

Box 1	Income
	*annual/monthly/weekly
Wages or salary (net after deductions)	_____
Partner's wages or salary (net)	_____
Tips or commission	_____
Other earnings (net)	_____
Maintenance/Child support	_____
Own and/or partner's pension	_____
Income Support	_____
Jobseeker's Allowance	_____
Incapacity benefit / Statutory Sick Pack	_____
Working Tax Credit	_____
Children's Tax Credit	_____
Child Benefit	_____
Other Benefit Income	_____
Interest	_____
Boarders / lodgers	_____
Other income -	_____
Other income -	_____

<b>Total Income</b>	<b>BOX 1</b>	£	<input style="width: 100px;" type="text"/>
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Box 2	Outgoings
Housing costs / Utilities	*annual/monthly/weekly
Mortgage payment	_____
Rent	_____
Mortgage endowment payments	_____
Second mortgage / other secured loans	_____
Council Tax	_____
Service charge or ground rent	_____
Buildings / contents house insurance	_____
Life insurance	_____
Water rates	_____
Gas	_____
Electricity	_____
Other fuel costs	_____
Window Cleaning	_____

<b>Total housing costs</b>	<b>BOX 2</b>	£	<input style="width: 100px;" type="text"/>
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Box 3	Outgoings
Other Important Items	*annual/monthly/weekly
Telephone	_____
Mobiles	_____
Maintenance payments	_____
Magistrates' Court fines	_____
Pension / AVC payments	_____
HP payments / Conditional sale	_____
TV licence/rental/internet	_____
County Court Judgements ( CCJ)	_____
Tax / National Insurance ( non PAYE)	_____

<b>Total other items</b>	<b>BOX 3</b>	£	<input style="width: 100px;" type="text"/>
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Box 4	Outgoings
Everyday expenditure	*annual/monthly/weekly
Food & drink / Housekeeping	_____
Newspapers & magazines	_____
Travel & fares	_____
Car tax	_____
Petrol	_____
Car insurance	_____
Car service; MOT;repairs;breakdown cover	_____
Childcare (include pocket money, school	_____
School meals	_____
Pets (food & vet's bills, insurance)	_____
Cigarettes	_____
Alcohol	_____
Clothes & shoes	_____
Household items (repairs etc)	_____
Health costs (e.g. dentist, eye tests)	_____
Hairdresser	_____
Other 1	_____
Other 2	_____

<b>Total everyday expenditure</b>	<b>BOX 4</b>	£	<input style="width: 100px;" type="text"/>
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Box 5	Outgoings
Other expenditure	*annual/monthly/weekly
Charitable and Religious giving	_____
Holidays Travel/Accommodation	_____
Holidays Spending Money	_____
Entertainment staying in	_____
Entertainment going out	_____
Eating out	_____
Savings	_____
Hobbies	_____
Gifts, e.g. birthdays	_____
Christmas presents etc.	_____
Courses and professional fees	_____
Credit Card payments	_____
Loan repayments	_____
Catalogue payments	_____
other 2	_____
other 3	_____

<b>Total other expenditure</b>	<b>BOX 5</b>	£	<input style="width: 100px;" type="text"/>
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Box 6: Summary			
<b>Total Income</b>	<b>BOX 1</b>	£	<input style="width: 100px;" type="text"/>
Housing costs / Utilities	BOX 2		_____
Other Important Items	BOX 3		_____
Everyday Expenditure	BOX 4		_____
Other Expenditure	BOX 5		_____
<b>Total Outgoings</b>	<b>BOX 6 (=box 2,3,4 &amp; 5)</b>	£	<input style="width: 100px;" type="text"/>

<b>Money Left Over</b>	<b>BOX 1 - BOX 6</b>	£	<input style="width: 100px;" type="text"/>
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