

Statement of your means – your income and outgoings

Personal details

First name(s)

Surname

Home telephone number

Date of birth

Address

Postcode

Mobile telephone number

National Insurance number

Partner's full name

Partner's income including benefits £

Partner's savings £

Car registration number

Are you the registered owner of the car?

Y

N

Income – if you are employed (state if self-employed)

Employer's name and phone number

Employer's address

Postcode

Please to show if : **W**(eekly)

F(ortnightly)

4 W(eekly)

M(onthly)

Occupation

Net pay (take home)

Any other income

Income – if you are not employed

Date you became unemployed

Frequency

Amount £

Income Support / Job Seeker's Allowance / Employment and Support Allowance	<input type="text"/>	<input type="text"/>
Working tax credit	<input type="text"/>	<input type="text"/>
Child tax credit	<input type="text"/>	<input type="text"/>
Pension credit	<input type="text"/>	<input type="text"/>
Housing benefit	<input type="text"/>	<input type="text"/>
Council tax benefit	<input type="text"/>	<input type="text"/>
Child benefit	<input type="text"/>	<input type="text"/>
Incapacity benefit	<input type="text"/>	<input type="text"/>
Disability living allowance	<input type="text"/>	<input type="text"/>
Attendance allowance	<input type="text"/>	<input type="text"/>
Other benefits	<input type="text"/>	<input type="text"/>

Total income

Total Savings

1. Bank

£

3. Stocks and shares

£

2. Building Society

£

4. Other

£

Please to show if : **W**(eekly) **F**(orntightly) **4 W**(eekly) **M**(onthly)

Outgoings

Essentials and accommodation	Amount £		Frequency	Arrears £	
*Rent, mortgage or lodgings (*please delete)					
Council tax					
Food					
Clothing					
Insurance (household and buildings)					
Child maintenance					
Travel and regular bills					
Fares to work/school etc					
Car - tax, insurance, maintenance and fuel					
Car loan					
Gas					
Water					
Electricity					
Telephone – landline (inc broadband)					
Telephone - mobile					
TV (licence, rental etc)					
TV entertainment (Sky, broadband etc)					
Other					
Lottery/entertainment					
Drinking/smoking					
County court orders, fines etc					
Catalogues					
Loan/credit card repayments					
Pets					
Holidays					
Savings					
Other (please specify)					
Total outgoings			Total arrears		

Other information

Number of adults in your home

Number of dependent children

Ages

You can attach any other information you think we should know on a separate sheet. Please sign and date this form and also any other sheets which you attach.

Signed

Date