

FORM 65

Monthly Income and Expense Statement of the Bankrupt/Debtor and the Family Unit  
and Information (or Amended Information) Concerning the Financial Situation of the Individual Bankrupt  
(Section 68 and Subsection 102(3) of the Act; Rule 105(4))

(Title Form 1)

Original       Amended

Information concerning the monthly income and expense statement of the bankrupt/debtor and the family unit, financial situation of the bankrupt/debtor and bankrupt's obligation to make payments required under section 68 of the Act to the estate of the bankrupt are as follows:

MONTHLY INCOME	Bankrupt/Debtor	Other members of the family unit	Total
Net employment income .....	_____		
Net pension/annuities .....	_____		
Net child support .....	_____		
Net spousal support .....	_____		
Net employment insurance benefits ...	_____		
Net social assistance .....	_____		
Self-employment income			
Gross _____ Net .....	_____		
Other net income .....	_____		
<i>(Such as amounts received as damages for wrongful dismissal, as pay equity settlement, or that relate to workers' compensation)</i>			
<i>(Provide details _____ )</i>			
TOTAL MONTHLY INCOME .....	\$ _____ (1)	\$ _____ (2)*	
TOTAL MONTHLY INCOME OF THE FAMILY UNIT ((1) + (2))			➤ \$ _____ (3)
<b>MONTHLY NON-DISCRETIONARY EXPENSES</b>			
Child support payments .....	_____		
Spousal support payments .....	_____		
Child care .....	_____		
Health condition expenses .....	_____		
Fines/penalties imposed by the Court ..	_____		
Expenses as a condition of employment	_____		
Debts where stay has been lifted .....	_____		
Other expenses .....	_____		
<i>(Provide details _____ )</i>			
TOTAL MONTHLY NON- DISCRETIONARY EXPENSES .....	\$ _____ (4)	\$ _____ (5)	
TOTAL MONTHLY NON-DISCRETIONARY EXPENSES OF THE FAMILY UNIT ((4) + (5))			➤ \$ _____ (6)
AVAILABLE MONTHLY INCOME OF THE BANKRUPT/DEBTOR ((1) - (4))	\$ _____ (7)		
AVAILABLE MONTHLY INCOME OF THE FAMILY UNIT ((3) - (6))			➤ \$ _____ (8)
BANKRUPT'S/DEBTOR'S PORTION OF THE AVAILABLE MONTHLY INCOME OF THE FAMILY UNIT ((7) / (8) X 100)			➤ % _____ (9)

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\* If one or more members of the bankrupt's/debtor's family unit have refused to divulge this information, please provide details as required by paragraph 6(3) of Directive No. 11R2.

FORM 65 -- *Concluded*

MONTHLY DISCRETIONARY EXPENSES: (*Family unit*)

Housing expenses	Living expenses
Rent/mortgage/hypothec .....	Food/grocery .....
Property taxes/condo fees .....	Laundry/dry cleaning .....
Heating/gas/oil .....	Grooming/toiletries .....
Telephone .....	Clothing .....
Cable .....	Other .....
Hydro .....	Transportation expenses
Water .....	Car lease/payments .....
Furniture .....	Repair/maintenance/gas .....
Other .....	Public transportation .....
Personal expenses	Other .....
Smoking .....	Insurance expenses
Alcohol .....	Vehicle .....
Dining/lunches/restaurants .....	House .....
Entertainment/sports .....	Furniture/contents .....
Gifts/charitable donations .....	Life insurance .....
Allowances .....	Other .....
Other .....	Payments
Non-recoverable medical expenses	To the estate .....
Prescriptions .....	To secured creditor .....
Dental .....	( <i>Other than mortgage and vehicle</i> ) .....
Other .....	Other .....

TOTAL MONTHLY DISCRETIONARY EXPENSES (FAMILY UNIT) ..... - \$ \_\_\_\_\_(10)  
 MONTHLY SURPLUS OR (DEFICIT) FAMILY UNIT ((8) - (10)) ..... = \$ \_\_\_\_\_(11)

**INFORMATION (OR AMENDED INFORMATION) CONCERNING THE FINANCIAL SITUATION OF THE INDIVIDUAL BANKRUPT**

**Payments to the estate as per agreement**

Number of persons in household family unit, including bankrupt: \_\_\_\_\_  
 Total amount bankrupt has agreed to pay monthly under section 156.1 of the BIA .....(12)  
 Amount bankrupt has agreed to pay monthly to repurchase assets  
 (*Provide details*) .....(13)  
 Residual amount paid into the estate ((12) - (13)) .....(14)

**Payments required by Directive No. 11R2 (Surplus Income)**

Monthly amount required by Directive No. 11R2 (Surplus Income) based on percentage established on line (9) .....(15)  
 Difference between (14) and (15) .....(16)  
 Other applicable comments (*If amount on line (14) is less than amount on line (15), explain why the required payments are not being made:* \_\_\_\_\_ )  
 Amendment or material change (*If the information relates to a material change or an amendment, provide details:* \_\_\_\_\_ )

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
 Trustee

\_\_\_\_\_  
 Bankrupt/Debtor

Notes: In a joint assignment, only one form is required and each debtor's monthly income and non-discretionary expenses have to be explained in detail.  
 If a copy of this Form is sent electronically by means such as email, the name and contact information of the sender, prescribed in Form 1.1, must be added at the end of the document.