



Income & Expenses for _____, _____

_____ First Name _____ Last Name _____ Cell Phone _____ Email

Please list this month's net income for everyone in your household and **provide copies of payments** (paystubs, bank statements, etc.).

Source of income	Myself	Spouse	Dependent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
If 'Other', please explain: _____			
Total:	_____	_____	_____

Please list this month's non-discretionary expenses for everyone in your household and **provide copies of receipts** for each.

Non-Discretionary Expenses	Myself	Spouse	Dependent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
If 'Other', please explain: _____			

Please list this month's discretionary expenses for everyone in your household. No copies of receipts are required for this section.

Rent/mortgage: _____	Vehicle payment: _____	Alcohol: _____
Property taxes/condo fees: _____	Vehicle insurance: _____	Smoking: _____
Home/rental insurance: _____	Vehicle maintenance/gas: _____	Clothing: _____
Heating/gas/oil: _____	Public transportation: _____	Grooming/toiletries: _____
Hydro: _____	Telephone(s): _____	Entertainment: _____
Water: _____	Food/grocery: _____	Life insurance: _____
Cable/internet: _____	Dining/lunches/restaurants: _____	Gifts/charitable donations: _____
Other: _____	Other: _____	Other: _____
If 'Other', please explain: _____	If 'Other', please explain: _____	If 'Other', please explain: _____

Total Family Income _____

Total Family Expenses _____

Difference _____

Once complete, return this form to your local MNP Ltd. office. Please also advise if your address, contact information, marital status or the number of people living in your household has changed in the past month.

By submitting this completed form, you are hereby certifying that the above information is complete and accurate to the best of your knowledge. If you have questions, you can reach out to your local office for assistance.