

DOYLE SALEWSKI INC.

(FORM 65)

MONTHLY INCOME AND EXPENSE

MONTH OF: _____

Name: _____
 Address: _____

Monthly Income	Debtor	Other members of the family unit	Total
INCOME (ATTACHED PROOF OF INCOME)			
Employment (net)			
Pension/Annuities (net)			
Alimony / support for children			
Alimony / support for spouse			
Employment insurance benefits			
Social assistance benefits			
Child tax credit			
Self-employment income (net)			
Other			
TOTAL INCOME (A)			

NON-DISCRETIONARY EXPENSES (RECEIPTS REQUIRED IN THIS FIELD)			
Child support payments			
Spousal support payments			
Child care			
Medical condition (s) expenses			
Fines/penalties imposed by the courts			
Expenses -Conditions of employment			
Debts where stay has been lifted			
Total non-discretionary expenses (B)			
AVAILABLE MONTHLY INCOME (A) - (B) = (C)			

MONTHLY DISCRETIONARY EXPENSES			
Housing expenses		Living expenses	
Rent/mortgage/Hypothec		Food / grocery	
Property taxes/Condo fees		Laundry/dry-cleaning	
Heating (gas / oil / wood)		Grooming/toiletries	
Telephone		Clothing/other	
Cable/Internet		Transportation expenses	
Electricity (hydro)		Car lease/payments	
Water		Repairs/maintenance/gas	
Furniture		Public transit	
Other		Other	
Personal expenses		Insurance expenses	
Smoking		Vehicle (s)	
Alcohol		House	
Dining/lunches/restaurants		Furniture/contents	
Entertainment and sports		Life insurance	
Gifts, charitable donations		Payments	
Allowances/other		To the Estate	
Non-recoverable medical expenses		To a secured creditor	
Prescriptions			
Dental care			
Other			
TOTAL DISCRETIONARY EXPENSES (D)			
SURPLUS (DEFICIT) MONTHLY (FAMILY UNIT)		(C) - (D)	

Other information:

Number of persons in household family unit, including bankrupt: _____

It is the responsibility of the debtor (s) (bankrupt(s)) to immediately advise the Trustee's Office of any significant change in your net income. This will directly affect your payment terms as well as the timing of your discharge from your bankruptcy.