

STATEMENT OF INCOME/EXPENDITURE

Name:	Benefit Claim Number:
Address:	e-mail:
Postcode:	Telephone Number:

You have been asked to complete this form to give the Council a fuller picture of your circumstances. If you do not wish to answer any question please state your reason. It should be noted that a refusal to give information requested may mean the Council will not accept your offer.

Please complete this section if you and/or your partner are currently working

	You	Your Partner
Name and Address of employer Please tell us if you are self employed and enter your HMRC registration number		
Work or payroll number		
National Insurance Number		

This form must be completed in order to set up an arrangement directly with the Council. Failure to complete this form may result in us asking your employer to make deductions from your earnings or we will pass this debt to the Council's enforcement agents to collect.

I wish to repay the debt at £_____ each * **week/ fortnight / month** and I enclose my first payment of £_____ I would like to make all future payments by ***debit card /**

standing order / cash at my local shop or Post Office (*please circle your preferred option)

I have completed the enclosed form with details of my family income and expenditure.

DECLARATION

I declare that the information I have given on this form is correct and complete.

I agree that you will use the information I have provided to process my payment arrangement. You may check some of the information with other sources as allowed by the law.

Signature: _____ Date: _____

Print Name: _____

Telephone Number: _____ Email: _____

Please return to: Revenues Services, Beech Hurst, Weyhill Road, Andover, Hampshire, SP10 3AJ

Name:

Benefit Claim Reference:

INCOME	You		Your Partner	
	Weekly	Monthly	Weekly	Monthly
Net earnings from Employment (including overtime, commission, bonuses, etc.)				
Earnings from self employment				
Income Support Job Seekers Allowance Employment & Support Allowance)				
Child Benefit Child Tax Credit Working Tax Credit				
Retirement Pension Works Pension				
Any other state benefit (please state which)				
Maintenance				
Any other income				
TOTAL INCOME				

OUTGOINGS	You		Your Partner	
	Weekly	Monthly	Weekly	Monthly
Rent/Mortgage				
Council Tax				
Gas				
Electricity				
Water Rates				
Telephone (Land line)				
Mobile Phone				
Internet/Broadband				
Food/toiletries/cleaning products				
Clothing				
Travel costs/bus fares				
Car Expenses (insurance, tax, petrol)				
House / Contents Insurance				
Car Tax				
Car fuel / Travel to Work				
TV Licence				
Satelite/digital/TV rental				
Insurance (including life, home)				
Childcare/maintenance				
Catalogues				
Loans (specify what for and balance outstanding)				
Credit Cards				
Court Fines				
Other (please specify)				
TOTAL EXPENDITURE				

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