

Customer Name:

Title Mr Mrs Miss Ms Other title

☐ ☐ ☐ ☐ ☐

Last name

First name(s)

Home address

Postcode

Account number:

Children and other dependents

Number of adults in household:

Number of children aged 14 – 18:

Number of children aged under 14:

Income of first party

(All figures should represent MONTHLY amounts)

Wages/Salary

£

Pensions

£

Other income

£

Benefits

£

Total income

£

Income of second party (If applicable)

(All figures should represent MONTHLY amounts)

Wages/Salary

£

Pensions

£

Other income

£

Benefits

£

Total income

£

Household total income

£

Expenditure – Travel expense of first party

(All figures should represent MONTHLY amounts)

Public transportation

£

Fuel

£

Car insurance

£

Maintenance

£

Other (specify)

£

Total expense

£

Travel expense of second party (If applicable)

(All figures should represent MONTHLY amounts)

Public transportation

£

Fuel

£

Car insurance

£

Maintenance

£

Other (specify)

£

Total expense

£

Household total expense

£

Priority payments of first party

(All figures should represent MONTHLY amounts)

Primary residence mortgage/Rent	£	Gas/Coal/Oil	£
Second residence mortgage/Rent	£	Council tax	£
Electricity	£	Water rates	£
TV license (no subscription)	£	Other (specify)	£
		Total spending	£

Priority payments of second party (If applicable)

(All figures should represent MONTHLY amounts)

Primary residence mortgage/Rent	£	Gas/Coal/Oil	£
Second residence mortgage/Rent	£	Council tax	£
Electricity	£	Water rates	£
TV license (no subscription)	£	Other (specify)	£
		Total spending	£
		Household total expense	£

Essential spending of first party

(All figures should represent MONTHLY amounts)

Mortgage endowment	£	Mortgage PPI	£
Life/Medical insurance	£	Pension	£
Shopping incl: food, milk, baby items (not alcohol)	£	Child care/Adult cost	£
Maintenance/Child support	£	Telephone/Mobile/Internet (include insurance)	£
Building and contents insurance	£	School meals and work meals	£
Essential clothing/Footwear	£	Essential health care cost and dentist	£
Court fines	£	Other (specify)	£
		Total spending	£

Essential spending of second party (If applicable)

(All figures should represent MONTHLY amounts)

Mortgage endowment	£	Mortgage PPI	£
Life/Medical insurance	£	Pension	£
Shopping incl: food, milk, baby items (not alcohol)	£	Child care/Adult cost	£
Maintenance/Child support	£	Telephone/Mobile/Internet (include insurance)	£
Building and contents insurance	£	School meals and work meals	£
Essential clothing/Footwear	£	Essential health care cost and dentist	£
Court fines	£	Other (specify)	£
		Total spending	£
		Household total expense	£

Discretionary spending of first party

(All figures should represent MONTHLY amounts)

TV subscription (Sky/Virgin)	£	Vets bills/Pet insurance	£
Personal grooming	£	Repairs/House maintenance	£
Regular savings	£	Gifts	£
Children's activity	£	Holidays	£
Leisure activities (eating out, cinema)	£	Membership fees	£
Sundries (incl: alcohol, newspapers, cigarettes)	£	Fee paying bank services	£
		Other (specify)	£
		Total spending	£

Discretionary spending of second party (If applicable)

(All figures should represent MONTHLY amounts)

TV subscription (Sky/Virgin)	£	Vets bills/Pet insurance	£
Personal grooming	£	Repairs/House maintenance	£
Regular savings	£	Gifts	£
Children's activity	£	Holidays	£
Leisure activities (eating out, cinema)	£	Membership fees	£
Sundries (incl: alcohol, newspapers, cigarettes)	£	Fee paying bank services	£
		Other (specify)	£
		Total spending	£
		Household total expense	£

All creditor/other debts

Please list all your creditors, the balance owed and total debt. also, include any other relevant information.

Company:-	Amount pay to creditor	Arrears	Balance outstanding	Joint debt (x)
1.	£	£	£	
2.	£	£	£	
3.	£	£	£	
4.	£	£	£	
5.	£	£	£	
6.	£	£	£	
7.	£	£	£	
8.	£	£	£	

Court judgments? ☒ Yes ☒ No Payment/offer:- £

Any creditor debt secured on property? ☒ Yes ☒ No

From the above I propose to pay £ per month.

The information above represents a true statement of my financial affairs.

I will be making the payment on the of each month and the method I will be paying is

Joint Accounts

Please confirm if you are happy for this information to be shared with any other named party on the account? (Tick either option below).

First party

Yes I give authority for my income and expenditure to be discussed with (Other named/second/third party holder).



No I do not wish for my income and expenditure details to be shared with any other named parties on my account(s).



Second party

Yes I give authority for my income and expenditure to be discussed with (Other named/second/third party holder).



No I do not wish for my income and expenditure details to be shared with any other named parties on my account(s).



Your Signature

First party

Signed

Date

D

D

M

M

Y

Y

Y

Y

Second party

Signed

Date

D

D

M

M

Y

Y

Y

Y