

Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

## ANNUAL OR MONTHLY INCOME SOURCES

	Client	Spouse
Employment income	\$ _____	\$ _____
Pension income	\$ _____	\$ _____
CPP and OAS income	\$ _____	\$ _____
Investment income	\$ _____	\$ _____
Other income	\$ _____	\$ _____
Less income taxes and source deductions	\$ _____	\$ _____

## HOUSING EXPENSES

	Monthly	Annual
Mortgage or rent	\$ _____	\$ _____
Property taxes	\$ _____	\$ _____
Maintenance and repairs	\$ _____	\$ _____
Property insurance	\$ _____	\$ _____
Utilities (heat, hydro, water)	\$ _____	\$ _____

## TRANSPORTATION EXPENSES

	Monthly	Annual
Fuel	\$ _____	\$ _____
Maintenance and repairs	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Loans and leases	\$ _____	\$ _____
Other	\$ _____	\$ _____

## LIVING EXPENSES

	Monthly	Annual
Food and groceries	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Household items	\$ _____	\$ _____
Entertainment	\$ _____	\$ _____
Dining	\$ _____	\$ _____

## HEALTH CARE EXPENSES

	Monthly	Annual
Health insurance	\$ _____	\$ _____
Life insurance	\$ _____	\$ _____
Disability insurance	\$ _____	\$ _____
Dental and eye care	\$ _____	\$ _____
Other medical care	\$ _____	\$ _____

## LOANS AND INVESTMENTS

	Monthly	Annual
Loan payments	\$ _____	\$ _____
Credit card payments	\$ _____	\$ _____
RRSP investments	\$ _____	\$ _____
Non-RRSP investments	\$ _____	\$ _____
Other	\$ _____	\$ _____

## OTHER EXPENSES

	Monthly	Annual
Daycare	\$ _____	\$ _____
Vacations	\$ _____	\$ _____
Gifts	\$ _____	\$ _____
Memberships	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total Household Income	\$ _____	
Minus Total Household Expenses	\$ _____	
Household Surplus or Deficit	\$ _____	

Notes: \_\_\_\_\_  
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