**Housing Options Income and Expenditure Form**

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| Your Name |  |
| Your Contact Number |  |
| Your Email Address |  |

Please provide us with your current **monthly** **income**. If you only know the weekly income, please specify that the income is weekly in the form.

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| **Monthly Income** |
| Monthly wages (before tax & deductions) |  |
| Universal Credit |  |
| Child Benefit |  |
| Disability benefits (PIP, DLA) |  |
| Child Maintenance |  |
| Other Benefit Income |  |
| Other Income |  |

Please provide us with your current **monthly** **outgoings**. If you only know the weekly outgoings, please specify that the outgoings are weekly in the form.

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| **Current Housing and Utility Bills (Monthly)** |
| Rent |  |
| Service Charge |  |
| Council Tax |  |
| Energy Bills (Gas and Electricity) |  |
| Water |  |
| Internet |  |
| **Essential Outgoings (Monthly)** |
| Monthly/Weekly Supermarket Shop | Weekly:  | Monthly:  |
| Clothing |  |
| Mobile Phone |  |
| Transport (include total car costs if applicable) |  |
| Child Maintenance |  |
| Personal Care (Dentist, Opticians, Health Care) |  |
| Pet Food and Care |  |
| Any Other Essential Outgoings |  |
| **Non-Essential Outgoings** |
| Alcohol |  |
| Tobacco |  |
| Drugs |  |
| Children’s Pocket Money |  |
| Meals at Work |  |
| Any Other Non-Essential Outgoings |  |

Please provide us with information on your **current debts and savings** to the best of your knowledge.

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| **Current Debts** |
| Rent Arrears | Total Value: | Monthly Repayment: |
| Credit Card Debt | Total Value: | Monthly Repayment: |
| Personal Loans | Total Value: | Monthly Repayment: |
| Universal Credit Advance Payment | Total Value: | Monthly Repayment: |
| Council Tax Arrears | Total Value: | Monthly Repayment: |
| Utilities Arrears | Total Value: | Monthly Repayment: |
| **Current Savings** |
| Total Current Savings |  |
| Total Value of Any Assets (House, Car etc.) |  |