FINANCIAL DETAILS

Address:....Date: Name:.... Number of dependants:.... Number of Adults in household: INCOME (WEEKLY) ARREARS **OUTGOINGS (WEEKLY)** р HOUSING COSTS Wages/Salary Wages/Salary Partner Rent Rent Arrears Statutory Sick Pay **Board & Lodgings PENSIONS** Mortgage Client State Mortgage Arrears Client Work Secured Loan Partner State Council Tax Partner Work Council Tax Arrears Pension Credit Insurance Life/Endowment **BENEFITS** Building/Contents Insurance Jobseeker's/Contribution Factor/Property Management Jobseeker's Income Based Other Income Support **UTILITIES** Child Benefit Child Tax Credit Gas Electricity Working Tax Credit Gas & Electricity combined Incapacity Benefit Attendance Allowance Fuel (other) TRAVEL Carer's Allowance Travel Expenses (work/school etc) DLA – Care Road Tax/Car Insurance/MOT DLA – Mobility Widowed Parents Allowance Fuel Other Maternity Benefit **HOUSEKEEPING** Industrial Injuries Benefit Housekeeping & Food Other OTHER INCOME Clothing Other Maintenance/Child Support CHILDREN Non-Dependant Contributions Nursery/Childcare Student Loan Boarders/Lodgers etc. Children's Expenses/School Meals Maintenance/Child Support Other Other **TOTAL INCOME** OTHER IMPORTANT ITEMS **ASSETS** Telephone Mobile Capital Internet **Equity** Fines Car TV Licence **Endowments** TV Rental/Satellite/Video Other HP/Conditional Sale DEBTS **Pension Contributions** W/M HEALTH CREDITOR **BALANCE** Health Dental/Prescriptions/Optical 1 Pets Insurance 2 3 Other **TOTAL EXPENDITURE** 4 5 **TOTAL INCOME** 6 **TOTAL OUTGOINGS** 7 Less **WEEKLY BALANCE** 8 **MONTHLY BALANCE** 9 WB x 52 ÷ 12 10