|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **ABOUT YOUR FINANCES** | | | | | | | |
| **Please provide details of all your household income and expenditure:** | | | | | | | |
|  | **Income Monthly**  **£** | | |  | | **Expenditure Monthly**  **£** | |
| Your take home wages |  | | | Rent | |  | |
| Your partner’s take home wages |  | | | Arrears payment (under a court order or agreed with landlord) | |  | |
| Job Seekers Allowance (JSA) |  | | | Ground rent/service charge | |  | |
| Income Support (ISA) |  | | | Council Tax | |  | |
| Working Tax Credit (WTC) |  | | | Water | |  | |
| Child Tax Credit (CTC) |  | | | Electricity | |  | |
| Child Benefit (CB) |  | | | Gas | |  | |
| Universal Credit (UC) |  | | | Food & Housekeeping | |  | |
| Occupational/private pension (OP, PP) |  | | | Court fines | |  | |
| State Pension (SP) |  | | | Maintenance/child support | |  | |
| Pension Credit (PC) |  | | | Building/contents insurance | |  | |
| Bereavement Benefit (BB) |  | | | Travel expenses – Fuel | |  | |
| Contribution from other adults in the household |  | | | Travel expenses – Car insurance, Road Tax, servicing & MOT | |  | |
| Disability related Benefits (DLA/PIP) |  | | | Travel expenses – Taxi/public transport | |  | |
| Employment & Support Allowance (ESA) |  | | | Telephone/Mobile phone | |  | |
| Carers Allowance (CA) |  | | | Broadband/TV package | |  | |
| Housing Benefit (HB) |  | | | TV license | |  | |
| Council Tax Support (CTS) |  | | | Clothing and shoes | |  | |
| Maintenance/child support |  | | | Prescriptions | |  | |
| Student loan/grant |  | | | Childcare costs | |  | |
| Other income, please specify |  | | | School meals/meals at work | |  | |
| Other income, please specify |  | | | Credit cards/Loans/debts | |  | |
| Other income, please specify |  | | | Other expenditure, please specify | |  | |
| Other income, please specify |  | | | Other expenditure, please specify | |  | |
| **Total income** |  |  | | **Total expenditure** | |  |  |
| **Total monthly income less total monthly expenditure** | | | |  |  | | |
| **Remaining monthly income** | | | |  |  | | |
| I confirm that this an accurate record of my financial position as at: | | | DATE: | | | | |
| NAME: | | | SIGNATURE: | | | | |