

APPLICATION FOR REDUCED PAYMENT PLAN

All information will be treated as strictly confidential. You must complete all sections for your application to be considered.

STEP 1		INCOME	STEP 3	
*PLEASE USE MONTHLY FIGURES TO GIVE US A TRUE INDICATION OF YOUR FINANCIAL SITUATION		*Monthly (£)	TOTAL INCOME	(A)
Wages/Salary			<i>less</i>	- minus
Wages/Salary (Partner)			TOTAL OUTGOINGS	(B)
Retirement/Works Pension			MONEY FOR CREDITORS	=(C)
Child Support Contributions				
Child Benefit				
Working Family Tax Credit				
Job Seekers Allowance				
Income Support				
Incapacity/Disability Benefits				
Other (please specify)				
Other (please specify)				
TOTAL INCOME	=(A)		TOTAL PRIORITY DEBTS REPAYMENT	(D)

STEP 2		EXPENDITURE	STEP 5	
		*Monthly (£)	MONEY FOR CREDITORS	(C)
Mortgage			<i>less</i>	- minus
Mortgage Endowment Premium				
Second Mortgage			TOTAL PRIORITY DEBTS REPAYMENT	(D)
Rent				
Council Tax			MONEY FOR CREDIT DEBTS	=(E)
Building / Contents Insurance				
Food & Housekeeping				
Gas				
Electricity				
Water Rates				
Telephone				
Child Support/Maintenance				
Child Care Costs				
School Meals				
Public Transport Fares				
Secured Loans				
HP Loans				
Petrol				
Other Motoring Expenses				
Clothing				
Mobile Telephone				
Personal Pension / Endowment			TOTALS	(E)
Life Insurance				
TV Licence				
Satellite TV				
Entertainment				
Alcohol & Tobacco				
Health / Dental / Optical Care				
Prescriptions				
Other (please specify)				
Other (please specify)				
Other (please specify)				
TOTAL OUTGOINGS	=(B)			

STEP 4 PRIORITY DEBTS			
	Balance owed (£)	*Monthly repayment (£)	
Mortgage or Rent Arrears			
Council Tax Arrears			
Utility Arrears			
Child Maintenance Arrears			
Court Fines or Arrears			
Other (please specify)			
TOTAL PRIORITY DEBTS REPAYMENT	(D)		

STEP 6 CREDIT DEBTS			
Creditor	Balance owed (£)	*Monthly repayment (£)	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
TOTALS		(E)	

STEP 7 OTHER INFORMATION			
No. Adults in Household	No. & Age Dependants	Occupation	Employers Name (If self employed state trading name)
Daytime Contact Number		Best Time to Call	
Other information you feel may be relevant			

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I confirm this is an accurate record of my current financial position SIGNED _____ DATED _____