INCOME & EXPENDITURE STATEMENT

idemservicing

Please complete all of this form clearly in **capitals** using a dark blue or black ball point pen in the text boxes provided.

Account name

Account number

Please complete and return this income and expenditure statement as soon as possible. We will use this information to assess affordability and to agree a payment arrangement with you. Please read the guidance notes (?) to help you complete the form and to ensure that this is a true and accurate reflection of your financial position. Your financial situation will be assessed in accordance with guidelines issued by industry financial bodies (Finance & Leasing Association, British Banking Association & Money Advice Trust).

Number in household

Number of vehicles in household

Number of dependant children under 14

Number of dependant children 14+

MONTHLY INCOME (enter the amounts to the nearest £)

Wages/salary	£
Benefits	£
Pensions	£
Other income	£
Total income	£

MONTHLY ESSENTIAL EXPENDITURE ITEMS (enter the amounts to the nearest £)

Rent	£
Ground rent and other service charges	£
Mortgage	£
Other secured loans	£
Mortgage endowment/mortgage PPI	£
Building and contents insurance	£
Pension and life insurance	£
Council tax	£
Utilities 1	£
TV licence	£
Court fines and orders	£
Maintenance or child support	£
Hire Purchase or conditional sale	£
Childcare costs	£
Adult care costs	£
Monthly total phone 2	£
Monthly total travel 3	£
Monthly total housekeeping 4	£
Monthly total other 5	£
Total expenditure	£

The following needs to be included where applicable:

1. **Utilities**
   Gas, electricity, water, Calor Gas, oil etc
2. **Total phone**
   Home phone, mobile phone
3. **Total travel**
   Public transport (work, school, shopping etc), car insurance, vehicle tax, fuel (petrol, diesel, oil etc), MOT and car maintenance, breakdown or recovery, parking charges or tolls, other (eg taxis)
4. **Total housekeeping**
   Food and milk, cleaning and toiletries, newspapers and magazines, cigarettes, tobacco & sweets, alcohol, laundry and dry cleaning, clothing and footwear, nappies and baby items, pet food
5. **Total other**
   Health (dentist, glasses, prescriptions, health insurance), repairs/house maintenance (including window cleaning, maintenance contracts), hairdressing/haircuts, cable, satellite and internet, TV, video and other appliance rental, school meals and meals at work, pocket money and school trips, lottery and pools etc, hobbies/ leisure/sport (including pub/ outings, gym etc), gifts (christmas, birthdays, charity etc), vet bills and pet insurance, other

PRIORITY DEBTS IN ARREARS (enter the amounts to the nearest £)

	ARREARS AMOUNT	MONTHLY PAYMENT TOWARDS ARREARS
Rent	£	£
Mortgage	£	£
Our secured loan	£	£
Other secured loans	£	£
Court fines and orders	£	£
Council tax	£	£
Maintenance/Child Support	£	£
Gas	£	£
Electricity	£	£
Hire Purchase or conditional sale	£	£
Other	£	£
Total	£	£

NON PRIORITY DEBTS (enter the amounts to the nearest £)

Please **tick** if there has been a county court judgment on the debt in the CCJ column.

	BALANCE	CCJ	MONTHLY PAYMENT
	£		£
	£		£
	£		£
	£		£
	£		£
	£		£
	£		£
	£		£
	£		£
	£		£
Total	£		£

ASSETS (enter the amounts to the nearest £)

Mortgage balance outstanding 6 £

Other 7

£

£

6 **Mortgage balance outstanding**
Include first mortgage balance and any secured loan where applicable

7 **Other**
List any other assets, savings, shares, car etc

Additional comments

OFFER OF PAYMENT £ To be paid 1) weekly ☐ 2) monthly ☐ 3) other (please state)

Please tick/complete appropriate box

Account name

Account number

Contact telephone number (1)

Contact telephone number (2)

I/We confirm this financial statement is a true and accurate reflection of my/our financial position (If completed by a third party please sign on behalf of the customer)

Date (DD MM YYYY)

Signature (customer 1) Print name

Signature (customer 2) Print name

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