Court File Number

Budget of Expenses

BETWEEN

Name(s) **Applicant(s)**

and

Name(s) **Respondent(s)**

(Choose one)

☐ I am the Applicant and this is my budget of expenses:

☐ I am the Respondent and this is my budget of expenses:

EXPENSES

HOUSING	Monthly	Yearly
Rent or Mortgage payments		
Property tax		
Property insurance		
Condominium fees		
Utilities *(electricity, heating, water and sewer)*		
Repairs and maintenance		

TRANSPORTATION	Monthly	Yearly
Auto insurance		
License and registration		
Gas and oil		
Parking		
Auto servicing		
Public transit and taxis		

HOUSEHOLD	Monthly	Yearly
Food and Household supplies		
Laundry and dry cleaning		
Telephone, Cable TV and Internet fees		

PERSONAL	Monthly	Yearly
Personal hygiene		
Clothing		
Prescriptions and medicines		
Educational expenses		
Life insurance		
Medical and Dental insurance		
Birthday and Christmas gifts		
Entertainment and recreation		
Vacation		

OTHER OBLIGATIONS		Yearly
Support for other *(provide name(s))*		
Credit card payment *(provide details)*		
Bank loan payment *(provide details)*		
Other debt payment *(provide details)*		

OTHER EXPENSES	Monthly	Yearly

	Monthly	Yearly
TOTAL EXPENSES	$ 0.00	$ 0.00