Council Tax Income and Expenditure Form



Please fill in all the sections of this form that apply to you, sign it and then return it in the pre-paid enveloped enclosed. If you need any help with this form please contact 01204 331599.

Please note: in order for a mutually acceptable arrangement to be made we need all your income and expenditure details.

Account Name	Account Number		Amount you owe		
our Household Details	•				
Your full name & address					
Your partner's full name					
Telephone Numbers	Home	Work		Mobile	
No. of children					
No. of other adults					
ncome Details					
Section A - Complete if yo	ou or your partner are wo	rking			
	You		Your Partner		
The name and address					
of your employer					
Avorago tako homo nav	£		£		
Average take home pay	L .		L		
Please state whether paid weekly or monthly					
Please state whether paid weekly or monthly					

Name of Benefit	Who is claiming the benefit?	Claimant's National Insurance Number	How much do you get?	How often is it paid?	Are any deductions being taken out?

Section C - Details of any other household income not included above (e.g. maintenance payment
private pensions or income from other adults in the household.

Source of income	Am	Amount received \		nthly
Total Income (Sections A	+ B + C)	£		
Please state here if the follow weekly or monthly (please o				
Section D Ongoing Priority Expenditure	Amount Paid	Section E Arrears Owed	Arrears Outstanding	Amount Paid
Mortgage		Mortgage	3	
Mortgage Endowment		Mortgage Endowment		
2nd Mortgage		2nd Mortgage		
Rent		Rent		
Council Tax		Council Tax		
Nater rates		Water rates		
Gas		Gas		
Electricity		Electricity		
Maintenance Payments		Maintenance		
Magistrates Court fine/s		Magistrates Court fine/s		
Building/contents insurance		Hire Purchase		
_ife Insurance/Pension		Others:		
Housekeeping/food				
ΓV licence/cable/rental etc.				
Ground rent/service charge		Total (E)	£	£
Hire Purchase				
Travelling expenses		Section F		
School Meals/ Meals at work		Non-priority	Arrears	Amount
Clothing/Laundry		Expenditure	Outstanding	Paid
Telephone/Mobile Telephone		Catalogues		
Prescriptions/Health Costs		Loans		
Childcare costs		Credit Cards		
Others:		Others:		
		Total (F)	£	£
Γotal (D)	£			£
From Which bill/s is this offer for?	per wee (ente	month (please delete as approp date) ents may result in the Council ta		- ion to

Departments if I have arrears with them.

Date____

Signed_____