



BILLING FINANCE LIMITED
Income and Expenditure

| | | |
|---|--|--|
| Name: | Agreement Number: | |
| Home Address: | Employer Name, Address and Tel Number: | |
| Tel Number: | Mobile Number: | |
| Number of adults in household (including you) : | Number of children in household: Under 11 = 11-15 = 16-17 = | Number of Cars in Household = Registration= |

Offer of Payment £.....**Weekly/Fortnightly/Monthly***
(*Please delete as applicable)

| Weekly/Monthly*Income (*Please delete as applicable) | | | Weekly/Monthly* Outgoings (*Please delete as applicable) | | |
|---|----------|----------|---|----------|----------|
| Wages Net (Take home) | £ | (wk/mth) | Mortgage/Rent | £ | (wk/mth) |
| Spouse's Wages | £ | (wk/mth) | Council Tax | £ | (wk/mth) |
| Family Tax Credits | £ | (wk/mth) | TV licence | £ | (wk/mth) |
| Family Allowance | £ | (wk/mth) | Buildings Insurance | £ | (wk/mth) |
| Jobseekers Allowance | £ | (wk/mth) | Contents Insurance | £ | (wk/mth) |
| Income Support | £ | (wk/mth) | Water Charges | £ | (wk/mth) |
| Maintenance | £ | (wk/mth) | Gas | £ | (wk/mth) |
| Pension | £ | (wk/mth) | Electricity | £ | (wk/mth) |
| Other Benefits (Specify) | £ | (wk/mth) | Landline Telephone | £ | (wk/mth) |
| Other Benefits (Specify) | £ | (wk/mth) | Mobile (Contract/ PAYG) | £ | (wk/mth) |
| Other Benefits (Specify) | £ | (wk/mth) | Food & Toiletries | £ | (wk/mth) |
| Other Benefits (Specify) | £ | (wk/mth) | Car insurance | £ | (wk/mth) |
| | | | Other Car Finance | £ | (wk/mth) |
| | | | Travel/Petrol | £ | (wk/mth) |
| | | | Internet | £ | (wk/mth) |
| | | | Gym Membership | £ | (wk/mth) |
| | | | Health insurance | £ | (wk/mth) |
| | | | Pension | £ | (wk/mth) |
| | | | Monthly Subscriptions | £ | (wk/mth) |
| | | | Clothing | £ | (wk/mth) |
| | | | Maintenance | £ | (wk/mth) |
| | | | Further Education | £ | (wk/mth) |
| | | | Savings | £ | (wk/mth) |
| | | | Other Outgoings (Specify) | £ | (wk/mth) |
| | | | Other Outgoings (Specify) | £ | (wk/mth) |
| | | | Other Outgoings (Specify) | £ | (wk/mth) |
| | | | Other Outgoings (Specify) | £ | (wk/mth) |
| Total Income | £ | | Total Outgoings | £ | |

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| Other Creditors/Hire Purchase/Rental/Catalogues | | |
|--|---------------------|--------------------------|
| Creditor Name | Balance Owed | Amount being paid |
| | £ | £ (wk/mth) |
| | £ | £ (wk/mth) |
| | £ | £ (wk/mth) |
| | £ | £ (wk/mth) |
| | £ | £ (wk/mth) |
| | £ | £ (wk/mth) |
| | | |
| | | |

*******IMPORTANT PLEASE READ*******

Please include the following with this form;

- **Copies of your last 2 consecutive month's wages slips**
- **Copies of your last 2 consecutive month's bank statements
 (If self-employed please provide the above or statement from your accountant.)**
- **Proof of benefits, please provide proof from the relevant agency.**
- **Supporting documentation to validate your offer of payment to Billing Finance Limited**

I hereby declare that the information given above is an accurate statement of my financial position.

Signature of Customer..... Date.....