

A. FARBER & PARTNERS INC.
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INCOME AND NON-DISCRETIONARY EXPENSE STATEMENTS



Please complete the sections below and attach ALL proof of income and ALL proof of non-discretionary expenses (e.g. paystubs, bank statements, receipts etc.)

OF PEOPLE IN THE HOUSEHOLD: _____

	Month:		Month:		Month:		Month:		Month:		Month:	
	Debtor	Spouse	Debtor	Spouse	Debtor	Spouse	Debtor	Spouse	Debtor	Spouse	Debtor	Spouse
INCOME:												
Employment Income												
Commissions												
Support/Alimony (received)												
Child Benefit/Family Allowance												
E.I. Benefits/Social Assistance/W.C.B.												
Pension												
Rental Income												
Net "After Tax" Self-Employment Income (Attach summary of business expenses)												
TOTAL INCOME												
NON-DISCRETIONARY EXPENSES:												
Child Support												
Spousal Support												
Child Care												
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 PROVIDE DETAILS**

 PRINT NAME BELOW: