**Affordability Assessment**

Payment Plan Budget Form

# All information will be treated as strictly confidential.

You must complete all sections of the form for your application to be considered and assessed correctly.

Name:

Reference:

Telephone:

Mobile:

E-mail:

### Please upload this form on to our customer portal

### Or return the completed form to:

 **Step 1: Income Step 3: Priority Debts**

**All figures should represent monthly amounts Balance Owed Repayment**

|  |  |
| --- | --- |
| Salary: |  |
| Partner’s Salary: |  |
| Pension |  |
| Child Benefit |  |
| Working Family Tax Credit |  |
| JSA |  |
| Income Support |  |
| Incapacity Benefits |  |
| Other (please specify) |  |
|  |  |
| **Total Income:** |  |

Mortgage Arrears Rent Arrears Utility Arrears

Council Tax Arrears Court Fines or Arrears Child Maintenance Other (please specify)

Total Priority:

Priority Debt Repayment: Money for Creditors:

##  Step 2: Outgoings Step 4: Creditors

**All figures should represent monthly amount.**

|  |  |
| --- | --- |
| Mortgage/Rent |  |
| Council Tax |  |
| Home Insurance |  |
| Food & Housekeeping |  |
| Gas |  |
| Electricity |  |
| Water |  |
| Telephone |  |
| Child Care Costs |  |
| Transport/Petrol |  |
| Car Insurance |  |
| Car Tax |  |
| Loans |  |
| Clothing |  |
| Personal Pension |  |
| TV License/Satellite TV |  |
| Entertainment |  |
| Alcohol/Tobacco |  |
| Health Care |  |
| Other (please specify) |  |
|  |  |
|  |  |
| **Total Outgoings:** |  |

|  |  |  |
| --- | --- | --- |
| **Creditor****1.** | **Balance Owed** | **Repayment** |
| **2.** |  |  |
| **3.** |  |  |
| **4.** |  |  |
| **5.****Total Repayment:** |  |  |

**Step 5: Monthly Repayment**

Payment Amount:

Payment Frequency:

Start Date:

Payment Method:

##  Step 6: Further Information

No. Adults in Household: Occupation/s:

Daytime Contact Number: Best Time to Call:

Other Relevant Information:

### I confirm this is an accurate record of my current financial position.

**Name: Signature: Date:**