**Financial Statement**

**Please return to:**

**Chelmsford City Council**

**Housing Services**

**PO Box 457**

**Duke Street**

**Chelmsford**

**CM1 1JE**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** | **Home contact no:** |
| **Mobile contact no:** |
| **Work contact no:** |
| **HB Ref:** | **Rent Ref:** |

**Who lives with you?**

|  |
| --- |
| **Household Details (Please include anyone that normally resides with you)** |
| *Full Name* | *DOB* | *Male / Female* | *Relationship* |
|  |  |  |  |
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|  |  |  |  |

**What is the income for the Household?**

|  |
| --- |
| **Earnings –Please advise your take home pay – last 3 wage slips** |
| *Name* | *Employer* | *Wkly/4wkly/monthly?* | *Date* | *Amount* | *Date* | *Amount* | *Date* | *Amount* |
|  |  |  |  | £ |  | £ |  | £ |
|  |  |  |  | £ |  | £ |  | £ |
|  |  |  |  | £ |  | £ |  | £ |
|  |  |  |  | £ |  | £ |  | £ |
|  |  |  |  | £ |  | £ |  | £ |

**What savings do you have?**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Bank/Building society | Account number | Current Balance |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**What do you receive and spend each month?**

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| --- |
| **Income and Expenditure/ Outgoings** |
| *Please show* ***all amounts as either*** *Weekly or Monthly Income* |  *Please show* ***all amounts as either*** *Weekly or Monthly Expenditure* |
|  |  |  |  |
| Salary | £ | Rent | £ |
| Salary (Partner) | £ | Council Tax | £ |
| Salary (H/hold member) | £ | Water Rates | £ |
| Salary (H/hold member) | £ | Gas | £ |
| Salary (H/hold member) | £ | Electricity | £ |
| Salary (H/hold member) | £ | Telephone | £ |
| Working Tax Credits | £ | Mobile | £ |
| Child Tax Credits | £ | TV Costs | £ |
| Child Benefit | £ | Sky/Cable TV Costs | £ |
| Housing Benefit payment | £  | Child Care | £  |
| Jobseekers Allowance  | £ | Buildings/ Contents Insurance | £  |
| Employment Support Allowance  | £  | Life Insurance | £  |
| Income Support  | £ | Pension Contributions | £ |
| Other State Benefit | £ | Clothing | £ |
| Occupational Pension | £ | Food and Household Items | £ |
| State Pension | £  | Maintenance | £  |
| Non-Dependant’s Contribution | £ | Loans | £ |
| Maintenance received | £ | Credit Cards | £ |
|  | £ | Catalogues | £ |
| Other Income (Please specify) | £ | Travel Expenses  | £ |
|  | £ | Holidays | £ |
|  | £ |  | £ |
|  | £ | Other (Please specify) | £ |
|  | £  |  | £ |
|  | £ |  | £ |
|  | £ |  | £ |
| **Total:** | **£** | **Total:** | **£** |

**What other debts do you have?**

|  |
| --- |
| **Details of Debt**Ensure the payments you are making are listed above as well as Expenditure |
| *Who with?* | *Amount outstanding* | *Payment amount* | *Wkly/monthly?* |
|  | £ | £ |  |
|  | £ | £ |  |
|  | £ | £ |  |
|  | £ | £ |  |
|  | £ | £ |  |

**Do you have a figure in mind as a suggested offer of payment?**

|  |  |
| --- | --- |
| *How much?* | *Week or month?* |
| *£* |  |

**I confirm that the information given above is accurate and a true record of my income and outgoings.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Name* | *Sign*  | *Date* |