

**SUMMARY OF MONTHLY INCOME AND EXPENSES**

KEEP AND BRING TO  
FIRST AND SECOND  
COUNSELLING  
SESSIONS

For the Months of \_\_\_\_\_ to \_\_\_\_\_, 201\_\_

NAME \_\_\_\_\_

**MONTHLY FAMILY INCOME**

Net Earnings from Employment  
Net Earnings from Spouse  
Employment Insurance  
Child Tax Benefit  
Social Assistance  
Pension Income  
Child/Spousal Support  
Income from Other Sources (Specify) \_\_\_\_\_  
**TOTAL NET FAMILY INCOME**

MONTHLY FAMILY INCOME	OPENING BUDGET	Months Reported - Actual			Total	Average	PROJECTED BUDGET
							AFTER DISCHARGE

**MONTHLY HOUSEHOLD EXPENSES**

**Non-Discretionary Expenses**  
Child/Spousal Support  
Child Care  
Prescriptions/Medical costs  
Employment Expenses

**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 - gas  
    - repairs and maint.  
    - loan/lease payments  
    - license/package policy  
Transportation Costs (Bus, Taxi)  
Grooming, Toiletries  
Cigarettes  
Entertainment  
Sports / Childrens' Activities  
Other (Specify) \_\_\_\_\_  
Other (Specify) \_\_\_\_\_  
Other (Specify) \_\_\_\_\_  
Other (Specify) \_\_\_\_\_  
Payment to Cameron Okolita Inc.  
**TOTAL EXPENSES**  
**Excess of Income over Expenses**

							NIL

- 1) Opening budget income should exceed expenses (Do not include your opening budget with your average.)
- 2) If there is an excess of income over expenses in the "total" column, is it represented by your bank balance? Yes \_\_\_ No \_\_\_
- 3) If there is a negative balance, how is it being financed?

\_\_\_\_\_ Date

\_\_\_\_\_ Signature