

Month: _____

Person A:
Person B:
Address:

NET MONTHLY INCOME (Proof of Income Required)

	Person A	Person B	
Net Salary	_____	_____	
Pension/Annuities	_____	_____	
Child Tax Credit + UCCB	_____	_____	
Alimony/Child Support	_____	_____	
Employment Insurance Benefits	_____	_____	
Social Assistance	_____	_____	
Rental Income	_____	_____	
Other Income (_____)	_____	_____	
	\$ _____	\$ _____	Total \$ _____

Spouse refuses to provide proof of Income.

Non-Discretionary Expenses (Receipts Required)

Child Support Payments	_____	_____	
Spousal Support Payments	_____	_____	
Child Care	_____	_____	
Health-related expenses	_____	_____	
Fines/Penalties being paid	_____	_____	
Employment-Related expenses	_____	_____	
Debts where stay has been lifted by court	_____	_____	
	\$ _____	\$ _____	Total \$ _____

Discretionary expenses (Receipts NOT Required)

Rent/Mortgage	_____		
Property Taxes	_____		
Electricity	_____		
Heating (Gas/Oil/Wood)	_____		
Telephone	_____		
Cable	_____		
Car Maintenance	_____		
Transportation (Gas)	_____		
Car Payment	_____		
Car Insurance	_____		
Life Insurance	_____		
Food / Meals / Groceries	_____		
Hygiene Products	_____		
Clothing	_____		
Aesthetic Services	_____		
Licensed Insolvency Trustee Payment	_____		
Other (_____)	_____		
			Total \$ _____

Please Complete the following:

- 1) **NUMBER OF PEOPLE IN HOUSEHOLD:** _____ (Has this number changed?)
 Yes / NO (If yes, provide details:) _____
- 2) **EMPLOYMENT:** (If you have changed employment since your last statement, please provide details)
 Started / Ended Date: _____ Name of Employer: _____
 Started / Ended Date: _____ Name of Employer: _____
- 3) **NEW ADDRESS:** Yes / NO (If yes, provide details:) _____
- 4) **NEW TELEPHONE:** Yes / NO (If yes, provide details:) _____
- 5) **PAY STUBS ATTACHED:** Yes / NO (If No, provide reason:) _____
- 6) **NON-DISCRETIONARY RECEIPTS ATTACHED?** Yes / NO
- 7) **NEW ASSETS:**
 Have you become entitled to assets, such as an inheritance, lotto win, insurance or lawsuit? Yes / NO

Please return to our office by one of the following:

Email: statements@WeCanHelp.ca

Fax: 1-888-634-0945

Mail: P.O. Box 1001, Hampton, NB E5N 8H1