

STATEMENT OF MONTHLY INCOME AND EXPENSES

For Month of _____, 202_____

MY NAME _____

MY ADDRESS _____ Current contact # _____

Is this a new address? Yes ___ No ___ (check one) Marital Status _____

Current Employer _____ Occupation _____

of Children residing with you _____ # of children you pay support for _____

MONTHLY FAMILY INCOME

Net Earnings from employment (Attach copy of paystubs) \$ _____

Net Earnings from spouse (Attach copy of paystubs) _____

Employment Insurance (Attach copy of cheque or bank statement) _____

Child Tax Benefit (Attach copy of cheque or bank statement) _____

Social Assistance (Attach copy of paystub) _____

Pension Income (Attach copy of cheque or bank statement) _____

Child/Spousal Support (Attach copy of cheque or receipt) _____

Income from any source (please specify _____) _____

TOTAL NET FAMILY INCOME \$ _____

MONTHLY HOUSEHOLD EXPENSES

Non-Discretionary Expenses

Child / Spousal Support payments (Attach copy of receipt or cancelled cheque) _____

Child Care (Attach copy of receipt or cancelled cheque) _____

Prescriptions/Medical costs (Attach copy of receipt) _____

Employment Expenses (Meals on Road, lodging, etc.) (Attach receipts) _____

Discretionary Expenses

Mortgage / Rent / Room & Board _____

Property Taxes / Condo Fees _____

House or Contents Insurance _____

Life Insurance _____

Food / Groceries _____

Clothing _____

Laundry / Dry Cleaning _____

Energy / Heating _____

Power / Electricity _____

Telephone / Cell Phone _____

Water / Sewer _____

Cable / Internet / Satellite _____

Automobile Expenses: Gas _____

Repairs / Maintenance _____

Loan / Lease Payments _____

License / Package Policy _____

Transportation Costs (Bus, Taxi, etc.) _____

Grooming, Toiletries, etc. _____

Cigarettes _____

Entertainment _____

Sports / Children's activities _____

Other (please specify _____) _____

Payment to Cameron • Okolita Inc. _____

TOTAL MONTHLY EXPENSES \$ _____

EXCESS/DEFECIENCY OF INCOME OVER EXPENSES \$ _____

If excess funds, are the funds in your account or on hand? Yes ___ NO ___

Comments: _____

DATE

SIGNATURE

SEND COMPLETED STATEMENT TO:

Cameron • Okolita Inc., 650 – 2220 12th Avenue, Regina, Saskatchewan S4P 0M8

Fax: 306-359-7144 Email: income.expense@cameronokolita.ca