

SCHEDULE "C"

(04/07)

IN THE PROVINCIAL COURT OF NEWFOUNDLAND AND LABRADOR

COURT CENTRE: _____

Court File No. _____

NAME: _____

DATE: _____

MONTHLY INCOME AND EXPENSES

My gross monthly income is: \$ _____ (Attach a record of earnings, a letter from your employer or other written verification of your earnings.)

My employer and/or other source(s) of income is/are: _____

My social insurance number is: _____ (optional)

DEDUCTIONS FROM INCOME		PERSONAL		HEALTH	
CPP	\$	Hair Care, Toiletries	\$	Medical, Dental Premiums (not deducted at source)	\$
El Premiums	\$	Clothing, footwear	\$	Health care (therapy)	\$
Pension	\$	Entertainment	\$	Drugs, Prescriptions	\$
Insurance	\$	Alcohol/Tobacco	\$	Dental Care(i.e. orthodontics)	\$
Union dues	\$	School Fees etc.	\$	Optional Care	\$
Other (specify)	\$	Other (specify)	\$		

HOUSING		CHILDREN		SAVINGS FOR FUTURE	
Rent/Mortgage	\$	School Fees/Supplies	\$	RRSP	\$
Insurance	\$	School Activities	\$	RESP	\$
Condo Fees	\$	Clothing, Footwear	\$	Other (Specify)	\$
Property Taxes	\$	Daycare, Sitter	\$		
Water, Sewer	\$	Allowances, Gifts	\$		
Repairs/ Maint.	\$	Other (Specify)	\$		
Heat, Fuel	\$				
Electricity	\$				
Telephone	\$				
Cable	\$				
Internet	\$				
Other (Specify)	\$				

HOUSEHOLD EXPENSES		TRANSPORTATION		OTHER	
Groceries, Household Supp.	\$	Car Payment	\$	Support paid in this case	\$
Meals outside home	\$	Insurance	\$	Support pain in any other case	\$
Dry Cleaning, laundry	\$	Licences	\$	Banking, legal, accounting	\$
Furnishings	\$	Public Transit, Taxis	\$	Church, charitable donations	\$
Repairs, Maintenance	\$	Gas, Oil	\$	Life Insurance Premiums	\$
Other (Specify)	\$	Maintenance	\$	Newspapers, Publications	\$
		Parking	\$	Debts (other than mortgage) (specify)	\$
		Other (Specify)	\$	Other (specify)	\$
				Total Monthly Expenses	\$