

Name(s):	

Account number:		80
People in household	Adults	Children

**For support call us on
0800 952 0615**

HOUSEHOLD INCOME		
	Amount	Date
Salary		
Overtime		
Bonus		
Commission		
Other benefit income		
Rental income		
Pension(s)		
Maintenance payments received		
Any other income		
Benefits		
TOTAL HOUSEHOLD INCOME	£	

ESSENTIAL EXPENDITURE			
	Amount	Arrears	Balance
Property maintenance			
Household goods maintenance			
Ad hoc educational costs			
Endowment/repayment vehicle			
Ground rent/service charge			
Water			
Buildings and contents insurance			
Mortgage/Income protection			
Food/toiletries/cleaning*			
Vet bills/pet insurance			
School meals/meals at work			
TOTAL ESSENTIAL EXPENDITURE	£	£	£

ESSENTIAL EXPENDITURE 2	
	Amount
Life insurance	
Pension	
Childcare	
Maintenance/Child support	
Car Insurance	
MOT/Serviceing	
Car breakdown cover	
Road tax	
Petrol fuel	
Public transport	
Car parking costs	
Vehicle maintenance repairs	
TOTAL ESSENTIAL EXPENDITURE 2	£

PRIORITY DEBTS				
	Amount	Arrears	Balance	Remaining term
Other mortgage				
Other secured loan				
Council tax				
Electricity				
Gas				
Other household fuels				
Mobile(s)				
Landline/Internet/Satellite				
TV Licence				
CCJ/Court fines/Charging order				
IVA/Trust deed				
Hire purchases				
TOTAL AMOUNT OF PRIORITY DEBT				

NON-PRIORITY DEBTS				
Credit cards				
Store cards				
Unsecured loans				
TOTAL AMOUNT OF NON-PRIORITY DEBTS				

OTHER EXPENDITURE		TOTALS	
	Amount		£
Life style expenses		Household income	£
Sports/hobbies/entertainment		Priority debts	£
Health and well-being		Non priority debts	£
Other expenses		Essential expenditure	£
TOTAL OTHER EXPENDITURE	£	Please refer to previous bills to calculate costs that can change, for example gas and electricity. If you've agreed reduced payments with your creditors, please show these, not the full payment.	

Please complete as much information as you can on this form so we look at how to help you. If you'd like to share any information that doesn't fit into this form you can send this separately, or fill out the bottom of page 2.

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Signatures: _____

Date: _____

