

**MAINTENANCE ENFORCEMENT PROGRAM
INCOME AND EXPENSE FORM**

MEP FILE #:

YOUR NAME:

YOUR PHONE NO.:

YOUR SIN NO.:

DATE OF BIRTH:

EMPLOYER:

EMPLOYER LOCATION:

EMPLOYER PHONE NO.:

How many people do you support in your present household? (e.g., now living with you): _____

Monthly Income

Total (gross) pay: \$ _____
Overtime pay, commissions, bonuses (Total received for the
year divided by 12 for the average per month) \$ _____

Deductions

- Income tax \$ _____
- Canada Pension _____
- Unemployment insurance _____
- Union dues _____
- Superannuation/pension _____
- Group Life _____
- Medical Plan _____
- Parking _____
- Other (specify) _____

Total Deductions: \$ _____

- Total take-home pay \$ _____

Shelter

- | | | | |
|-----------------------------|----------|-----------------|----------|
| • Rent | \$ _____ | Mortgage | \$ _____ |
| • Taxes | _____ | Insurance | _____ |
| • Repairs/Maintenance | _____ | Light/Power | _____ |
| • Heat | _____ | Water | _____ |
| • Telephone | _____ | Cablevision | _____ |
| • Fuel (oil, propane, wood) | _____ | Other (specify) | _____ |
| • Total | | \$ _____ | |

Household Contents

- | | | | |
|-------------|----------|-------------|-------|
| • Repair | \$ _____ | Replacement | _____ |
| • Insurance | _____ | | |
| • Total | | \$ _____ | |

Groceries

- | | | | |
|----------------------|----------|------------------|-------|
| • Food | \$ _____ | Restaurant meals | _____ |
| • Non-food groceries | _____ | | |
| • Total | | \$ _____ | |

Clothing

- | | | | |
|----------------------------------|----------|--------------|-------|
| • For children who live with you | \$ _____ | For yourself | _____ |
| • Other (specify) | _____ | | |
| • Total | | \$ _____ | |

Transportation

- | | | | |
|---------------------|----------|-----------------|-------|
| • Bus/Taxi | \$ _____ | Depreciation | _____ |
| • Gas/Oil | _____ | Repairs | _____ |
| • Insurance/License | _____ | Other (specify) | _____ |
| • Total | | \$ _____ | |

Medical and Dental - if additional to Medical Plan payroll deductions

- | | | | |
|-----------------------------|----------|---------------|-------|
| • Medical insurance | \$ _____ | Dental costs | _____ |
| • Dental specialist | _____ | Prescriptions | _____ |
| • Other (therapy, vitamins) | _____ | | |
| • Total: | | \$ _____ | |

Miscellaneous Expenses

- Debt Payments (from below) \$ _____
 - School supplies/charges _____
 - Babysitter/childcare _____
 - Laundry/drycleaning _____
 - Church/charities _____
 - Christmas/birthday expenses _____
 - Entertainment (movies, rentals) _____
 - Alcohol _____
 - Legal fees & disbursements _____
 - Other (specify) _____
 - Other (specify) _____
- Other insurance _____
 - Children's allowances _____
 - Haircuts/hairdresser _____
 - Sports/club fees _____
 - Gifts _____
 - Vacation allowance _____
 - Tobacco _____
 - Newspapers/magazines _____
 - Emergencies _____
 - Other (specify) _____
 - Other (specify) _____
- Total \$ _____

Total Expenses \$ _____

List Debt Payments (include car payments, if any, here)

TO WHOM	FOR WHAT	BALANCE OWING	MONTHLY AMOUNT
TOTAL		\$	\$

HAVE YOU MADE YOUR PROPOSAL ON PAGE 2? IF NOT, PLEASE GO BACK AND FILL IN THE BOX.

(Signature)

(Date)