

## INCOME AND EXPENDITURE FORM

Account:

Name:

## CALCULATING MONTHLY AMOUNTS

Use these examples to help you calculate monthly amounts <a href="If anything">If anything is paid for daily:</a>
Daily Amount x 7 = Weekly Amount
Then follow the instructions below

If anything is paid for weekly:

Weekly Amount x 52 = Yearly Amount, Yearly Amount  $\div$  12 = Monthly Amount

This form is accessible for online completion by selecting the grey boxes and entering your monthly amounts. The form will automatically perform all necessary calculations and provide total figures.

Daytime No.:	No. of People in home:	
Eve/Home No.:	No. of Adults:	
Mobile No.:	No. of Children:	
Employer(s):	No. of Bedrooms:	
Job title(s) :	Work start date(s)	
Your Payment Offer		

·		
Income (use only monthly figures)	Expenditure (use only monthly figures)	
Net Wages/Salary	Mortgage	
Net Wages/Salary (partner)	2 <sup>nd</sup> Mortgage/Secured Loan	
Job Seekers Allowance	CouncilTax	
Incom e Support	Buildings Insurance	
Working Family Tax Credit	Ground Rent/Service Charge	
Child Tax Credit	Phone inc mobiles	
Child Benefit	Internet	
Maintenance	Housekeeping	
Retirement Pension	TV Licence	
Invalidity Sickness Benefit	School/Work Meals	
Other Incom e	Clothing	
Bonuses	Prescriptions	
Non Dependant's contribution	Water	
Incom e from Lodgers	Gas	
	Electric	
	Other home fuel	
Total Income (A)	Maintenance	
Total income (A)	Child Minder/Nursery Fees	
In the space below please state the reason for the	Cre dit Card Payments	
arrears and any information you think relevant.	Loan Payments	
	Car Loan Payments/Hire Purchase	
	Debt Management Plan/Debt Payment Programme	
	Pensions/Life Cover	
	Court Fines	
	Other Financials (please specify in notes box on next page )	
	Specify as one total figure	

NOTE BOX		Travel Fares		
In the space below please state other financials			Car Insurance	
			Car Fuel/Expenses	
			MOT/Road Tax	
			Sate llite/Cable TV	
			Social	
			Alcohol/Tobacco	
			Lottery	
Do you have a Current Bank Account with Direct Debit Facility? (type yes/no below)		Other (input each instance on individual lines)		
Is your Bank Account Overdra	awn?		Savings	
If YES, by how much?	·		Total Outgoings (B)	
Financial Analysis				
Total Income (A)				
Less Expenses/Outgoings (B)				
Disposable Income (A-B)				
SIGNED Please print your name or sig  I/We believe that the facts st	DATE			

Please fill out the form, save it, and then send it to  $\underline{\text{am@foundationhomeloans.co.uk.}}$