

Request for Financial Information

Please complete with as much detail as possible in order for us to consider reducing the current rate of recovery from your weekly benefit entitlement. Please return within 7 days.

Employment Details YES 🗌 \Box (if no go to question 9) 1. Are you employed at the moment? NO 2. What is the full name and address of your employer? 3. What is your Job Title and Payroll Number? 4. What are your Average net earnings? (i.e. after Tax and National Insurance has been deducted) £ Weekly? is this Fortnightly? 4 Weekly? Monthly? Annually? 5. Do you have a partner? \Box (if no go to question 9) YES 🗌 NO 6. What is the full name and address of your partner's employer? 7. What is your partner's Job Title and Payroll number? 8. What is your partner's Average net income? (i.e. after Tax and National Insurance has been deducted) £_____ is this Weekly? Fortnightly?

4 Weekly? Monthly? Annually?

Other Income Details

9. Please complete this table giving details of any other income that you or your partner receive on a **weekly basis**.

| TYPE OF INCOME | YOU | YOUR PARTNER |
|---|-----|--------------|
| Income Support / Jobseekers Allowance | | |
| State Retirement Pension | | |
| War Disablement Benefit, War Pension or | | |
| War Widows Pension | | |
| Other Pension | | |
| Incapacity Benefit | | |
| Statutory Sick Pay, Statutory | | |
| Maternity/Paternity pay or Maternity | | |
| Allowance. | | |
| Any kind of Tax Credits | | |
| Child Benefit | | |
| Fostering Allowance / Guardians Allowance | | |
| Industrial Injuries Disablement Benefit | | |
| Industrial Death Benefit | | |
| Carers Allowance | | |
| Widows/ Widowers Benefit | | |
| Any other Income PLEASE STATE | | |

Expenditure

10. Please complete this table with details of your household expenditure.

| EXPENDITURE | WEEKLY | MONTHLY |
|------------------------------------|--------|---------|
| Mortgage / Rent | | |
| Mortgage / Rent arrears | | |
| Council Tax | | |
| Gas | | |
| Electricity | | |
| Water rates | | |
| Telephone | | |
| Television Licence / subscriptions | | |
| Insurance Premiums | | |
| Loans / Hire Purchases | | |
| Catalogues / Store Cards | | |
| Child Maintenance Payments | | |
| Childcare Costs | | |
| Travel Costs | | |
| Any Other Expenditure PLEASE STATE | | |

Payment Offer

- 11. Do you wish to make an arrangement to repay this debt in order to avoid further enforcement action being taken against you? YES NO
- 12. How much do you propose to pay? £_____Weekly Monthly

You will be contacted separately regarding this offer.