

Name(s): _____

Account Number: _____

Number of:

Adults: _____ Children: _____

Household Income

	Amount	Dates
1st Named Customer Salary		
2nd Named Customer Salary		
Total Benefit(s) <i>(Please list separately over page)</i>		
Rental Income/Board		
Pension(s)		
Maintenance		
Savings		
Any Other Income <i>(Please list separately over page)</i>		
TOTAL HOUSEHOLD INCOME	£	

Household Non Priority Debt

	Amount	Dates
Hire Purchase		
IVA/Trust Deed/DMP		
Credit Card		
Credit Card		
Credit Card		
Store Card		
Store Card		
Unsecured Loan/Pay Day Loan		
Other Unsecured Creditor(s) [*]		
TOTAL MONTHLY AMOUNT OF NON PRIORITY DEBT	£	

Household Expenditure
Essential Expenditure

	Monthly Amount	Arrears		Monthly Amount	Arrears
Mortgage Payment			Internet Package		
Second Charge/Secured Loan			Maintenance/CSA		
Other Mortgage(s)			Childcare		
Ground Rent/Service Charge			Vehicle Insurance/Breakdown/Recovery		
Rent/Board			Fuel/Public Transport [*]		
Endowment/MPPI			Vehicle Road Tax		
Building/Contents Insurance			MOT/Car Maintenance		
Pension/Life Insurance			Other Expenditure		
Council Tax			Housekeeping [*]		
Gas/Oil/Solid Fuel			Home Phone		
Electric			Mobile(s)		
Water			Health [*]		
TV Licence/Satellite			Lifestyle [*]		
			TOTAL HOUSEHOLD EXPENDITURE	£	

^{*}Please see over page for examples of what to take into account when completing the figures.

TOTALS

Household Income	£
Household Expenditure	£
Household Non Priority Debts	£

Please refer to previous bills to calculate costs of Gas/ Electric
Please show any reduced payments which have been agreed by creditors rather than the full payment

This form is designed to give us a detailed picture of your financial situation. Please try and complete it as fully and accurately as possible to help us to assess your position.
If you feel that your circumstances do not fit into this form, please send adjoining information explaining your circumstances or complete the relevant section over-page.

Signature(s):

Date:

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If you feel that your circumstances do not fit into this form, please send adjoining information explaining or complete the 'other information' section below.

Benefits Broken Down	Amount	Other Income Broken Down	Amount

Examples of what to take into account when inputting figures into the sections over-page:

Fuel/Public Transport	Housekeeping	Lifestyle
Bus or Rail Fare Petrol or Diesel Consider Travelling for Work/Leisure/School	Alcohol Cigarettes, Tobacco, Sweets Cleaning Materials, Toiletries Clothing & Footwear Food & Drink Nappies & Baby Items Pet Food	Hairdressers Hobbies/Leisure/Sport Gifts (Birthdays/Christmas etc.) Lottery/Pool etc. Newspapers & Magazines Pocket Money & School Trips Repairs/House Maintenance Savings TV/DVD Rentals Vet Bills/Pet Insurance Window Cleaners
Other Unsecured Creditors	Health	
Catalogues etc.	Dentist Glasses Health Insurance Prescriptions	

Any other information that would assist on fully assessing your financial situation?