**INCOME SHEET**

**PLEASE COMPLETE AS MUCH OF THIS FORM (ALL FOUR PAGES) AS YOU CAN AND BRING WITH YOU TO YOUR APPOINTMENT.**

Date ...........................................

Client 1 ....................................................................... Occupation/Employer .................................................

Client 2 ....................................................................... Occupation/Employer .................................................

Address ....................................................................................................... Home ........................................

..................................................................................................................... Mobile ........................................

email address (optional) ..............................................................................

Age(s) Client 1 ………... Client 2 …….…. Date of birth Client 1 ……………………. Client 2 .........................

Household comprises: Adults............. Children under 16 .......... Children 16 to 18 ...............Vehicles ...........

The income figures should be the amount you **receive,** i.e. after deductions. Please show if you are paid "weekly" (**W**) or “monthly” **(M**). If your income varies due to overtime etc., or is received at irregular times, please record this under "Notes" on page 2.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Office use** | **INCOME** | **AMOUNT** | **W/M** |  **NOTES** |
|  |  |  |  |  |
| 4 | Salary or Wages (take home) |  |  |  |
| 5 | Partner/Spouse (take home) |  |  |  |
| 6 | Other earnings (including self-employment) |  |  |  |
|  |  |  |  |  |
|  | **BENEFITS** |  |  |  |
| 13 | Supplementary Benefit |  |  |  |
| 16 | Family Allowance |  |  |  |
| 17 | Unemployment/Sickness Benefit |  |  |  |
| 18 | Incapacity Benefit |  |  |  |
| 19 | Attendance Allowance |  |  |  |
| 22 | Other Benefits |  |  |  |
|  |  |  |  |  |
|  | **PENSIONS** |  |  |  |
| 26 | Guernsey/UK Old Age Pension(s) |  |  |  |
| 27 | Private or Work Pension(s) |  |  |  |
| 29 | Other Pensions |  |  |  |
|  |  |  |  |  |
|  | **OTHER INCOME** |  |  |  |
| 33 | Maintenance or Child Support |  |  |  |
| 34 | Boarders or Lodgers |  |  |  |
| 35 | Non-dependants’ Contributions |  |  |  |
| 37 | Other Income (please specify) |  |  |  |
|  |  |  |  |  |

**LIST OF CREDITORS (people that you owe money to)**

|  |  |  |
| --- | --- | --- |
| **NAME OF CREDITOR** | **TOTAL OWED****(if known)** | **AGREED PAYMENTS****(monthly/weekly)** |
|  |  |  |
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**ANY OTHER INFORMATION**

**EXPENDITURE: Fixed Costs**

**Please show expenditure as W (weekly), M (monthly), Q (quarterly) A (annually)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Office use** | **HOME AND CONTENTS** | **AMOUNT** | **W/M/Q/A** |  **NOTES** |
| 4 | Rent |  |  |  |
| 5 | Ground rent/Service charge |  |  |  |
| 6 | Mortgage |  |  |  |
| 7 | Mortgage Endowment Policy |  |  |  |
| 8 | Secured Loans |  |  |  |
| 9 | Parish Rates & TRP |  |  |  |
| 10 | Appliance/Other household HP or rental |  |  |  |
| 11 | TV Licence |  |  |  |
| 12 | Court fines/Wage arrests |  |  |  |
|  |  |  |  |  |
|  | **UTILITIES** |  |  |  |
| 16 | Gas |  |  |  |
| 17 | Electricity |  |  |  |
| 18 | Coal, oil, Calor gas etc. |  |  |  |
| 19 | Other expenditure |  |  |  |
|  |  |  |  |  |
|  | **WATER** |  |  |  |
| 23 | Water supply |  |  |  |
| 24 | Water waste |  |  |  |
|  |  |  |  |  |
|  | **CARE & HEALTH COSTS** |  |  |  |
| 28 | Childcare costs |  |  |  |
| 29 | Adult-care costs |  |  |  |
| 30 | Child maintenance/support |  |  |  |
| 31 | Prescriptions & medicines |  |  |  |
| 32 | Dentistry & opticians |  |  |  |
| 33 | Doctors’ bills |  |  |  |
|  |  |  |  |  |
|  | **TRANSPORT AND TRAVEL** |  |  |  |
| 37 | Public transport (e.g. work, school, shopping) |  |  |  |
| 38 | Hire purchase/conditional sale on vehicle |  |  |  |
| 39 | Car insurance |  |  |  |
| 41 | Car maintenance |  |  |  |
| 42 | Breakdown cover |  |  |  |
| 43 | Fuel & parking charges |  |  |  |
| 44 | Other costs (including taxis) |  |  |  |
|  |  |  |  |  |
|  | **SCHOOL COSTS** |  |  |  |
| 48 | School uniform |  |  |  |
| 49 | After-school clubs & school trips |  |  |  |
| 50 | Other costs |  |  |  |
|  |  |  |  |  |

DISCUSS POSSIBILITY OF A REGULAR SAVINGS AMOUNT (10% OF DISPOSABLE INCOME) MAX £20 pm

**EXPENDITURE: Fixed Costs (continued)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Office use** | **PENSIONS & INSURANCES** | **AMOUNT** | **W/M/Q/A** |  **NOTES** |
| 54 | Pension payments |  |  |  |
| 55 | Life insurance |  |  |  |
| 56 | Mortgage payment protection insurance |  |  |  |
| 57 | Buildings and contents insurance |  |  |  |
| 58 | Health insurance (medical, accident, dental, ambulance subs., social insurance contributions if not deducted from salary) |  |  |  |
| 59 | Other costs |  |  |  |
|  |  |  |  |  |
|  | **PROFESSIONAL COSTS** |  |  |  |
| 63 | Professional courses |  |  |  |
| 64 | Union fees |  |  |  |
| 65 | Professional fees |  |  |  |
| 66 | Other costs |  |  |  |
|  |  |  |  |  |

**EXPENDITURE: Flexible Costs**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Office use** | **COMMUNICATIONS AND LEISURE** |  |  |  |
| 4 | Home phone, internet, TV package etc. |  |  |  |
| 5 | Mobile phone |  |  |  |
| 6 | Hobbies, leisure or sport (e.g. socialising, eating out, outings, clubs, leisure courses) |  |  |  |
| 7 | Gifts (e.g. birthdays, Christmas, charity donations) |  |  |  |
| 8 | Pocket money |  |  |  |
| 9 | Newspapers, magazines, stationery & postage |  |  |  |
| 10 | Other costs |  |  |  |
|  |  |  |  |  |
|  | **FOOD AND HOUSEKEEPING** |  |  |  |
| 14 | Groceries (e.g. food, non-alcoholic drinks,pet food, cleaning materials) |  |  |  |
| 15 | Nappies and baby items |  |  |  |
| 16 | School meals and meals at work |  |  |  |
| 17 | Laundry and dry cleaning |  |  |  |
| 18 | Alcohol (home consumption) |  |  |  |
| 19 | Smoking products. (e.g. cigarettes etc.) |  |  |  |
| 20 | Vet bills & pet insurance |  |  |  |
| 21 | House repairs and maintenance. (incl. window cleaning) |  |  |  |
| 22 | Other costs |  |  |  |
|  |  |  |  |  |
|  | **PERSONAL COSTS** |  |  |  |
| 26 | Clothing and footwear |  |  |  |
| 27 | Hairdressing |  |  |  |
| 28 | Toiletries |  |  |  |
| 29 | Other costs |  |  |  |
|  |  |  |  |  |