Customer Name(s): Account Number:

Income and Expenditure

Handy tip: Check your bank statement, or banking app, to make sure you've covered everything

Already completed a budget form with another company? You can send us a copy instead of completing this form

Your Household

	Customer 1	Customer 2
What do you do for work? e.g. The type of work you do, and are you full time/part time/self-employed/ Unemployed/retired		

How many adults are in your household?	
How many children are in your household? How old are they?	

Your Circumstances

What's changed in your circumstances? How has it impacted you? e.g. what's changed in your income, outgoings, employment. What's making things hard for you at the moment?	
Have you asked anyone else for help? Are you receiving any other help? e.g. claiming on an insurance policy or benefits, seeking free debt advice, friends or family etc	
What's likely to change in the future?	
Do you have an idea of the help you'd like from us?	
How long do you think you'll need help for?	

Your Income

	Customer 1		Customer 2	
Salary/self-employed income	£	week/month	£	week/month
Regular Bonus/Commission	£	week/month	£	week/month
Universal Credit	£	week/month	£	week/month
Child Benefit	£	4 weekly	£	4 weekly
Pension and income from investments	£	week/month	£	week/month
Income from anyone living with you	£	week/month	£	week/month
Child Maintenance	£	week/month	£	week/month
Other	£	week/month	£	week/month
Savings balances	£		£	
Expected windfalls (e.g. annual bonus, inheritance etc)	£	Date:	£	Date:

Your Expenditure

Your payments towards essential and non-essential items (Payments towards arrears can be noted in the next Your Other Debts section). Let us know if you pay these weekly (w) or monthly (m).

First Mortgage	£	w/m
Other Mortgages	£	w/m
Council Tax	£	w/m
Other Household Costs e.g. Ground Rent or Service Charge	£	w/m
Energy e.g. gas/electric/oil/other heating	£	w/m
Groceries e.g. food and toiletries	£	w/m
Insurance e.g. home insurance, life insurance, critical illness, mortgage protection	£	w/m
Internet and Phones e.g. landline, mobiles	£	w/m
TV e.g. TV licence, subscriptions	£	w/m
Water	£	w/m

Dependents e.g. childcare, kids clubs, maintenance	£	w/m
Healthcare and Personal Grooming e.g. prescriptions, haircuts, medical insurance	£	w/m
Leisure e.g. entertainment and socialising, memberships, gym, magazine subscriptions	£	w/m
Travel e.g. fuel, public transport, servicing/MOT, car insurance	£	w/m
Savings and Pensions e.g. towards emergency fund, holidays, tax bills, pension contributions	£	w/m
Discretionary spending e.g. cigarettes, alcohol	£	w/m
Pets e.g. pet food, vet bills, pet insurance	£	w/m
School/College/Uni Fees	£	w/m
Anything else:	£	w/m
Anything else:	£	w/m

Your Other Debts

Think of any credit cards, personal loans, other mortgages, hire purchase, or even outstanding tax bills. You should also note if you have any arrears with your utilities, council tax etc... Let us know if you pay these weekly (w) or monthly (m).

Company	Type of Debt	Outstanding Balance	Arrears Balance	Payment	
		£	£	£	w/m
		£	£	£	w/m
		£	£	£	w/m
		£	£	£	w/m
		£	£	£	w/m
		£	£	£	w/m

Any Other Information

Let us know if there's anything else you'd like to tell us, or if you have any help in mind. You can also tell us if it's better to contact you by a certain method or time.

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Any questions? You can give us a call, or send us an email - we're here to help

Talking to us won't impact your credit rating

Keep in mind: the sooner you get in touch, the sooner we can get you back on track

Let us know if you'd like a copy of this form, you can use it with other lenders too