

	Income	
	* weekly / monthly	* weekly / monthly revised
Wages or salary (take home)	_____	_____
Partner's wages or salary (take home)	_____	_____
Tips or commission	_____	_____
Other earnings (net)	_____	_____
Maintenance or child support	_____	_____
State/private/work pension(s)	_____	_____
Income Support	_____	_____
Jobseeker's Allowance	_____	_____
Sickness Benefits (e.g. IB, ESA & SSP)	_____	_____
Working Tax Credit	_____	_____
Child Tax Credit	_____	_____
Child Benefit	_____	_____
Housing Benefit / Council Tax Benefit	_____	_____
Interest	_____	_____
Boarders or Lodgers	_____	_____
Other Benefit Income	_____	_____
Other income	_____	_____

[1] Total Income

	Outgoings	
	* weekly / monthly	* weekly / monthly revised
Mortgage payment	_____	_____
Rent	_____	_____
Mortgage endowment payments	_____	_____
Second mortgage / other secured loans	_____	_____
Council Tax	_____	_____
Water rates	_____	_____
Service charge or ground rent	_____	_____
Buildings / contents house insurance	_____	_____
Life insurance	_____	_____
Gas	_____	_____
Electricity	_____	_____
Other fuel costs	_____	_____
<b>Other possible priority Items</b>		
Maintenance or child support payments	_____	_____
Court fines	_____	_____
Hire Purchase / Conditional sale	_____	_____
TV rental / licence	_____	_____
County Court Judgements ( CCJ)	_____	_____
Tax / National Insurance ( non PAYE)	_____	_____

[2] Total housing & priority items

	Outgoings	
	* weekly / monthly	* weekly / monthly revised
Religious and Charitable giving	_____	_____
Home phone & mobile phone(s)	_____	_____
Pension / AVC payments	_____	_____
other	_____	_____

[3] Total other items

	Outgoings	
	* weekly / monthly	* weekly / monthly revised
Food & alcohol / Housekeeping	_____	_____
Newspapers & magazines	_____	_____
Public transport (work, school, shopping)	_____	_____
Car road tax	_____	_____
Fuel (Petrol, Diesel, Oil etc.)	_____	_____
Car insurance	_____	_____
Car service; MOT;repairs;breakdown cover	_____	_____
Childcare, pocket money, school trips	_____	_____
School meals and meals at work	_____	_____
Pets (food & vet's bills, insurance)	_____	_____
Cigarettes & tobacco	_____	_____
Clothes & footwear	_____	_____
Household items (repairs,replacements etc)	_____	_____
Health costs (e.g. dentist, eye tests)	_____	_____
Other 1	_____	_____
Other 2	_____	_____
Other 3	_____	_____

[4] Total everyday expenditure

	Outgoings	
	* weekly / monthly	* weekly / monthly revised
Entertaining, eating out	_____	_____
Holidays	_____	_____
Savings	_____	_____
Gardening	_____	_____
Hobbies/leisure/sport/gym etc.	_____	_____
Gifts, e.g. birthdays	_____	_____
Christmas presents etc.	_____	_____
Courses and professional fees	_____	_____
Credit Card payments	_____	_____
Loan repayments	_____	_____
Catalogue payments	_____	_____
other 1	_____	_____
other 2	_____	_____
other 3	_____	_____

[5] Total other expenditure

	* weekly / monthly	revised
[BOX 1] Total Income	<input type="text"/>	<input type="text"/>
[BOX 2] Housing costs / priority items	_____	_____
[BOX 3] Other Important Items	_____	_____
[BOX 4] Everyday Expenditure	_____	_____
[BOX 5] Other Expenditure	_____	_____

[6] Total Outgoings (=box 2,3,4 &5 )

Money Left Over BOX 1 - BOX 6