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INCOME AND EXPENSE STATEMENTS



Your objective of rebuilding your future under the R Plan begins with learning to manage your budget. As part of your bankruptcy, you are required to attend 2 counselling sessions and, through these sessions, you will learn to manage your money, obtain and use credit, recognize warning signs and develop proper spending habits. To assist you in the budgeting component, we encourage you to visit our website at www.afarber.com to print detailed budget forms.

If you have never been bankrupt before, you must complete 6 Income and Expense Statements, all others must complete 21. Unfortunately, failure to complete these statements will result in a mandatory court appearance and thereby delay the final stage of the R Plan, rebuilding your future.

Please complete the sections below. Proof of income and proof of non-discretionary expenses is required under the Bankruptcy and Insolvency Act.

NAME: _____ MONTH: _____

OF PEOPLE IN THE HOUSEHOLD: _____ YEAR: _____

| INCOME: | DEBTOR | SPOUSE |
|---|--------|---|
| Employment Income | _____ | Employment Income _____ |
| Commissions | _____ | Commissions _____ |
| Support/Alimony (received) | _____ | Support/Alimony (received) _____ |
| Child Benefit/Family Allowance | _____ | Child Benefit/Family Allowance _____ |
| E.I. Benefits/Social Assistance/W.C.B. | _____ | E.I. Benefits/Social Assistance/W.C.B. _____ |
| Pension | _____ | Pension _____ |
| Rental Income | _____ | Rental Income _____ |
| Net "After Tax" Self-Employment Income (Attach summary of business expenses) | _____ | Net "After Tax" Self-Employment Income (Attach summary of business expenses) _____ |
| TOTAL INCOME | _____ | _____ |

Help from Family _____

NON-DISCRETIONARY EXPENSES:

| | | |
|---------------------------------|-------|------------------------|
| Child Support | _____ | Child Support _____ |
| Spousal Support | _____ | Spousal Support _____ |
| Child Care | _____ | Child Care _____ |
| Medical Expenses | _____ | Medical Expenses _____ |
| TOTAL NON-DISC. EXPENSES | _____ | _____ |

YOU MUST ANSWER THE FOLLOWING:

NO YES

- | | | | |
|---|-------|---|-------|
| 1. Has there been any change in your employment situation | _____ | * | _____ |
| 2. Has there been any change in your income or expenses | _____ | * | _____ |
| 3. Has there been any change in the number of people in your household | _____ | * | _____ |
| 4. Has your address or telephone number changed | _____ | * | _____ |
| 5. Have you attached any additional information (e.g. correspondence, T4's) | _____ | * | _____ |

IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE ATTACH AN ADDITIONAL SHEET WITH DETAILS

 Please sign