

## **INCOME AND EXPENDITURE FORM**

Housing Benefit (HB) claim ref:	Invoice ref:
Name:	Telephone:
	Email:
Address:	

HOUSEHOLD INCOME - You		EXPENSES	
Please put amount(s) and Circle: W = weekly M = Monthly			
Wages - YOU	w/m	Rent / Mortgage	w / m
Wages - PARTNER	w/m	Mortgage arrears	w/m
Work pension - YOU	w/m	Building Insurance	w/m
Work Pension - PARTNER	w/m	Contents insurance	w / m
State pension - YOU	w/m	Life insurance	w / m
State pension - PARTNER	w/m	Council Tax	w / m
Child benefit	w/m	Gas	w / m
Income support/JSA	w/m	Electricity	w / m
ESA	w/m	Phone	w / m
Sick pay/Incapacity	w/m	Water rates	w / m
DLA/AA	w/m	TV & Internet e.g. Sky	w / m
Carers Allowance	w/m	Tobacco/Alcohol	w / m
Working Tax Credits	w/m	TV Licence	w / m
Child Tax Credits	w/m	Food	w / m
Child Maintenance	w/m	Toiletries & Cleaning	w / m
Family contribution	w/m	Travel expenses	w / m
Other State benefit(s)	w/m	Clothing	w / m
Rent from lodger/tenant	w/m	Child Maintenance	w / m
Other income:		School meals	w / m
	w/m	Credit card	w / m
	w/m	Loan/Finance	w / m
	w/m	Other outgoings:	
	w/m		w / m
	w/m		w / m
** YOU MUST PROVIDE PROOF**			
I.E. BILLS, RECEIPTS, YOUR LAST TWO MONTHS BANK STATEMENTS			
INCOME TOTAL	£	EXPENSES TOTAL	£

Capital/Savings/ Sum of
Monies in Bank Accounts
Investments/Assets
Capital TOTAL







EMPLOYMENT DETAILS				
PAYROLL NUMBER				
Nature of job/job title				
Employer Name				
Employer Address				
Employer Phone number				
Employer Email Address				
If Self Employed:	Business Type:	Annual Turnover £		
DECLARATION & PROPOSAL:				
Based on this information I am offering to repay £ weekly /monthly (delete as required)				
towards my housing benefit overpayment.				
I confirm the information provided is true and complete.				
I will inform you of any change that might affect the information given.				
Signed:				
PRINT Name				
Date:				

## You should return this form to:

London Borough of Barking and Dagenham Overpayment Recovery Team Revenue Services Roycraft House, 15 Linton Road, Barking, IG11 8HE