

Name :	Council Tax Account No:
Debt Address :	

STATEMENT OF MEANS

ALL QUESTIONS ON THIS FORM MUST BE ANSWERED. PLEASE RETURN TO THE COUNCIL TOGETHER WITH ANY WAGE SLIPS, BILLS AND OTHER DOCUMENTS TO CONFIRM THE ANSWERS GIVEN

PERSONAL DETAILS: (must be completed in all cases)

Full Name and Address:

.....

Home Telephone No: Mobile Telephone No:

Date of Birth: National Insurance No:

Do you own a vehicle? [Please ✓] Yes No If yes, please state registration No:

Do you have a credit/debit card? [Please ✓] Yes No

Do you live [please ✓] Alone In someone else's home With your husband/wife/partner

How many children under the age of 18 live with you?

Do you have any savings? [Please ✓] Yes No If yes, please state the total amount: £.....

Please state financial contributions from other persons in the household (i.e. lodgings/board): £.....

PLEASE COMPLETE THIS SECTION IF YOU ARE IN PAID EMPLOYMENT:

What is your job:.....

What is your payroll number:.....

Please give your employer's name, full address and phone number:.....

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Please confirm: Your gross pay (before tax): £..... Your net pay (after tax): £.....

Please confirm any other income you receive: £ Please confirm your total income: £.....

PLEASE COMPLETE THIS SECTION IF YOU ARE SELF EMPLOYED:

What is your job? Type of self employment (i.e. sole trader):

What were your: (a) Gross profits in the last 12 months: £..... (b) Net profits in the last 12 months: £.....

Please confirm how much your Income Tax Demand was for the last 12 months: £.....

Please confirm how much your business outgoings were for the last 12 months: £.....

OTHER INCOME:

Please state any type(s) of benefit you receive:

Please confirm the total amount of benefit you receive: £.....

Is your benefit paid [please ✓] Weekly Fortnightly Monthly

Is any money deducted from your benefit before you receive it? Yes No If Yes, how much? £.....

If yes [please ✓] Mortgage Rent Gas Electricity Water Social Fund/Crisis Loan

PLEASE CONFIRM YOUR WEEKLY EXPENDITURE

Priority Expenditure:	£ per week		Non-priority expenditure:	£ per week
Mortgage			Cigarettes/Smoking	
Rent/lodgings/ground rent			Holidays	
Water Charges			Satellite/Cable TV	
Council Tax			Phone	
Gas			Clothing	
Electricity			Alcohol	
Coal/Wood/LPG/Oil			Lottery/scratch cards	
House insurance				
Fines			Other debts:	
Travel costs:			Loans	£
Travel expenses (to work)			Balance outstanding =	
Car fuel			Credit Cards	£
Maintenance/MOT/Tax etc			Balance outstanding =	
Car insurance			Clubs/Catalogues	£
			Balance outstanding =	
			Car loan/finance	£
			Balance outstanding =	

OTHER DEBTS

Do you have any other debts not listed above [please ✓] Yes No

If Yes, who do you owe them to?

If Yes, are they being paid? [please ✓] Yes No

Please confirm how much you owe: £..... Please confirm how much you pay each week: £.....

Please state here any other relevant information:

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DECLARATION - (PLEASE FILL IN AND SIGN)

I CERTIFY THAT THE INFORMATION ON THIS FORM IS TRUE:

Signed: Date:

Print Name:

WARNING: The council requires the above information about your income and expenditure to enable us to assess the appropriate repayment level of your outstanding council tax arrears. Failure to reach a suitable repayment arrangement will result in further Court action adding additional costs to your account.

PLEASE SEND THE COMPLETED FORM BACK TO THE COUNCIL.