

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)

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			