

**INCOME AND EXPENDITURE FORM**

Account:  
Name:

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

| <b>Income (use only monthly figures)</b>   |  | <b>Expenditure (use only monthly figures)</b> |  |
|--|--|---|--|
| Net Wages/Salary   |  | Mortgage                                      |  |
| Net Wages/Salary (partner)   |  | 2 <sup>nd</sup> 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                                      |  |
| <b>Total Income (A)</b>  |  | Other home fuel                               |  |
| <b>In the space below please state the reason for the arrears or information you think relevant.</b> |  | 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> ) |   |  |





# FOUNDATION

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

