

Council Tax Reference No: .....

Please answer all of the following questions using block capitals in black ink.

(Please use an additional sheet of paper if required to answer these questions)



Name: ..... Partners Name: .....

Address: .....

Telephone: ..... Email address: .....

Household Income	Self		Partner	
	Weekly or	Monthly	Weekly or	Monthly
What is your pay before deductions (gross)?	£	£	£	£
Overtime, bonuses, fees, allowances or commission you receive?	£	£	£	£
Is this on a regular basis?	£	£	£	£
Deductions normally made by your pay?	£	£	£	£
What is your usual take home pay (net)?	£	£	£	£

Universal credit award				
Income Support/Job seekers Allowance				
Tax Credits (please specify) WTC CTC				
Child Benefit	£	£	£	£
State Retirement Pension	£ £	£ £	£ £	£ £
Private Pension	£	£	£	£
ESA	£	£	£	£
Carers Allowance	£	£	£	£
Attendance Allowance	£	£	£	£
Disability Living Allowance	£	£	£	£
Annuities	£	£	£	£
Income from lodger(s)	£	£	£	£
Non Dependants Contributions	£	£	£	£
Any other Income (please specify)	£	£	£	£
<b>TOTAL INCOME</b>	£	£	£	£

Capital/Savings - please give details £.....

**Total Household Expenditure**

Please complete the below so we can get a better understanding of your current financial situation..

	Weekly or	Monthly
Mortgage/Rent actually paid	£	£
Any arrears total £ amount paying back	£	£
Council Tax actually paid	£	£
Any arrears payments	£	£
Insurance Car	£	£
House	£	£
Other please specify	£	£
Gas	£	£
Gas arrears	£	£
Electricity	£	£
Electricity arrears	£	£
Water	£	£
Arrears	£	£
TV Licence	£	£
TV Package (eg sky/virgin)	£	£
Repayment loans etc	£	£
Amount outstanding £.....		
Credit card	£	£
Travel train/bus etc	£	£
Car expenses	£	£
Court Orders end date.....	£	£
Fines end date.....	£	£
Telephone Mobile	£	£
Landline	£	£
Self Employment Contributions	£	£
Food/Toiletries etc	£	£
Child Care	£	£
School Dinners	£	£
Clothing/Catalogue	£	£
Leisure/Cigarettes	£	£
Any other expenditure ( <i>please specify</i> )	£	
<b>TOTAL EXPENDITURE</b>	£	£

**My proposal to clear the debt is by payments of £..... per week/month starting from .....**

To support the information you have provided in this form, you will need to provide either your last 3 months bank statements for all accounts yourself and partner hold, or, provide supporting documentation that you have sought financial help through a debt relief organisation and will be working with them in order to help you with your current financial circumstances.

**Signature:** ..... **Date:** .....

**This completed form should be returned to:**  
**Council Tax Recovery, Maidstone Borough Council, Maidstone House, King Street, Maidstone, Kent, ME15 6JQ**

**To be indexed to BILLING (Council use only).**