

## Income & Expenditure Form

**Council Tax Reference:**

**Address:**

### About Yourself

|                      |  |                    |  |
|----------------------|--|--------------------|--|
| <b>Surname</b>       |  | <b>Forenames</b>   |  |
| <b>Date of Birth</b> |  | <b>N.I. Number</b> |  |
| <b>Home Tel</b>      |  | <b>Mobile No:</b>  |  |
|                      |  |                    |  |

### About Your Partner

|                      |  |                    |  |
|----------------------|--|--------------------|--|
| <b>Surname</b>       |  | <b>Forenames</b>   |  |
| <b>Date of Birth</b> |  | <b>N.I. Number</b> |  |
| <b>Home Tel</b>      |  | <b>Mobile No:</b>  |  |
| <b>Email</b>         |  |                    |  |

### Employment Details

|                              | You                                 | Partner                             |
|------------------------------|-------------------------------------|-------------------------------------|
| <b>Who is your employer</b>  |                                     |                                     |
| <b>Employers Address</b>     |                                     |                                     |
| <b>Job Title</b>             |                                     |                                     |
| <b>Work No: - Pay Ref:</b>   |                                     |                                     |
| <b>Average take home pay</b> | £                      p.wk / month | £                      p.wk / month |

If you are self employed please state your average earnings £

## Benefits

|   | You | Partner |
|---|-----|---------|
| Do you receive Income support                               |     |         |
| Do you receive Job Seekers Allowance                        |     |         |
| Do you receive other state benefits<br>Eg: Incapacity / ESA |     |         |
| Which office do your claim through                          |     |         |

## Income

Do you have any other sources of income?

|                          | £ | Weekly / Fortnightly<br>Monthly | You | Partner |
|--------------------------|---|---------------------------------|-----|---------|
| Working Tax Credit       |   |                                 |     |         |
| Child Tax Credit         |   |                                 |     |         |
| Child Benefit            |   |                                 |     |         |
| Sickness / Maternity Pay |   |                                 |     |         |
| Pensions                 |   |                                 |     |         |
|                          |   |                                 |     |         |
|                          |   |                                 |     |         |
| Maintenance / CSA        |   |                                 |     |         |
| Savings / Investments    |   |                                 |     |         |
| Other Income             |   |                                 |     |         |
| Total                    |   |                                 |     |         |

What is your total income per week / month £

What is your partners total income per week / month £

## Assets

|   |          |      |  |               |   |
|---|----------|------|--|---------------|---|
| Do you own your own house                   | Yes / No |      |  |               |   |
| Total of outstanding mortgage/secured loans |          |      |  |               |   |
| Do you own a Vehicle                        | Yes / No |      |  |               |   |
| Make:                                       |          | Age: |  | Current Value | £ |

## **Members of your household**

Please give details of any members of your household who are financially dependant on you

| <b>Name</b> | <b>Relationship to you</b> | <b>Age</b> | <b>Details of payments you make for them</b> |
|-------------|----------------------------|------------|--|
|             |                            |            |  |
|             |                            |            |  |
|             |                            |            |  |
|             |                            |            |  |

## **Outgoings / Expenses ( for your and your partner – if applicable)**

|                                    |  |  |
|------------------------------------|--|--|
| <b>Rent / Mortgage</b>             |  |  |
| <b>Council Tax ( Current Year)</b> |  |  |
| <b>Loans</b>                       |  |  |
|                                    |  |  |
| <b>Credit Cards</b>                |  |  |
|                                    |  |  |
| <b>Water Rates</b>                 |  |  |
| <b>Gas</b>                         |  |  |
| <b>Electricity</b>                 |  |  |
| <b>Telephone Landline</b>          |  |  |
| <b>Mobile Telephone</b>            |  |  |
| <b>Housekeeping / Food</b>         |  |  |
| <b>Car – Petrol</b>                |  |  |
| <b>Tax / Insurance / Repairs</b>   |  |  |
| <b>TV – Licence</b>                |  |  |
| <b>Rental / Viewing Packages</b>   |  |  |
| <b>Childcare Costs</b>             |  |  |
| <b>Child Maintenance / CSA</b>     |  |  |
| <b>Travel Costs</b>                |  |  |
| <b>Court Fines</b>                 |  |  |
| <b>Insurance Policies</b>          |  |  |
| <b>School meals</b>                |  |  |
| <b>Entertainment</b>               |  |  |
| <b>Smoking</b>                     |  |  |
| <b>Pet food</b>                    |  |  |
| <b>Other</b>                       |  |  |

