

STATE BENEFITS

Yes No

If benefit enquiries are being made, please enter details below.

Are you in receipt of Housing Benefit from your Local Council?		
Are you in receipt of rent paid via Universal Credit?		
Are you in receipt of Council Tax Benefit?		
Are there enquiries being made about other benefits?		

INCOME

	Applicant Monthly Amount (£)	Spouse/Partner Monthly Amount (£)	Monthly Total
Earnings			
Net Pay			
Pensions			
Service Retirement Pension			
Service Invalidity Pension			
State Retirement Pension			
War Disablement Pension			
State Widows Pension/Bereavement Allowance			
War Widow's Pensions/AFFP Pension			
State Benefits			
Universal Credit			
Universal Credit - Rent			
Disability-Related Benefits			
Attendance Allowance			
Carer's Allowance			
Child Benefit			
DLA Care Component			
PIP Daily Living Component			
DLA / PIP Mobility Component			
Employment Support Allowance			
Child Tax Credits			
Other Income			
Maintenance/CSA Receipts			
Any Other Income			
Total			

SAVINGS AND CAPITAL

Applicant's and spouse/partner's total savings (including capital, investments, bank, building society, etc)

£

LIABILITIES / DEBTS (Including secured loans, unsecured loans, credit cards, store cards, HP, trading agreements, loans from family members)

	Purchase Date	Contract Amount	Monthly Instalment	Total Arrears	Outstanding
Creditor					
Creditor					
Creditor					
Creditor					
Creditor					
Creditor					
Creditor					
Creditor					

Monthly Total

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EXPENDITURE

Yes No

Are you in a care home? (if yes, see below)

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Has a current Financial Assessment been completed by the Local Authority?

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Actual Monthly Cost

Local Authority Contribution

Your Top-Up Contribution (if applicable)

£

EXPENDITURE - continued

	Applicant Monthly Amount (£)	Spouse/Partner Monthly Amount (£)	Monthly Total
Mortgage			
Second Mortgage			
Rent			
Housing Benefit			
Council Tax			
Council Tax Benefit			
Gas			
Electricity			
Other Fuel Costs (e.g. Oil, Coal, Calor Gas etc.)			
Water Rates/Sewage Charges			
Telephone			
TV/Video/Satellite/Cable			
Ground Rent/Service Charge			
Housekeeping (inc food, laundry, cleaning materials, newspapers, pocket money etc.)			
Other Housing Costs			
Building/Contents Insurance			
Mortgage Endowment Policy			
Life Insurance			
Other Insurance(s)			
Pensions Contributions			
Car Costs (inc insurance, MOT, running costs, tax)			
Travel Costs (inc taxis and buses)			
School Meals/Meals at Work			
Clothing			
Personal Care (e.g. hairdressers)			
Prescriptions/Health Costs			
Carer/Childcare Costs			
Liabilities/Debts (from Section 9)			
Magistrates Court Fines			
Maintenance/CSA Payments			
All Other Expenditure			
TOTAL EXPENDITURE			

HAVE YOU RECEIVED ANY ASSISTANCE OR ANY GRANTS?

For information only

	Amount Received	Assistance Provider	Type of Assistance
Date			
Date			
Date			
Date			
Date			
Date			
Date			
Date			

Total Income (Box 1)

Total Expenditure (Box 2)

Disposable Income (i.e. Box 1 less Box 2)