

## Statement of Expenses

**INSTRUCTIONS:** Fill out the form below as accurately as possible with your current budgeted monthly expenses: *(If you reside with another person with whom you share living expenses, list only your expenses, not the expenses paid by the person with whom you reside).*

Your Full Name

Full Name of Respondent

City/Town you live in

Date Prepared (01-Jan-2015)

**NOTE: ALL ITEMS ARE TO BE CONVERTED TO A MONTHLY AMOUNT**

EXPENSES	MONTHLY BUDGETED EXPENSES	COMMENTS
1. Rent/Mortgage		
2. Municipal Taxes		
3. Property - Fire Insurance		
4. Heat		
5. Electricity		
6. Water		
7. Telephone, Postage		
8. Cable		
9. House Repairs, Maintenance, Appliance & Furniture Repairs and Replacement		
10. Food		
11. Toiletries, Household Supplies		
12. Clothing		
13. Laundry and Dry-Cleaning		
14. Motor Vehicle:		
(a) Payment		
(b) Gas		
(c) Maintenance/Repair		
(d) Insurance, License, Registration & Inspection		
(e) Parking & Tolls		
15. Taxis, Public Transportation		
16. Section 7 Child Related Expenses:		
(a) Child Care Expense (day-care or baby-sitting)		
(b) Children's Medical or Dental Insurance Premiums		
(c) Health Related Expenses		
(d) Primary or Secondary School Expense		
(e) Post Secondary School Expense		
(f) Extracurricular Activities		
17. School Supplies, Tuition, Books		
18. Children's Allowances and Activities		
19. Child Access Costs		
20. Hair and Grooming		
21. Life Insurance/Medical Insurance		

EXPENSES	MONTHLY BUDGETED EXPENSES	COMMENTS
22. Drugs		
23. Dental		
24. Glasses		
25. Christmas, Birthdays, Events & Gifts		
26. Newspapers and Magazines		
27. Charitable Donations		
28. Holidays		
29. Entertainment		
30. Savings		
31. Child Support (paid for a child other than the child(ren) to whom this proceeding relates)		
32. Spousal Support (for a spouse other than a party to this proceeding)		
33. Miscellaneous		
34. Other -		
35. Other -		
<b>SUB-TOTAL</b>		
Debt Payments:		
36		
37		
38		
<b>SUB-TOTAL</b>		
39. Income Source Deductions, excluding Income Tax		
1. CPP		
2. EI		
3. Pension		
4. Union Dues		
5. Medical Plan		
6. Other -		
<b>TOTAL EXPENSES</b>		

2. Complete the following section if either party is making a claim for undue hardship pursuant to Section 10 of the Child Support Guidelines or spousal support.

List the names, occupations OR sources of income for all persons who currently reside with you, OR, who you share living expenses with, OR, anyone from whom you receive an economic benefit as a result of living with that person. *(Please note: If you are making a claim for undue hardship, you must provide this information otherwise your application for undue hardship may not be considered.)*

FULL NAME

OCCUPATION

SOURCE OF INCOME