



INCOME AND EXPENDITURE FORM

Account number:
 Name:
 Address:

Day Time No.:		No. of People in Home:	
Eve/Home No.:		Adults:	
Mobile No.:		Children:	

Income (use only monthly figures)		Expenses (use only monthly figures)	
Net Wages/Salary		Mortgage	
Net Wages/Salary (partner)		2 nd Mort/Secured Loan	
Job Seekers Allowance		Council Tax	
Income Support		Water	
Working Family Tax Credit		Phone, inc Mobiles	
Child Tax Credit		Gas	
Child Benefit		Electric	
Maintenance		Other home fuel	
Retirement Pension		Ground rent/service charges	
Invalidity Sickness Benefit		Buildings & Contents Insurance	
Other Income		Pension/Life Cover	
Bonuses		Housekeeping	
Non Dependant's contribution		Loan Repayments	
Income from Lodgers		Court Fines	
Total Income (A)		Maintenance	
In the space below please state the reason for the arrears or information you think relevant.		Travel Fares	
		School/Work Meals	
		Child care/Nursery fees	
		TV Licence	
		Sky/Cable TV/Internet	
		Clothing	
		Prescriptions/Health Care	
		Social	
		Lottery	
		Vehicles HP Loan	
		Tax & MOT	
		Vehicle Insurance	
		Petrol	
		Tobacco	
Do you have a Current Bank Account with Direct Debit Facility? YES/NO		Credit Card Repayments	
Is your Bank Account Overdrawn? YES/NO		Debt Management Co/IVA	
If YES, by how much? £		OTHER	
		Total Outgoings (B)	
Financial Analysis			
Disposable Income (A)			
Less Expenses/Outgoings (B)			
Remaining Income			
Your offer			
SIGNED			DATE
I/We believe that the facts stated on this form are true.			

Free, confidential, financial advice, advice is available from the FSA Consumer Help Line 0845 6061234.

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