

Please return to: S.R. Stack & Company Ltd.
 84-86 Elizabeth Ave.
 Suite 101, Regatta Plaza II
 St. John's, NL A1A 1W7

Fax: (709) 221-6600

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)

| | Bankrupt | 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

| | |
|------------------------------|-------|
| Car lease/Payments | _____ |
| Repair/Maintenance/Gas | _____ |
| Public transportation | _____ |
| Other | _____ |

Insurance expenses

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

Payment

| | |
|-----------------------------------|-------|
| To the estate | _____ |
| To secured creditor | _____ |
| (Other than mortgage and vehicle) | _____ |
| Total | _____ |

Income Total: _____

Expense Total: _____

Difference: _____

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

Name:

Date: