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| **Council Tax Financial Statement** |
| **Please telephone 0191 561 4388 if you have any questions when completing this****statement** |
| **Your Council Tax account number (if known):** |  |

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| **Personal Details** |
|  | **Yourself** | **Your partner (if applicable)** |
| **Name** |  |  |
| **Address** |  |  |
|  |  |  |
| **Phone number** |  |  |
| **Date of Birth** |  |  |
| **National Insurance Number** |  |  |
| **Occupation** |  |  |
| **Employer Name** |  |  |
| **Employer Address** |  |  |
|  |  |  |
| **Number of Dependants** |  |  |

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| **Income: What money do you receive?** |
|  | **Yourself** | **Your partner (if applicable)** |
| **If your income varies, enter an average** | **Amount (£)** | **Frequency** | **Amount (£)** | **Frequency** |
| **PAY** |
| **Your wage** |  |  |  |  |
| **Additional wage (e.g. from a second job)** |  |  |  |  |
| **BENEFITS & TAX CREDITS** |
| **Universal Credit** |  |  |  |  |
| **Jobseeker’s Allowance** |  |  |  |  |
| **Income Support** |  |  |  |  |
| **Working Tax Credit** |  |  |  |  |
| **Child Tax Credit** |  |  |  |  |
| **Child Benefit** |  |  |  |  |
| **Employment & Support Allowance** |  |  |  |  |
| **Incapacity Benefit** |  |  |  |  |
| **Disability Living Allowance** |  |  |  |  |
| **Personal Independence Payment** |  |  |  |  |

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| **Attendance Allowance** |  |  |  |  |
| **Housing Benefit** |  |  |  |  |
| **Maternity Allowance** |  |  |  |  |
| **PENSION** |
| **State Pension** |  |  |  |  |
| **Workplace Pension** |  |  |  |  |
| **Private Pension** |  |  |  |  |
| **Pension Credit** |  |  |  |  |
| **OTHER INCOME** |
| **Savings or investments** |  |  |  |  |
| **Board or rent** |  |  |  |  |
| **Child maintenance** |  |  |  |  |
| **Student loans or grants** |  |  |  |  |
| **Other**   |  |  |  |  |
| **Other**   |  |  |  |  |
| **Other**   |  |  |  |  |
| **TOTAL INCOME** |  |  |

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| **Outgoings: Your living costs** |
| **Enter the total amount you pay out** | **Amount (£)** | **Frequency** |
| **HOUSEHOLD & UTILITY BILLS** |
| **Rent or Mortgage** |  |  |
| **Council Tax** |  |  |
| **Gas & Electricity** |  |  |
| **Water** |  |  |
| **TV Licence** |  |  |
| **Satellite TV, Phone & Broadband** |  |  |
| **Mobile phone(s)** |  |  |
| **Cleaner or window cleaner** |  |  |
| **Home or garden maintenance** |  |  |
| **Appliance rental** |  |  |
| **Childcare costs** |  |  |
| **Child maintenance** |  |  |
| **School trips & activities** |  |  |
| **INSURANCE & COVER** |
| **Life insurance** |  |  |
| **Payment protection insurance** |  |  |
| **Car insurance or breakdown cover** |  |  |
| **Home insurance** |  |  |
| **Health insurance** |  |  |
| **Pet insurance** |  |  |
| **Boiler cover** |  |  |
| **TRAVEL** |
| **Car finance or loan repayment** |  |  |
| **Car tax or MOT** |  |  |
| **Maintenance or servicing** |  |  |

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| **Petrol or Diesel** |  |  |
| **Parking or tolls** |  |  |
| **Public transport** |  |  |
| **FOOD & HOUSEKEEPING** |
| **Food, toiletries & cleaning products** |  |  |
| **School or work meals** |  |  |
| **Pet food** |  |  |
| **Clothing & footwear** |  |  |
| **PERSONAL & LEISURE** |
| **Loans, credit cards or other finance** |  |  |
| **Tobacco or Alcohol** |  |  |
| **Sports, hobbies or entertainment** |  |  |
| **Pocket money** |  |  |
| **Church or charitable donations** |  |  |
| **Gym membership** |  |  |
| **Lottery or gambling** |  |  |
| **Hairdressing** |  |  |
| **Savings contribution** |  |  |
| **PROFESSIONAL & MEDICAL** |
| **Medicines or prescriptions** |  |  |
| **Professional membership or union fees** |  |  |
| **Education fees** |  |  |
| **Laundry or dry cleaning** |  |  |
| **OTHER COSTS** |
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| **TOTAL OUTGOING** |  |

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| **Debts: Who do you owe money to?** |
| **Name of lender or organisation** | **Type** | **Outstanding (£)** | **Payment (£)** | **Frequency** |
| *Example: 123 Bank* | *Loan* | *100.00* | *25.00* | *Weekly* |
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I declare that this financial statement is an accurate record of the information provided.

**Signed:**

**Date:**