _____ |
| Child Support | _____ | _____ |
| Spousal Support | _____ | _____ |
| Employment Insurance Benefits | _____ | _____ |
| Social Assistance | _____ | _____ |
| Self-Employment Income | _____ | _____ |
| Child Tax Benefit | _____ | _____ |
| Other Net Income | _____ | _____ |
| Total: | _____ | _____ |

| Monthly Family Non-Discretionary Expenses | |
|--|-------|
| Child Support Payments | _____ |
| Spousal Support Payments | _____ |
| Child Care | _____ |
| Medical Condition Expenses | _____ |
| Fines/Penalties imposed by the court | _____ |
| Expenses as a condition of employment | _____ |
| Debts where stay has been lifted | _____ |
| Other Expenses | _____ |
| Total: | _____ |

Monthly Family Discretionary Expenses

Housing Expenses

| | |
|---------------------------|-------|
| Rent/Mortgage | _____ |
| Property taxes/Condo Fees | _____ |
| Heating/Gas/Oil | _____ |
| Telephone | _____ |
| Cable | _____ |
| Hydro | _____ |
| Water | _____ |
| Furniture | _____ |
| Other | _____ |

Personal Expenses

| | |
|----------------------------|-------|
| Smoking | _____ |
| Alcohol | _____ |
| Dining/Lunches/Restaurants | _____ |
| Entertainment/Sports | _____ |
| Gifts/Charitable donations | _____ |
| Allowances | _____ |
| Other | _____ |

Non-recoverable Medical Expenses

| | |
|---------------|-------|
| Prescriptions | _____ |
| Dental | _____ |
| Other | _____ |

Living Expenses

| | |
|----------------------|-------|
| Food/Grocery | _____ |
| Laundry/Dry cleaning | _____ |
| Grooming/Toiletries | _____ |
| Clothing | _____ |
| Other | _____ |

Transportation Expenses

| | |
|------------------------|-------|
| Repair/Maintenance/Gas | _____ |
| Public transportation | _____ |
| Other | _____ |

Insurance Expenses

| | |
|--------------------|-------|
| Vehicle | _____ |
| House | _____ |
| Furniture/Contents | _____ |
| Life insurance | _____ |
| Other | _____ |

Payments

| | |
|--------------------------------|-------|
| To the estate | _____ |
| To secured creditor | _____ |
| Other than mortgage or vehicle | _____ |
| Other | _____ |
| Total: | _____ |

I hereby certify that the above information is complete and accurate the the best of my knowledge.

Signature

Date