

Issue Date:

Council Tax Reference Number:

Property Address

## Income & Expenditure Form (Please print your details clearly)

### Step One: Personal details

Full name	<input style="width: 100%;" type="text"/>
Date of Birth	<input style="width: 100%;" type="text"/>
Home Telephone Number	<input style="width: 100%;" type="text"/>
Mobile Telephone Number	<input style="width: 100%;" type="text"/>
Work Telephone Number	<input style="width: 100%;" type="text"/>
Home Address	<input style="width: 100%; height: 40px;" type="text"/>
Number of adults in the household	<input style="width: 50px;" type="text"/>
Number of dependant children in your household	<input style="width: 50px;" type="text"/>
Other liable persons	<input style="width: 100%; height: 40px;" type="text"/>
Cars in your household	<input style="width: 50px;" type="text"/>
Car make(s) and registration(s)	<input style="width: 100%; height: 30px;" type="text"/>

### Step Two: Employment details

	Your details	Other liable person(s)																																														
Status - please mark the correct status with a cross	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Full time</td> <td style="width: 10%;"><input type="checkbox"/></td> <td rowspan="2" style="width: 10%; text-align: center;">Hours per week</td> <td style="width: 50%;"><input style="width: 90%;" type="text"/></td> </tr> <tr> <td>Part time</td> <td><input type="checkbox"/></td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td>Self employed</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Retired</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Unemployed</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Type of benefit</td> <td></td> <td></td> <td><input style="width: 90%;" type="text"/></td> </tr> </table>	Full time	<input type="checkbox"/>	Hours per week	<input style="width: 90%;" type="text"/>	Part time	<input type="checkbox"/>	<input style="width: 90%;" type="text"/>	Self employed	<input type="checkbox"/>			Retired	<input type="checkbox"/>			Unemployed	<input type="checkbox"/>			Type of benefit			<input style="width: 90%;" type="text"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Full time</td> <td style="width: 10%;"><input type="checkbox"/></td> <td rowspan="2" style="width: 10%; text-align: center;">Hours per week</td> <td style="width: 50%;"><input style="width: 90%;" type="text"/></td> </tr> <tr> <td>Part time</td> <td><input type="checkbox"/></td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td>Self employed</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Retired</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Unemployed</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Type of benefit</td> <td></td> <td></td> <td><input style="width: 90%;" type="text"/></td> </tr> </table>	Full time	<input type="checkbox"/>	Hours per week	<input style="width: 90%;" type="text"/>	Part time	<input type="checkbox"/>	<input style="width: 90%;" type="text"/>	Self employed	<input type="checkbox"/>			Retired	<input type="checkbox"/>			Unemployed	<input type="checkbox"/>			Type of benefit			<input style="width: 90%;" type="text"/>
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Job Title	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																																														
Employer's name and address	<input style="width: 100%; height: 60px;" type="text"/>	<input style="width: 100%; height: 60px;" type="text"/>																																														
Payment frequency	Weekly / Fortnightly / Monthly / 4 Weekly																																															
Time with employer	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																																														
National Insurance No.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																																														
Payroll number	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																																														

### Step three: Income details

Is your income weekly, fortnightly, monthly or 4 weekly

	Amount - £
Your net salary / wages	<input type="text"/>
Partner's net salary / wages	<input type="text"/>
Retirement / State pension	<input type="text"/>
Jobseeker's allowance	<input type="text"/>
Income support	<input type="text"/>
Working / child tax credit	<input type="text"/>
Guarantee Pension Credit	<input type="text"/>
Incapacity benefit or ESA	<input type="text"/>
Child benefit	<input type="text"/>
Other benefit payments	<input type="text"/>
Maintenance	<input type="text"/>
Non dependant's contributions	<input type="text"/>
Other income eg Rental / Student loan	<input type="text"/>
<b>Total income</b>	<input type="text"/>

### Step four: Outgoings

W = Weekly, F= Fortnightly, M = Monthly

	Amount - £	W/F/M
Mortgage / rent	<input type="text"/>	<input type="text"/>
Council tax	<input type="text"/>	<input type="text"/>
Water rates	<input type="text"/>	<input type="text"/>
Gas	<input type="text"/>	<input type="text"/>
Electricity	<input type="text"/>	<input type="text"/>
Home insurance	<input type="text"/>	<input type="text"/>
Life / health insurance	<input type="text"/>	<input type="text"/>
Home phone	<input type="text"/>	<input type="text"/>
Mobile phone	<input type="text"/>	<input type="text"/>
TV Licence	<input type="text"/>	<input type="text"/>
School / nursery fees	<input type="text"/>	<input type="text"/>
Travel expenses	<input type="text"/>	<input type="text"/>
Vehicle expenses	<input type="text"/>	<input type="text"/>
Food / housekeeping	<input type="text"/>	<input type="text"/>
Pet care / insurance	<input type="text"/>	<input type="text"/>
Child maintenance	<input type="text"/>	<input type="text"/>
Hire purchase	<input type="text"/>	<input type="text"/>
Credit / store cards	<input type="text"/>	<input type="text"/>
Catalogue / club	<input type="text"/>	<input type="text"/>
Court fines	<input type="text"/>	<input type="text"/>
Leisure / hobbies / gym	<input type="text"/>	<input type="text"/>
Satelite / Digital TV	<input type="text"/>	<input type="text"/>
Tobacco / cigarettes	<input type="text"/>	<input type="text"/>
Other outgoings	<input type="text"/>	<input type="text"/>
<b>Total outgoings</b>	<input type="text"/>	<input type="text"/>

### Step five: Financial summary

<b>Total income</b>	<input type="text"/>
<b>Total outgoings</b>	<input type="text"/>
<b>Difference</b>	<input type="text"/>

### Step six: Payment offer

<b>Payment offer amount</b>	<input type="text"/>
<b>Weekly / fortnightly monthly / 4 weekly</b>	<input type="text"/>
<b>Date of first payment (dd/mm/yyyy)</b>	<input type="text"/>

Please give any domestic circumstances (eg financial or medical) that you think affect your ability to pay

**Declaration: The information I have given is the best to my knowledge and belief**

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print name: \_\_\_\_\_

**The completed form needs to be returned to:** Epsom & Ewell Borough Council  
Town Hall, The Parade, Epsom, Surrey KT18 5BY