

Date:
Our Reference:
Your Reference:

INCOME AND EXPENDITURE FORM

MONTHLY OUTGOINGS	£
RENT	
COUNCIL TAX	
SEWERAGE RATES	
WATER RATES	
GAS	
ELECTRICITY	
HOME PHONE	
MOBILE PHONE	
CAR TAX	
CAR INSURANCE	
HOME INSURANCE POLICIES	
LIFE INSURANCE POLICIES	
T.V RENTAL	
T.V LICENCE	
SATELLITE OR CABLE	
FOOD	
TOILETRIES	
CLOTHING	
BUS OR TRAIN FARES	
PETROL	
TOBACCO	
OTHERS	

Employer Name & Address:
Employer Tel no:

2 nd Employer Name & Address:
Employer Tel no:

Home Tel no:

Ctd.

MONTHLY INCOME	You £	Partner £
WAGES/SALARY		
INCOME SUPPORT		
JOB SEEKERS ALLOWANCE		
CHILD BENEFIT		
WORKING TAX CREDIT		
CHILD TAX CREDIT		
PENSION CREDIT		
MAINTENANCE		
OTHERS		

I certify that the information supplied above is correct:

Signature: _____

How much do you propose to pay? · £ _____ Weekly/Monthly

Notes:

Please ensure that all fields on the application are completed, if they do not apply to you please say so and enter 'none'.

We will require PROOF of the information supplied above, i.e. wage slips, bank statements, bills, proof of state benefits etc.

Please make sure this information is available to either show or send us.

It is very important that the information supplied by you is correct. If we agree to a 'special payment arrangement' with you and payments are not made as agreed, your arrangement will be closed and recovery action will continue against you.

PLEASE RETURN WITHIN 14 DAYS.

Yours sincerely,

Benefit Services

benefits@castlepoint.gov.uk

