

## INCOME AND EXPENDITURE FORM

<b>Housing Benefit (HB) claim ref:</b>		<b>Invoice ref:</b>	
Name:		Telephone:	
		Email:	
Address:			
No. of dependents living with you:		No. of other adults living with you:	

HOUSEHOLD INCOME – You & Partner			EXPENSES	
Please put amount(s) and Circle: W = weekly M = Monthly				
Wages - YOU		w / m	Priority Expenses	
Wages - PARTNER		w / m	Rent	w / m
Work Pension - YOU		w / m	Mortgage Payment	w / m
Work Pension - PARTNER		w / m	Mortgage arrears	w / m
State Pension - YOU		w / m	Building Insurance	w / m
State Pension - PARTNER		w / m	Contents Insurance	w / m
Child Benefit		w / m	Life Insurance	w / m
Universal Credit		w / m	Car Insurance	w / m
ESA		w / m	Council Tax	w / m
JSA		w / m	Gas	w / m
DLA/AA/PIP		w / m	Electricity	w / m
Carers Allowance		w / m	Phone	w / m
Working Tax Credits		w / m	Water rates	w / m
Child Tax Credits		w / m	TV licence fee	w / m
Child Support Payments		w / m	Broadband/internet	w / m
Payments from family		w / m	Food	w / m
Rent from lodger/tenant		w / m	Toiletries / Cleaning	w / m
Other Income			Travel expenses	w / m
		w / m	School Meals	w / m
		w / m	Other expenses	
<b>Capital/ Savings/Assets</b>			Clothing	w / m
Bank account balance			Satellite TV e.g. Sky	w / m
Savings balance			Tobacco/Alcohol	w / m
Asset Type	Address	Value	Hobbies and leisure – pub, outings, gym, etc.	w / m
			Loan/Finance	w / m
			Mail order/Catalogue	w / m
			Credit Card	w / m
			Other Debt.....	w / m
			Other Debt .....	w / m

**\*\* YOU MUST PROVIDE PROOF\*\***

**I.E. BILLS, RECEIPTS, YOUR LAST TWO MONTHS BANK STATEMENTS**

<b>INCOME TOTAL</b>	£	<b>EXPENSES TOTAL</b>	£
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EMPLOYMENT DETAILS			
PAYROLL NUMBER			
Nature of job/job title			
Employer Name			
Employer Address			
Payroll Phone number			
Payroll Email Address			
Self Employed Details			
Business Type:		Annual Turnover £	

**DECLARATION & PROPOSAL:**

Based on this information **I am offering to repay £..... 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:**

**Overpayment Recovery Team  
 London Borough of Barking and Dagenham  
 Town Hall  
 Barking  
 IG11 7LU**