

No.

**Supreme Court of Nova Scotia
(Family Division)**

Between:

_____ Applicant/Petitioner

and

_____ Respondent

Statement of Expenses
of _____ prepared on _____

I make oath/affirm and give evidence as follows:

1. The following are my current budgeted monthly expenses: *(If you reside with another person with whom you share living expenses, list only your expenses, not the expenses paid by the person with whom you reside).*

NOTE: ALL ITEMS ARE TO BE CONVERTED TO A MONTHLY AMOUNT

EXPENSES	MONTHLY BUDGETED EXPENSES	COMMENTS
1. Rent/Mortgage		
2. Municipal Taxes		
3. Property - Fire Insurance		
4. Heat		
5. Electricity		
6. Water		
7. Telephone, Postage		
8. Cable		
9. House Repairs, Maintenance, Appliance & Furniture Repairs and Replacement		
10. Food		
11. Toiletries, Household Supplies		

EXPENSES	MONTHLY BUDGETED EXPENSES	COMMENTS
12. Clothing		
13. Laundry and Dry-Cleaning		
14. Motor Vehicle:		
(a) Payment		
(b) Gas		
(c) Maintenance/Repair		
(d) Insurance, License, Registration & Inspection		
(e) Parking & Tolls		
15. Taxis, Public Transportation		
16. Section 7 Child Related Expenses:		
(a) Child Care Expense (day-care or baby-sitting)		
(b) Children=s Medical or Dental Insurance Premiums		
(c) Health Related Expenses		
(d) Primary or Secondary School Expense		
(e) Post Secondary School Expense		
(f) Extracurricular Activities		
17. School Supplies, Tuition, Books		
18. Children=s Allowances and Activities		
19. Costs related to having time or interaction with a child or children (for example, travel costs)		
20. Hair and Grooming		
21. Life Insurance/Medical Insurance		
22. Drugs		
23. Dental		
24. Glasses		
25. Christmas, Birthdays, Events & Gifts		
26. Newspapers and Magazines		
27. Charitable Donations		
28. Holidays		
29. Entertainment		
30. Savings		
31. Child Support (paid for a child other than the child(ren) to whom this proceeding relates)		

EXPENSES	MONTHLY BUDGETED EXPENSES	COMMENTS
32. Spousal Support (for a spouse other than a party to the proceeding)		
33. Miscellaneous		
34. Other -		
35. Other -		
SUB-TOTAL (add lines 1 to 35)		
Debt Payments:		
36.		
37.		
38.		
SUB-TOTAL (lines 1 to 35 + lines 36 to 38)		
39. Income Source Deductions, excluding Income Tax		
(1)CPP		
(2)EI		
Pension		
Union Dues		
Medical Plan		
Other -		
TOTAL EXPENSES (Sub-total from above, + line 39 total)		
SUMMARY		
Total Income Before Tax (from Statement of Income)		
Less: Total Expenses (from above)		
Surplus (Deficit) Before Tax		
Less: Income Tax (Attach Calculations)		
SURPLUS (DEFICIT)		

[To be completed if either party is making a claim for *undue hardship* pursuant to Section 10 of the Child Support Guidelines **or** *spousal support*.]

2. The following are the names, occupations or sources of income of all persons with whom I currently reside or with whom I share living expenses or from whom I receive an economic benefit as a result of living with that person.

If you are making a claim for undue hardship, you must provide the following information. If you do not provide the following information your application for undue hardship may not be considered.

NAME	OCCUPATION OR SOURCE OF INCOME

Sworn to/Affirmed before me)
on , 20)
at , Nova Scotia)
)
)
)

Signature of Authority

Print Name:

Official Capacity:

Signature of