Financial Statement



Name	
Partners name	
Number of dependants u	nder 16
Number of dependants 1	6-18

Income (A)	Monthly
	£
	£
	£
	£
	£
	£
	£
	£
	£
Total Income (A)	£

xed Expenditure (B)	Monthl
Home and Contents	T _C
Rent	£
Council Tax	£
TV Licence	£
Secured loans	£
Appliance and furniture rental (including	£
hire purchase and conditional sale)	
Other	£
Utilities and Water	<u> </u>
Gas	£
Electricity	£
Water	£
Other	£
Care and Health Costs	
Childcare costs	£
Adult-care costs	£
Child maintenance or child support	£
Prescriptions and medicines	£
Dentistry and opticians	£
Other	£
Transport and Travel	
Public Transport	£
Hire Purchase or conditional sale vehicle	£
Car insurance	£
Road tax	£
MOT and ongoing maintenance	£
Breakdown cover	£
Fuel, parking and toll road charges	£
Other (including taxis)	£
School Costs	÷
School uniform	£
After-school clubs and school trips	£
Other costs	£
Professional Costs	
Professional courses	£
Union fees	£
Professional fees	£
Other	£
otal Fixed Expenditure (B)	£

Address		
Number of non-dependants in household		
Number of vehicles in household		

Flexible Expenditure (C)	Monthly
Communication and Leisure	-
Home phone, internet and TV package	£
Mobile phone	£
Hobbies, leisure or sport	£
Gifts	£
Pocket money	£
Newspapers, magazines, stationary and	£
Other costs	£
Food and Housekeeping	
Groceries (Food, pet food, non-alcoholic	f
drinks and cleaning)	L
Nappies and baby items	£
School meals and meals at work	£
Laundry and dry cleaning	£
Alcohol	£
Smoking products	£
Vet bills and pet insurance	£
House repairs and maintenance	£
Other costs	£
Personal Costs	_
Clothing and footwear	£
Hairdressing	£
Toiletries	£
Other costs	£
Total Flexible Expenditure (C)	£

Savings (D)	
Savings	£
Savings	£
Total Flexible Expenditure (D)	£

Summary	
Total Income (A)	£
Total Outgoings Section B + C + D + E + F	£

Disposable Income/Overspend	c
Total Income - Total Outgoings	L

Priority Debts (E)	Monthly	Balance
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
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	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
Total Priority Debts (E)	£	£

Non-Priority Debts (F)	Monthly	Balance
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
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	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
Total Non-Priority Debts (F)	£	£

Comments		

his is an accurate record of my/our circumstances	
Client signed:	
Partner signed:	
Date:	
vale.	