

Income and Expenditure Form

Name:		Phone No:	
Address:			
Post code:		Benefit Claim Reference:	
Council Tax Account Reference:			
Email Address:			Application Type:
Partners Name:			

How many dependent children in the household		
Please complete weekly or monthly only		Amount (£)
What is the gross rent liability	Weekly	
	Monthly	
Personal Independence Payment received	Weekly	
	4 weekly	
Disability Living Allowance received	Weekly	
	4 weekly	
Do you use PIP mobility for a Motability Vehicle (please indicate)	Yes / No	
Attendance Allowance received	Weekly	
	4 weekly	
What is the gross weekly Housing Benefit (before overpayment deductions):		
What is the current overpayment recovery rate:		

Income	Weekly	Monthly	Outgoings	Weekly	Monthly
Take home Pay			Household Expenditure		
Partner's Take Home Pay			Mortgage		
2nd Job Take Home Pay			2nd Mortgage		
Maternity Pay			Council Tax		
Statutory Sick Pay			Electricity		
Income Support			Gas		
Job Seekers Allowance			Oil/Other Fuel		
Employment Support Allowance			Water		
Universal Credit			TV License		
Occupational Pension			Food/Housekeeping		
State Pension			Pet food		
Pension Credit			Pet Costs		
Child Tax Credit			Clothing		
Working Tax Credit			Pension Payments		
Child Benefit			Life Insurance		
Child Maintenance			Health Care		
Housing Benefit (Excluding OP)			Household Maintenance		

Other Income Please Specify	Amount (£)		Appliance Rental		
			Service Plan		
			Landline Telephone		
			Mobile Phone(s)		
			Satellite Television		
			Internet		
			Combined Phone, TV, Web		

More Outgoings

Outgoings	Weekly	Monthly	Outgoings	Weekly	Monthly
Children Expenses	Amount (£)		Money Owed	Amount (£)	
Child Maintenance			Loans/Pay Day Loans		
Child Care Costs			Hire Purchase		
School Meals			Catalogues		
School Uniform			Social Fund Loans		
Clothing			Court Fines		
			Overpayment of HB		
Transport Costs	Amount (£)		Council Tax Arrears		
Vehicle Tax			Rent Arrears		
Vehicle Insurance			Mortgage Arrears		
MOT/Repair			Car Finance		
Petrol/Diesel			Utility Arrears		
Public Transport			Maintenance Arrears		
Breakdown Cover			Credit Cards		
Parking			Store Cards		

Other Expenditure (please specify):

	£	£		£	£
	£	£		£	£

Contract Information:

DD/MM/YY

Landline Telephone:	Please specify the date this contract ends	
Mobile Phone(s):	Please specify the date this contract ends	
Satellite Television:	Please specify the date this contract ends	
Internet:	Please specify the date this contract ends	
Combined Phone, TV, Web:	Please specify the date this contract ends	

Capital

Capital Type	Balance (£)	Other Capital (please specify)	Balance (£)
Current Accounts			
Savings Accounts			
ISAs			
Premium Bonds			

TOTALS

Income Received Weekly - Total	£	Income Received Monthly - Total	£
Combined Income converted to Weekly			
£			
Expenditure listed Weekly - Total	£	Expenditure listed Monthly - Total	£
Combined Expenditure converted to Weekly			
£			
Balance (Income minus Expenditure)			£
Rent Shortfall (Gross Rent minus Gross Housing Benefit)			£
Statement: This is a voluntary statement of my finances which I believe to be true and accurate		Signature:	
		Date:	

Income and Expenditure Additional Notes: