

## **Statement of means**

Name		Claim reference number		
Address				
	Postcode			
Number of adults in your household		Number of children in your household		
Name and address of the employer				
Current role				

Telephone number

Household income (weekly/mo	onthly)	Outgoings (weekly/month	nly)
Wages (net)	£	Mortgage/rent	£
Wages (partner – net)	£	Second mortgage/ secured loan	£
Income support/JSA	£	Council tax	£
DLA or AA	£	Food/housekeeping	£
Tax credits	£	Electricity	£
Child benefit	£	Gas	£
Pension credits	£	Other fuels	£
State pension	£	Water	£
Maintenance	£	TV licence/rental	£
Other benefits	£	Maintenance payments	£
Other benefits	£	Hire purchase	£
Other benefits	£	Clothing	£
Other benefits	£	Insurances	£
Private pension	£	Telephone	£
Other income (please give details)	£	Vehicle expenses: Insurance/tax petrol MOT/repairs	£
Savings	£	Other – give details	£
Total income A	£	Total outgoings B	£
Minus total outgoings B	£		
Excess income over expenditur	<b>'e</b> ନ୍ର		

## Priority debts

Type of debt	Money owed	Payments (weekly/monthly)
Rent arrears	£	£
Mortgage/second mortgage arrears	£	£
Council tax arrears	£	£
Gas arrears	£	£
Electricity arrears	£	£
Fines/court orders	£	£
Maintenance arrears	£	£
Other	£	£
Total	£	£

## Other debts

Type of debt	Money owed	Payments (weekly/monthly)
Catalogues	£	£
Credit cards	£	£
Overdrafts	£	£
Other	£	£
Total	£	£

I am offering to pay	£	per week/month (delete as appro	opriate).
This is a true record of my financial situation on			(date)

Signed



If you require this form in another language or format, eg large print, CD or audio cassette or Braille, please call 0344 980 3333 or email info@norwich.gov.uk