

CLIENT BUDGET SHEET

Client Name : **CASE Ref :**

Date :

NOTE : This sheet should not be sent to creditors

If returning to the Council for further assistance, you need only complete the 'Amount' and 'Frequency' columns. Where you are using this form to prepare a Financial Statement to support offers you are making to creditors yourself, you need to complete the final column and convert all amounts to either weekly or monthly. Don't mix up the two. To convert a weekly payment to a monthly basis, multiply the amount by 52 and divide by 12. Most creditors prefer monthly payments.

INCOME	Amount £	Frequency weekly/fortnightly/ monthly/4-weekly/ quarterly/½-yearly/ annual	Weekly OR Monthly Amount £ (converted from previous column)
SALARY			
Client's salary or wages (take home)			
Partner's salary or wages (take home)			
Other Earnings			
OTHER INCOME			
Maintenance or child support			
Boarders or Lodgers			
Non-dependant contributions			
Student loans and grants			
Other Income			
BENEFITS			
Universal Credit			
Jobseeker's Allowance (Income-based)			
Jobseeker's Allowance (contribution-based)			
Income Support			
Working Tax Credit			
Child Tax Credit			
Child Benefit			
Incapacity Benefit /Statutory Sick			

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INCOME	Amount £	Frequency weekly/fortnightly/ monthly/4-weekly/ quarterly/½-yearly/ annual	Weekly OR Monthly Amount £ (converted from previous column)
Pay/ Employment Support Allowance			
Disability Living Allowance/Attendance Allowance			
Carer's Allowance			
Housing Benefit			
Council Tax Benefit			
Other Benefits (eg Maternity Allowance/SMP etc) – please state			
Other Benefits (eg Maternity Allowance/SMP etc) – please state			
PENSIONS			
State pension			
Private or work pension(s)			
Pension Credit			
Other – please state			
TOTAL INCOME			£

ASSETS OR EQUITY

Please enter the current value and amount of loan(s) outstanding		
	Current Value £	Mortgage/Loan Outstanding
House/Flat		
Car/Motorbike		
How many cars/motorbikes in household?		
Please enter the value of any other assets		
Deposit Account		
Cash ISA		
Other (please state)		

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Other		
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EXPENDITURE	Amount £	Frequency weekly/fortnightly/ monthly/4-weekly/ quarterly/½-yearly/ annual	Weekly/ Monthly Amount £ (converted from previous column)
ESSENTIAL EXPENDITURE 1			
Rent			
Ground rent and service charges			
Mortgage			
Other secured loans			
Mortgage endowment and MPPI			
Building and contents insurance			
Pension and life insurance			
Council Tax			
Gas			
Electricity			
Water			
Other utilities (coal, oil, calor gas)			
ESSENTIAL EXPENDITURE 2			
TV Licence			
Magistrates' Court Fines			
Maintenance or Child Support			
Hire Purchase/Conditional Sale			
Childcare costs			
Adult care costs			
Other			
Other			
PHONE			
Home phone			
Mobile phone			
Other			
TRAVEL			
Public transport			
Other (e.g. taxis)			
Car insurance			
Road tax			
Fuel (Petrol, Diesel, Oil etc)			
MOT and car maintenance			
Breakdown or recovery			
Parking charges or tolls			
Other car costs			
HOUSEKEEPING			
Food and milk			
Cleaning and toiletries			
Newspapers and magazines			
Cigarettes and tobacco			

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EXPENDITURE	Amount £	Frequency weekly/fortnightly/ monthly/4-weekly/ quarterly/½-yearly/ annual	Weekly/ Monthly Amount £ (converted from previous column)
Alcohol			
Laundry and dry cleaning			
Clothing and footwear			
Nappies and baby items			
Pet food			
Other			
OTHER EXPENDITURE			
Health (dentist, prescriptions, glasses)			
Repairs and house maintenance			
Hairdressing and haircuts			
Cable, satellite and internet			
TV, video and other appliance rental			
School meals and meals at work			
Pocket money and school trips			
Lottery and pools etc			
Hobbies and leisure			
Gifts (Christmas, birthdays, charity etc)			
Vet bills and pet insurance			
Other (e.g. postage)			
Other			
TOTAL EXPENDITURE			£

Total Income £ _____.

Total Expenditure £ _____.

Available Income £ _____.
