

Income and Expenditure Statement

NAME: _____ DATE: _____

ADDRESS: _____

HOME TEL: _____ MOBILE: _____

CTAX REF: _____ INVOICE

NO(S): _____ NUMBER OF CHILDREN: _____

AGES OF CHILDREN: _____

NAME OF EMPLOYER (IF APPLICABLE): _____

ADDRESS OF EMPLOYER: _____

EMPLOYERS TEL: _____

INCOME

- Please state income in either weekly or monthly figures. Do not mix.

Usual take home pay	£
Usual take home pay (partner)	
Income Support	£
Jobseekers Allowance	
Incapacity Benefit	£
DLA	£
Other state benefits (please state)	£
Child benefit	£
Child tax credit	£
Working tax credit	£
Retirement pension	£
Private/Company pension	£
Non dependants contribution (e.g adult son or daughter's contribution)	£
Maintenance/child support	
Other Income:	£
TOTAL INCOME	£

ESSENTIAL EXPENDITURE

Rent/Mortgage	£
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Endowment	
Secured loan	
Gas	£
Electric	£
Water Rates	£
Council tax	£
Telephone	£
TV licence/TV rental	£
Food/housekeeping (including toiletries)	£
Clothing and shoes	£
Household insurance (i.e building and contents)	£
Life insurance/pension	£
School meals/meals at work	£
Travel expenses (e.g bus/rail/taxis)	£
Car expenses - petrol	£
Car tax/insurance/repairs	£
Prescriptions/dental/opticians	£
Maintenance/child support	
Childminding fees	£

OTHER EXPENDITURE

Sky/cable TV	£
Internet	£
School trips	£
Cigarettes	£
newspapers	£
Window cleaner	£
Milkman	£
Pocket money	£
Entertainment	£
Other	£
	£
Total Expenditure	£

TOTAL INCOME	£
TOTAL EXPENDITURE	£
AVAILABLE TO CREDITORS	£

