

Financial Statement

This form should be completed in consultation with the guidance on www.debtassistancesite.com

Name:			
Address:			
Telephone Number:			
Date Prepared:			
Number of Adults in Household		No. Children in Household	

INCOME

INCOME (weekly/monthly)	You	Your Partner	TOTAL
Net Wages (take home pay)			
maintenance payments you receive			
child benefit			
family credit			
income support			
disability/sickness benefit			
pensions			
any other benefits			
any other income			

A: TOTAL HOUSEHOLD INCOME:	£
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EXPENDITURE

Priority Creditors:	Cost	Other Living Costs:	Cost
Mortgage/Rent		Housekeeping (food, clothes, etc)	
Other Mortgage/Secured Loans		petrol/diesel	
Endowment Policies		vehicle running costs	
Child Maintenance You Pay		transport costs	
Council Tax		telephone charges (inc mob)	
Water Charges		prescriptions & medical costs	
Electricity		childminder/nursery	
Gas		life insurance	
Court Fines		building/contents insurance	
TV Licence		cigarettes/alcohol	
Hire Purchase Agreements		Other Expenses	
B: TOTAL PRIORITY CREDITORS		C: TOTAL OTHER COSTS	

Financial Summary

D: Total Expenditure (add together B & C)	£
TOTAL INCOME (A):	£
TOTAL EXPENDITURE (D):	£
AVAILABLE INCOME (take D away from A)	£