

INCOME & EXPENDITURE STATEMENT

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

idem **servicing**

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:

- Utilities**
Gas, electricity, water, Calor Gas, oil etc
- Total phone**
Home phone, mobile phone
- 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)
- 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
- 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	£	£
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