

**Debtors Name:** \_\_\_\_\_

**Statutory Income & Expenditure Spreadsheet**

\* Evidence Required

**Income**

**Debtor**

Salary		*
Bonus		*
Commission		*
Self Employment		*
Tax Credits		
Child Benefit		
Other (Please Specify)		

**Partner**

Salary		*
Bonus		*
Commission		*
Self Employment		*
Tax Credits		
Child Benefit		
Other (please specify)		

**Other Household Occupants 18+**

Board/Lodging Payment	
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**Expenditure**

Rent/Mortgage (delete as applicable)		*
Council Tax		*
Electricity		
Water		
Building/Contents Insurance		
Food, Toiletries, Cleaning		
Clothing, Footwear		
School Meals/Meals at Work		
Sports, Hobbies, Entertainment		
Sundries & Emergencies		
Satellite, Rental		
Dentists/Opticians		
Medicines/Prescriptions		
Fuel & Parking		
Spares, Repairs & Servicing		
Car Insurance		
Telephone inc Mobile & Internet		
Pets, Pet Food, Insurance		
Laundry/Dry Cleaning		
Tobacco		
Professional Fees & Subscriptions (please specify)		
Appliance Rental		
Medical/Accident Insurance		
Child Care		
Childs Pocket Money		
Fares & Travel		
Other (please specify)		
Other (please specify)		

Total expenditures

Monthly estimated surplus / (shortfall)