

# Income & Expenditure Form

Name: \_\_\_\_\_

Reference Number: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Date:- \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

1. EMPLOYMENT	
Are you employed?	
Are you self-employed?	
Full time?	
Number of Dependants .....	
If you are employed (other than self-employed) please give your employers name & address: or state if you are Retired/Student/Carer?	
_____	
_____	
_____	

2. MONTHLY/WEEKLY INCOME	
Earnings (net)	£
Earnings (net) Partner	£
Unemployment Benefit	£
Income Support	£
Pensions	£
Child Benefit	£
Maintenance	£
Incapacity Benefit	£
Other Income (Please Specify):	£
	£
	£
<b>(A) Total Monthly Income</b>	<b>£</b>

3. Creditors/Priority Bill Arrears- See Next Page (Priority Bills are marked with an *)	
Creditor Name	Total Owed
	£
	£
	£
	£
	£
	£
	£

4. MONTHLY EXPENSES MONTHLY / WEEKLY	
<b><u>Housing</u></b>	
* Mortgage	£
* Rent	£
<b><u>Housekeeping Expenditure</u></b>	
Food/Household goods	£
Clothing	£
Travel	£
<b><u>Insurance Expenditure</u></b>	
Home Insurance	£
Life Assurance	£
Other: (Please Specify)	£
<b><u>Car Expenditure</u></b>	
Loan	£
Car Insurance	£
Car Road Tax	£
Petrol/Diesel	£
Other Costs	£
<b><u>Utilities</u></b>	
* Gas	£
* Electric	£
* Council Tax	£
Telephone /TV/Sky	£
Other: (Please Specify)	£
<b><u>Child Costs</u></b>	
Child Care	£
School Meals	£
Travel	£
Other: (Please Specify)	£
<b><u>Loans/Cards</u></b>	
Loans	£
* Secured Loans	£
Credit Cards	£
Store Cards	£
HP	£
<b>(B) Total Monthly Expenses</b>	<b>£</b>

<b>Net Disposable Income (A-B):</b>	<b>£</b>
<b>Your Offer for Monthly/Weekly Payments:</b>	<b>£</b>

