

Affordability Assessment



PAYMENT PLAN BUDGET FORM

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

NAME:

LINK ACCOUNT NUMBER:

TELEPHONE:

MOBILE:

EMAIL:

Please return the completed form to:

Link Financial Outsourcing, PO Box 30095, London SE1 7WU
or by email: info@linkfinancial.co.uk

www.linkfinancial.eu

PAYMENT PLAN BUDGET FORM

Step 1: Income	
*Please use monthly figures to give us a true indication of your financial situation	*Monthly (£)
Wages/Salary	
Wages/Salary (Partner)	
Retirement/Works Pension	
Child Support Contributions	
Child Benefit	
Working Family Tax Credit	
Job Seekers Allowance	
Income Support	
Incapacity/Disability Benefits	
Other (please specify)	
Total Income	= (A)

Step 2: Outgoings	
	*Monthly (£)
Mortgage	
Mortgage Endowment Premium	
Second Mortgage	
Rent	
Council Tax	
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 Telephones	
Personal Pension/Endowment	
Life Insurance	
TV Licence	
Satellite TV	
Entertainment	
Alcohol & Tobacco	
Health/Dental/Optical Care	
Prescriptions	
Other (please specify)	
TOTAL INCOME	= (B)

Step 3	
Total Income	(A)
<i>less</i>	
Total outgoings	(B)
Money for creditors	= (C)

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 5	
Money for Creditors	(C)
<i>less</i>	
Total Priority Debts Repayment	(D)
Money For Credit Debts	= (E)

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			

I confirm this is an accurate record of my current financial position.

Name: _____ Signature: _____ Date: _____