**Housing Options Income and Expenditure Form**

|  |  |
| --- | --- |
| 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.) | |  | |