

INCOME AND EXPENDITURE FORM

Account:

Name:

Daytime No.:		No. of People in home:	
Eve/Home No.:		No. of Adults:	
Mobile No.:		No. of Children:	
		No. of Bedrooms:	
Employer(s) :		Job title(s) :	Work start date(s):
<u>Your Payment Offer</u>			
£			

Income (use only monthly figures)		Expenditure (use only monthly figures)	
Net Wages/Salary		Mortgage	
Net Wages/Salary (partner)		2 nd Mortgage/Secured Loan	
Job Seekers Allowance		Council Tax	
Income Support		Buildings Insurance	
Working Family Tax Credit		Ground Rent/Service Charge	
Child Tax Credit		Phone inc mobiles	
Child Benefit		Internet	
Maintenance		Housekeeping	
Retirement Pension		TV Licence	
Invalidity Sickness Benefit		School/Work Meals	
Other Income		Clothing	
Bonuses		Prescriptions	
Non Dependant's contribution		Water	
Income from Lodgers		Gas	
		Electric	
Total Income (A)		Other home fuel	
In the space below please state the reason for the arrears or information you think relevant.		Maintenance	
		Child Minder/Nursery Fees	
		Credit Card Payments	
		Loan Payments	
		Car Loan Payments/Hire Purchase	
		Debt Management Plan	
		Pensions/Life Cover	
		Court Fines	
	Other Financials (<i>please specify</i>)		



	Travel Fares	
	Car Insurance	
	Car Fuel/Expenses	
	MOT/Road Tax	
	Satellite/Cable TV	
	Social	
Do you have a Current Bank Account with	Lottery	
	Other	
Direct Debit Facility? YES/NO		
Is your Bank Account Overdrawn? YES/NO	Savings	
If YES , by how much? £	Total Outgoings (B)	
Financial Analysis		
Total Income (A)		
Less Expenses/Outgoings (B)		
Disposable Income (A-B)		
SIGNED		DATE
<i>I/We believe that the facts stated on this form are true.</i>		

