

INCOME AND EXPENDITURE FORM

Name:		Account No:	
Address			
Daytime Tel:		No of people at home	
Evening Tel:		No of Adults:	
Mobile:		No and age of children:	
Occupation		Temp/Perm	
Applicant 1			
Applicant 2			
INCOME (use only monthly figures)		EXPENDITURE (use only monthly figures)	
Net Salary (applicant 1)	£	Mortgage	£
Net Salary (applicant 2)	£	2 nd Mortgage/Secured Loan	£
Job Seekers Allowance	£	Council Tax	£
Income Support	£	Water	£
Working Family Tax Credit	£	Telephone - Landline	£
Child Tax Credit	£	- Mobile	£
Child Benefit	£	Gas	£
Maintenance	£	Electricity	£
Retirement Pension	£	Ground rent/Service charges	£
Invalidity Sickness Benefit	£	Buildings & contents insurance	£
Bonuses	£	Pension/Life Cover	£
Non-dependant's contribution	£	Housekeeping	£
Income from Lodgers	£	Court Fines	£
Other benefits (please give details)	£	Maintenance	£
	£	Travel/Fares	£
	£	School meals	£
	£	Childcare/Nursery fees	£
	£	TV Licence	£
	£	TV/Internet provider	£
	£	Clothing	£
	£	Prescriptions/Health Care	£
	£	Social	£
	£	Lottery	£
TOTAL INCOME (A)	£	Vehicle tax/MOT	£
		Vehicle insurance	£
		Vehicle fuel	£
		Tobacco	£
		<i>Please provide full details of the following overleaf:</i>	£
		Loan Repayments	£
		Vehicle/HP Loan	£
Do you have a current bank account with direct debit facility?	YES / NO	Credit Card Repayments	£
Is your bank account overdrawn?	YES / NO	Debt Management Co/VA	£
If YES, by how much?	£	Other	£
		TOTAL EXPENDITURE (B)	£
DECLARATION			
I/We agree that the above statement is a true record of the facts.			
Applicant 1 _____			
Applicant 2 _____			
Signature		Date	

Free, confidential, financial advice is available from the FSA Consumer Help Line on 0845 606 1234

LOAN/REPAYMENT DETAILS: <i>for each item listed, please provide the following details:</i>						
	Provider	Interest Rate	Balance o/s	Monthly payment	Remaining Term	Secured Yes/No
Loan Repayments						
Vehicle/HP Loan						
Credit Card Repayments						
Debt Management Co/IVA						
Other						

PLEASE COMPLETE THIS INCOME AND EXPENDITURE FORM, SIGN THE DECLARATION AND RETURN IT TO THE SOCIETY TOGETHER WITH A COVERING LETTER DETAILING YOUR CURRENT CIRCUMSTANCES.

This income and expenditure form is provided for completion by our borrower(s) to enable the Society to review the account on an individual basis and offer assistance wherever possible.

All information provided will be treated in the strictest confidence and is for the sole use of the Society in relation to the borrower(s) current mortgage account.

If you have any queries or need guidance as you complete this form, please don't hesitate to contact either Gail Wood on 01782 255187 or Helen Mulroy on 01782 255185 who will be happy to assist you.

Remember:

- Keep a copy of the personal budget for yourself
- Convert everything to monthly figures – be careful not to mix up weekly and monthly income
- Round all figures to the nearest £

Registered Office: Granville House Festival Park Hanley Stoke-on-Trent ST1 5TB
 Risk Management Team - Tel: 01782 255185/255187 Fax: (01782) 873167
 Visit our Website at www.thehanley.co.uk or
 E-mail us at: Riskmanagementteam@thehanley.co.uk

Free, confidential, financial advice is available from the FSA Consumer Help Line on 0845 606 1234