

Trafford Council Income & Expenditure Form

Name:		Date of Completion:	
		Account Number:	
Address:	Balance Outstanding:		
	Council Tax		
	HB overpayment		
	Sundry Debt (allotment etc)		
		Marital Status:	
		No of Dependants:	
		Age(s) of Dependants	

INCOME :

Earnings	Weekly £	Monthly £	Details (Employer Name & Address) You/Partner
Your Wage			
Partner/Spouse Wage			
Non Dependants Income			
Pension/Company Pension			
Child Maintenance			
Benefits(Total Household)			
Income Support, JSA, ESA or PGC, Incapacity Benefit			
Working Tax Credit			
Child Tax Credits			
Child Benefit			
Money from anyone living with you			
Other Benefits/Income			
Total Income			

SAVINGS:

	Current balance (£)
Bank or Building Society accounts	
Any other savings or investments i.e. stocks, shares, ISAs, bonds	

EXPENDITURE:

Priority expenditure	Weekly £	Monthly £	Please give details (Creditor and Amount owing)
Food			
Mortgage / Rent			
Electric/Gas			
Water Rates			
Council Tax			
Secured Loans i.e. against home/vehicle			
Ground Rent			

P.T.O - FURTHER INFORMATION REQUIRED ON REVERSE OF PAGE

Non-Priority expenditure	Weekly £	Monthly £	Please give details (Creditor and Amount owing)
Loans			
Credit Card			
Fines			
Hire Purchase Agreements			
Catalogue			
Store Cards			
Telephone (Land Line)			
Mobile Telephone			
Other Expenditure			
Travel Expenses			
Car Insurance/Road Fund Licence			
School Dinner Money			
Cigarettes/Alcohol			
Petrol/Diesel			
TV Licence			
Child Maintenance Payments			
Buildings and Contents insurance			
Prescriptions			
Sky/Virgin/other satellite package			
Child minding costs			
Life assurance or Endowment premiums			
Savings			
Other (please state)			
Total Expenditure			
Total Disposable Income (Income less Expenditure)			

Your offer of repayment:

I am offering to pay regular instalments of £ _____ per week/month (please delete) commencing from __ / __ / ____

Please be aware that your offer of repayment may not be agreed to but will be used as a guide when considering a repayment arrangement for your arrears.

Your signature: Date:

Telephone number: (landline or mobile)

Email address:

National Insurance: Date of Birth:

**Please return to:
Trafford Council
PO BOX 542
Sale
M33 OGD**