

Financial Information Questionnaire

Account/Benefit Ref

Date Issued:

Details of Debt (to be completed by Eastleigh Borough Council)

Type: Council Tax/HB Overpayment

Amount Outstanding

£

£

£

If you need assistance completing this form please contact this office on the telephone number at the bottom of this page

Personal Details

Full name

Address

Post Code

Date of Birth

Marital Status

Partners name

Partners Date of Birth

Number of children living in your property

Their dates of Birth

Please state whether you own, rent or lodge at your current address

Total number of persons over 18 years living at property

Revenue & Benefits, Eastleigh House, Upper Market Street,
Eastleigh, Hampshire, SO50 9YN. Tel: 023 8068 8470 or
023 8068 8046 Email: revbens@eastleigh.gov.uk



Employment Details

Are you Employed?		Is your partner employed?	
How many hours do you work?		How many hours do you work?	
Employers Name		Employers Name	
Address (payroll)		Address (payroll)	
Payroll Number		Payroll Number	
Email Address		Email Address	
Fax Number		Fax Number	
NI Number		NI Number	
Self Employed?		Self Employed?	

Please provide details of what type of work you do and contact the Council for a 'Self Employed Earnings Information' form

Company Name		Company Name	
Address		Address	
Email Address		Email Address	
Fax Number		Fax Number	
Not working?		Not working?	

Please provide details of any state benefits or private insurances you are receiving

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1. Income

Proof of income must be provided

(For frequency, please state whether payment is weekly/fortnightly/4 weekly or monthly)

	You		Partner	
	Amount	Frequency	Amount	Frequency
Basic Wage/Salary	£		£	
Overtime	£		£	
Bonuses	£		£	
If Self Employed, Annual Profit	£		£	
Housing Benefit	£		£	
Child Benefits	£		£	
ESA/Income Support/ Job Seekers Allowance/	£		£	
Universal Credit	£		£	
Tax Credits	£		£	
State/Private/Retirement Pension	£		£	
Disability Payments	£		£	
Child Maintenance	£		£	
Income from lodger or Non-dependent child	£		£	
Any other Income (please specify)	£		£	

2. Assets

	You Total amount	Partner Total Amount
Savings/Investments/ Capital held/Premium Bonds etc	£	£
Any other assets (please specify)		

3. Household Outgoings

In this section please only complete the amounts you actually pay out rather than the bills you are meant to pay.

Proof of all outgoings must be provided

General	Weekly	Monthly
Food/Household items	£	£
Gas (inc arrears)	£	£
Electricity (inc arrears)	£	£
Other Fuel (inc arrears)	£	£
Water Rates (inc arrears)	£	£
Telephone	£	£
Mobile Telephone	£	£
Council Tax	£	£
Television Licence	£	£
Television Rental	£	£
Satellite/Cable	£	£
Internet Provider	£	£
Cigarettes	£	£
Alcohol	£	£
Clothing (excluding children's clothing)	£	£
Newspapers/Magazines Frequency	£	£
Regular Prescriptions	£	£
Regular Dental Charges	£	£
Regular Optician Charges	£	£

Finance	Weekly	Monthly
Mortgage	£	£
Property Maintenance costs	£	£
Rent (inc Ground Rent)	£	£
Insurance	Weekly	Monthly
Contents Insurance	£	£
Buildings Insurance	£	£
Life Insurance	£	£
Endowment Insurance	£	£
Private Pension	£	£
Private Health/Dental Care	£	£
Regular Savings	£	£
Pet Insurance	£	£
Car/Motorcycle Insurance	£	£
Travel	Weekly	Monthly
Road Tax	£	£
Petrol/Diesel	£	£
Fares	£	£
Children	Weekly	Monthly
School Meals	£	£
Activities	£	£
Child Care	£	£
Clothing/Shoes	£	£
Fares	£	£
Other	Weekly	Monthly
Club/Catalogue	£	£
Gym Membership	£	£
Holidays	£	£
Leisure Activities	£	£
Please specify		
Maintenance Payments	£	£
Court Order Payments	£	£

If you have any other regular weekly/monthly expenditure that is not included on this list, please detail below or on a separate sheet.

4. Debts/Other Arrears

Please list below any other outstanding balances you or your partner have for loans, finance agreements, credit cards, store cards, clubs/catalogues and any other debts for which you are making regular payments.

Type of debt ie. Credit Card/Loan etc	Balance Owing	Minimum Payment	Frequency

5. Payment Proposal

Please give details of your payment proposal here and include an initial payment. An arrangement may be considered but will be based on all the information that we hold, including your past payment history. An arrangement will not be considered unless all the information requested in this document has been supplied together with supporting evidence of income/expenditure.

6. Declaration

I confirm that the details given are true and accurate to the best of my knowledge and understanding.

Signed

Date

Daytime Telephone Number

Home Telephone Number

Email Address

The Council is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud and error. It may also share this information with other bodies administering public funds solely for these purposes. The information may be stored on a computer and used for data matching purposes within the Council.