

## Income and Expenditure Form

Mortgage Account Number: \_\_\_\_\_

Customer Full Name 1: \_\_\_\_\_

Customer Full Name 2: \_\_\_\_\_

Whilst completing the Income and Expenditure form, please detail all forms of income and expenditure whether you deem they are relevant. Please complete and return using the enclosed pre-paid envelope or contact us to help you complete this.

Please also provide a copy of the last 3 relevant bank statements. Transactions should cover a period of no less than 3 months. This can also be online statements; however, they should clearly show your name as the account holder.

Income	Amount	Frequency	Weekly Total	Monthly Total
Earned Income (after tax + NI)	£		£	£
Partner's Income (after tax + NI)	£		£	£
Statutory Sick Pay	£		£	£
Working Tax Credit	£		£	£
Universal Credit	£		£	£
JSA (Contribution)	£		£	£
JSA (Income based)	£		£	£
ESA	£		£	£
Income Support	£		£	£
Child Benefit	£		£	£
Child Tax Credit	£		£	£
Carer's Allowance	£		£	£
PIP / DLA Care	£		£	£
PIP / DLA Mobility	£		£	£
Maternity Allowance	£		£	£
Pension Credit	£		£	£
State Pension	£		£	£
Private Pension	£		£	£
Partner's State Pension	£		£	£
Partner's Private Pension	£		£	£
Attendance Allowance	£		£	£
Industrial Injuries Benefit	£		£	£
Other	£		£	£
<b>Total Income</b>			£	£

Expenditure	Amount	Frequency	Weekly Total	Monthly Total
Net Rent	£		£	£
Rent Arrears	£		£	£
Council Tax (inc. arrears)	£		£	£
Water Rates (inc. arrears)	£		£	£
Gas (inc. arrears)	£		£	£
Electricity (inc. arrears)	£		£	£
Housekeeping (food)	£		£	£
Clothing / Maintenance	£		£	£
School Meals	£		£	£
Childcare Costs	£		£	£
Travel Expenses	£		£	£
TV License	£		£	£
Mobile / Landline	£		£	£
Internet	£		£	£
Sky/Digital / Cable	£		£	£
Car Finance / Insurance	£		£	£
Loans /Credit / Store Cards	£		£	£
Catalogues	£		£	£
Medical Costs	£		£	£
Fines	£		£	£
Other	£		£	£
<b>Total Expenditure</b>			£	£
<b>Disposable</b>			£	£

Please provide details of any other income and expenditure not detailed above:

Date: