

Income and Expenditure Form

Name:

Address:

1. Income. (we need to see proof of all your income)

	Weekly	Monthly
Your Wages	£	£
Your Partner's Wages	£	£
Company Pension	£	£
Income Support	£	£
Job Seekers Allowance	£	£
Child Benefit	£	£
Working Tax Credit	£	£
Child Tax Credit	£	£
Incapacity Benefit	£	£
Pension Credit	£	£
Bereavement Benefit	£	£
Carers' Allowance	£	£
Other State Benefits	£	£
Maintenance	£	£
Money from anyone who lives with you	£	£
Housing Benefit	£	£
Student Loan/Grant	£	£
Other	£	£
Total Income	£	£

2. Outgoings. (we need to see proof of all your outgoings)

A. Priority Debt	Balance Outstanding	Monthly Repayment
Mortgage	£	£
Mortgage Protection Policy	£	£
Secured Loan	£	£
Rent	£	£
Council Tax	£	£
Water Charges	£	£
Ground Rent	£	£
Electricity	£	£
Gas	£	£
Court Fines	£	£
Maintenance Payments	£	£
Total Priority Debt Payments:		£

B. Non-Priority Debt: Creditors Name.	Balance Outstanding	Monthly Repayment
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
Total Owed	£	£

C. Living Costs.	Weekly	Monthly
TV Licence		
Landline Phone		
Mobile Phone		
Satellite TV Services		
Internet Services		
Food Bill		
Laundry		
Tobacco/Alcohol		
Car Insurance		
Car Tax		
Petrol/Diesel		
Other Travelling Costs		
Pet Costs		
Insurance schemes:		
1.		
2.		
3.		
Other Outgoings, DDs, Standing Orders.		
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
Total Living Costs		

3. Personal Budget Matrix.

In:	In	Out	Funds Remaining
Total Household Income	1		
Out:			
Monthly Priority Debts		2	
Amount Remaining After Priority Debts:	This gives the gross disposable income:		3
Monthly Living Costs		4	5
Monthly Non Priority Debts		6	7
Total In:	8		
Total Out:		9	
Remaining:			10

Bank & Building Society Accounts: Please list all the accounts, including business accounts, which you hold.		
Name of Bank/Building Society	Account Number	Amount Held

Declaration.

Please read the following and sign below.

The information I have given is true and complete. I understand that if I give information that is incorrect or incomplete, you may take action against me and that this may include court action. I understand that you may check the information I have given on this form. I understand that you may use the information I have given in connection with this and any other claim I have made or may make for state benefits. You may contact other organisations such as government departments, local authorities and private companies to verify the information given. I authorise that these companies may release information about me in relation to my housing application. I agree to inform you of any change in my circumstances in relation to my housing claim.

Signature..... Date.....

Signature..... Date.....