**Income & Expenditure Questionnaire**

Regulation 36 of the Council Tax (Administration and Enforcement) Regulations 1992.

**Your Account Ref:**

**Debt Address:**

|  |  |
| --- | --- |
| **Your Name:**  **Ni Number:**  Do you receive (please circle):   * Income Support * Job Seekers Allowance (Income Based) * Pension Credit * Guaranteed credit * Employments Support Allowance * Universal Credit * Other (please provide)     Name and Address of Benefit Centre: | **Partner’s Name:**  **Ni Number:**  Do they receive (please circle):   * Income Support * Job Seekers Allowance (Income Based) * Pension Credit * Guaranteed credit * Employments Support Allowance * Universal Credit * Other (please provide)   Name and Address of Benefit Centre: |
| **Employment Details**  Employer’s Name:  Employer’s Address:  Frequency of Pay (please circle):   * Weekly * Fortnightly * 4 Weekly * Monthly   Gross Pay: £\_\_\_\_\_\_\_\_\_\_  Tax : £\_\_\_\_\_\_\_\_\_\_  National Insurance : £\_\_\_\_\_\_\_\_\_\_\_\_  Pension Contributions: £\_\_\_\_\_\_\_\_\_\_  Employee Number: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are you self-employed: Yes No | **Employment Details**  Employer’s Name:  Employer’s Address:  Frequency of Pay (please circle):   * Weekly * Fortnightly * 4 Weekly * Monthly   Gross Pay: £\_\_\_\_\_\_\_\_\_\_  Tax : £\_\_\_\_\_\_\_\_\_\_  National Insurance : £\_\_\_\_\_\_\_\_\_\_\_\_  Pension Contributions: £\_\_\_\_\_\_\_\_\_\_  Employee Number: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are you self-employed: Yes No |
| **Declaration**  **I declare that the information provided is correct to the best of my knowledge and understand any falsification could be subject to a fine of up to £1000.00.**  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Household Expenditure.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Other Income** | **Amount** | | **Frequency of payment** | | | **Arrears Amount** | |
| Child Benefit |  | |  | | |  | |
| Child Tax Credits |  | |  | | |  | |
| Working Tax Credits |  | |  | | |  | |
| Pension |  | |  | | |  | |
| Savings |  | |  | | |  | |
| Any other benefit eg DLA, Carers Allowance |  | |  | | |  | |
| Other income e.g 2nd job |  | |  | | |  | |
| **Total Income** |  | |  | | |  | |
|  | | | | | | | |
| **Expenditure** | | | | | | | |
| Mortgage |  | |  | | |  | |
| Rent |  | |  | | |  | |
| Council Tax |  | |  | | |  | |
| Gas |  | |  | | |  | |
| Electricity |  | |  | | |  | |
| Water |  | |  | | |  | |
| Other Fuel |  | |  | | |  | |
| TV Licence |  | |  | | |  | |
| Sky/Cable |  | |  | | |  | |
| Internet |  | |  | | |  | |
| Mobile Phone |  | |  | | |  | |
| Landline Phone |  | |  | | |  | |
| House Insurance |  | |  | | |  | |
| Car Insurance |  | |  | | |  | |
| Car Tax |  | |  | | |  | |
| Fuel Costs (Car) |  | |  | | |  | |
| Other travel expenses |  | |  | | |  | |
| Child Care Costs |  | |  | | |  | |
| Loans/HP |  | |  | | |  | |
| Credit/Store Cards |  | |  | | |  | |
| Catalogue |  | |  | | |  | |
| Fines |  | |  | | |  | |
| Food |  | |  | | |  | |
| Clothes |  | |  | | |  | |
| Other - please specify |  | |  | | |  | |
| **Total Expenditure** |  | |  | | |  | |
|  | | | | | | | |
| **Offer of Repayment** | | £ | | £ | £ | | £ |
| **Frequency** | | Weekly | | Fortnighty | 4 weekly | | Monthly |
| **First date you can make payment** | |  | |  |  | |  |
| **Signed** | |  | | | | | |
| **Dated** | |  | | | | | |