

**STATEMENT OF NET INCOME**

**MONTH:** \_\_\_\_\_

<b>NAME OF BANKRUPT:</b>	
ADDRESS AND TELEPHONE NO.:	
IS THIS A NEW ADDRESS? _____ YES    _____ No	
CURRENT EMPLOYER(S)/PENSION:	
DATES OF DEPOSIT OF PAYSTUBS:	
TOTAL AMOUNT OF DEPOSIT(S) FOR MONTH:	\$
<i>If you are self employed then please provide:</i>	\$
NET SELF-EMPLOYMENT INCOME: – <i>(attach Net Income from Self-Employment Form with Bank Statements, etc.)</i>	
<b>TOTAL NET INCOME: – <i>(attach verification)</i></b>	\$
<b>NAME OF SPOUSE:</b>	
CURRENT EMPLOYER(S)/PENSION:	
DATES OF DEPOSIT OF PAYSTUBS:	
TOTAL AMOUNT OF DEPOSIT(S) FOR MONTH:	\$
NET SELF-EMPLOYMENT INCOME: - <i>(attach Net Income from Self-Employment Form with Bank Statements, etc.)</i>	
<b>TOTAL NET INCOME: - <i>(attach verification)</i></b>	
OTHER SOURCES OF INCOME: - <i>(attach verification)</i>	
EI PREMIUMS:	\$
CHILD TAX /UNIVERSAL CHILD CARE BENEFIT:	\$
ALBERTA FAMILY EMPLOYMENT TAX CREDIT:	\$
CHILD/SPOUSAL SUPPORT PAYMENTS:	\$
OTHER - TIPS, BONUSES, HOLIDAY PAY, etc: <i>(specify)</i>	\$
<b>TOTAL NET INCOME FROM OTHER SOURCES:</b>	\$
<b>TOTAL NET FAMILY INCOME: <i>(Transfer to back page)</i></b>	

<b>TOTAL NET FAMILY INCOME:</b> <i>(from previous page)</i>	\$
<b>Non-Mandatory Deductions -</b> <u>ADD</u> <i>(ie. Canada Savings Bonds, RRSP, etc.)</i>	\$
<b>ALLOWABLE DEDUCTIONS:</b> <u>SUBTRACT</u> <i>(SUBTRACT from income and attach verification)</i>	
-child/spousal support	\$
-childcare incurred to earn income	\$
-Expenses related to a Medical Condition <i>(not covered by a Medical Plan)</i>	\$
-Court fines paid <i>(must have been incurred prior to date of bankruptcy)</i>	\$
<b>NET FAMILY INCOME:</b>	\$
Your Superintendent's Standards Guideline is:	
<b>SURPLUS INCOME REQUIRED:</b>	\$ _____
<ul style="list-style-type: none"> <li>• Your surplus income payment will be reduced only if there is a permanent decrease to your family income.</li> <li>• Your surplus income payment will be increased if there is an increase in your net family income.</li> </ul>	
YOUR TRUSTEE FEE OF \$ _____ <u>AND</u> YOUR SURPLUS INCOME OF \$ _____ ARE DUE _____ DAYS AFTER MONTH END	

**Please remember to attach all Proof of Income and Allowable Deductions.**

Please make all payments payable to **Exelby & Partners Ltd.**

#200, 10908 – 106 Avenue

Edmonton, Alberta

T5H 3Z7

*(Money Orders or Cheques will be accepted. Cash payments (exact amount) can be made at any of our offices).*

Date of Bankruptcy: \_\_\_\_\_

Second Time Bankrupt: \_\_\_\_\_ Yes \_\_\_\_\_ No

Sign: \_\_\_\_\_

Bankrupt

Date: \_\_\_\_\_