**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** |    |