



<b>EXPENSES</b>	<b>MONTHLY BUDGETED EXPENSES</b>	<b>COMMENTS</b>
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. Child Access 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)		
32. Spousal Support (for a spouse other than a party to this proceeding)		

<b>EXPENSES</b>	<b>MONTHLY BUDGETED EXPENSES</b>	<b>COMMENTS</b>
33. Miscellaneous		
34. Other -		
35. Other -		
<b>SUB-TOTAL</b>		
Debt Payments:		
36.		
37.		
38.		
<b>SUB-TOTAL</b>		
39. Income Source Deductions, excluding Income Tax		
(1) CPP		
(2) EI		
(3) Pension		
(4) Union Dues		
(5) Medical Plan		
(6) Other -		
<b>TOTAL EXPENSES</b>		
<b>SUMMARY</b>		
Total Income Before Tax (from Statement of Income)		
Less: Total Expenses (from above)		
Surplus (Deficit) Before Tax		
Less: Income Tax (Attach Calculations)		
<b>SURPLUS (DEFICIT)</b>		

**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
.	1
.	2
.	3

**SWORN TO** at \*[location], in the County )  
 of \*[name of county], Province )  
 of Nova Scotia, this \*[date] day of )  
 \*[month], \*[year], before me )  
 )  
 )  
 )  
 \_\_\_\_\_ )  
 A Barrister, Notary or Commissioner of )  
 Oaths for the Province of Nova Scotia )

\_\_\_\_\_ )  
 \*[name]