



# Swift Income & Expenditure Form

This form is important. It provides us with the details we need to gain an accurate understanding of your current financial circumstances. This will allow us to ensure that any subsequent arrangement is affordable and sustainable. Please therefore complete all areas of the form fully and accurately. If you have any difficulties in completing this form you can either contact us on 01277 359678 or one of the free advice agencies referred to in the enclosed leaflet.

## YOUR DETAILS

Swift Agreement No.	<input type="text"/>	Full-time employment	Part-time employment	Unemployed	Self employed	Retired	Occupation
Name of Customer 1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Name of Customer 2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

If you need to provide details for more than two customers, please complete an additional Income and Expenditure Form.

Address	<input type="text"/>	Number in the property	Adults	Children under 14 yrs	Children 14+ yrs	Vehicles
Home Tel No.	<input type="text"/>	Mobile Tel No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide details of the reason for your arrears and/or any ongoing financial difficulties:

## Section 1: Income - (Please state monthly income in appropriate boxes)

Customer 1 – Net Salary/Wages	£ <input type="text"/>	Pension Income	£ <input type="text"/>
Customer 2 – Net Salary/Wages	£ <input type="text"/>	Child Benefit	£ <input type="text"/>
Family Tax Credit	£ <input type="text"/>	Child Maintenance Income	£ <input type="text"/>
Total Benefits Income	£ <input type="text"/>	Rental Income/Lodgers	£ <input type="text"/>
Other (please specify below)	£ <input type="text"/>		
<input type="text"/>			

**Total of all monthly income received (A)** £

Have you contacted your local Job Centre Plus to see if you are entitled to additional assistance or benefits (not included above)? Yes  No

If yes, please provide details:

## Section 2: Priority Debts - (Please state the monthly payment)

1st Mortgage	£ <input type="text"/>	Maintenance or Child Support	£ <input type="text"/>
2nd Mortgage/Secured Loan	£ <input type="text"/>	Ground rent & Service Charge	£ <input type="text"/>
Other Secured Loans	£ <input type="text"/>	Hire Purchase/Car Finance	£ <input type="text"/>
Rent	£ <input type="text"/>	Child Care	£ <input type="text"/>
Court Fines	£ <input type="text"/>	Pension	£ <input type="text"/>
<b>Total of all priority debts (B)</b>	£ <input type="text"/>	Life Assurance	£ <input type="text"/>

If you have a car subject to a finance agreement, please confirm if the car is essential: Yes  No

## Section 3: Essential Expenditure - (Please state the monthly payment)

Building and Contents Insurance	£ <input type="text"/>	Gas/Electric/Other Heating Costs	£ <input type="text"/>
Council Tax	£ <input type="text"/>	Water/Sewage	£ <input type="text"/>
<b>Total (C)</b>	£ <input type="text"/>		

If yes, please provide details

Have you tried to obtain advice from an independent debt or money advisory service? Yes  No

## Section 4: Housekeeping - (Please state the monthly expenditure)

Food	£	Clothing/Footwear	£
Cleaning/Toiletries	£	Nappies/Baby Items	£
Newspapers	£	Pets (food / insurance)	£
Tobacco/Alcohol	£	Laundry/Dry Cleaning	£
<b>Total (D)</b>	£		

## Section 5: Telephone/Media Costs - (Please state the monthly payment)

Home	£	Mobile	£	Cable/Satellite/Internet	£
<b>Total (E)</b>	£				

## Section 6: Non-Priority - (Please state the TOTAL monthly payments for each category)

<b>Credit cards/store cards</b>	Monthly payments	£	<b>Mail order accounts</b>	Total of monthly payments	£
No. of accounts	Total balance outstanding	£	No. of accounts	Total balance outstanding	£
<b>Unsecured Loans</b>	Total of monthly payments	£	<b>Total of all monthly payments (F)</b> £		
No. of accounts	Total balance outstanding	£			

Have you contacted any of the above to discuss reducing the payments you make to them? Yes  No

If yes, please provide details:

## Section 7: Travel Costs - (Please state the monthly expenditure)

Travel – Public Transport	£	MOT/Service	£
Car Insurance/Tax	£	Breakdown Cover	£
Fuel	£	Parking/Tolls	£
<b>Total (G)</b>	£		

## Section 8: Other Expenditure - (Please state the monthly amount)

Health (prescriptions, dentist)	£	Pocket Money/School Trips	£
TV Licence	£	Lottery/Pool	£
Electrical rental	£	Leisure/Hobbies/Gym etc.	£
House maintenance/repair	£	Gifts/Xmas Club/Birthdays	£
Hairdressing	£	Education/Training	£
School meals	£		
<b>Total (H)</b>	£		

## Section 9: Declaration

I/We agree that this statement is a complete, true and accurate description of my/our current financial circumstances, and I/We agree for Swift to obtain any information on any other loan secured on our property.

Signature/s

Date:

When you have completed all of the required information, please return the signed and dated form to us.