

Household Income and Expenditure Form (for provision to prospective fund-giver)
PLEASE ENSURE YOU COMPLETE ALL RELEVANT SECTIONS AS PERTAINS TO THE HOUSEHOLD
AS IT IS YOUR DISPOSABLE INCOME WHICH IS TAKEN INTO ACCOUNT.

Please complete either monthly or weekly **NOT** mixed

Income	(Monthly/Weekly)	£	p	Expenditure (M/W)	£	p
Wages:				Rent		
Applicant				Mortgage		
Parents				Council Tax		
Partner				Water Rates		
Other source e.g. Maintenance				Building/Contents ins		
				Life Insurance		
Benefits:				Food		
Housing Benefit				Housekeeping		
Council Tax Benefit				Gas		
Income Support				Electric		
JSA				TV		
Child Tax Credits				Telephone		
Working Tax Credits				Travel		
Incapacity Benefit				Car Costs		
Carers Allowance				Clothing etc		
Attendance Allowance				Hire Purchase		
DLA Care				Other (please specify)		
DLA Mobility						
Disability Tax Credits						
Child Benefit						
Community Care Grant						
Social Fund Loan						
Other (please specify)						
Pensions:						
Retirement						
Widows						
Occupational						
Other (please specify)						
Any other income:						
Total Income:				Total expenditure:		
Details of any savings including ISAs etc:				Details of any debts:		
WRITE NONE IF APPLICABLE				WRITE NONE IF APPLICABLE		

How long resident in area.....Is house owned or rented.....

Names & details of all persons residing in this property:

Name	Date of Birth	Relationship to applicant	Employment details	N I Nos if employed

I CONFIRM THE INFORMATION GIVEN IS CORRECT AND GIVE PERMISSION FOR THIS AND MY CONTACT DETAILS TO BE PASSED ON TO POSSIBLE FUNDGIVERS

Signed Date.....