## PLEASE READ CAREFULLY

You can also complete this statement over the telephone with one of our advisors on **0333 032 4217**

Please ensure that the income and expenditure you provide is calculated monthly. You should provide realistic income and expenditure values, as amounts in excess of the British Banking Association, and Finance & Leasing Association guidelines will be challenged and may lead to your request being declined. **PLEASE RETURN THE COMPLETED FORM TO US AS QUICKLY AS POSSIBLE TO THE ADDRESS SHOWN ON THE ATTACHED LETTERHEAD. REMEMBER TO MAKE AN OFFER OF REPAYMENT TO US UNDER THE “REPAYMENT OFFER” HEADING BELOW.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Account No:** |  | **Tel No:** |   |
| **Agreement No (if applicable):** |  | **Email Address:** |   |
| **Name:** |  | **Adults in Household:** |   |
| **Address:** |  | **Number of Dependants under 14 (living in household):** |   |
|  |  | **Number of Dependants 14-18 (living in household):** |   |
| **Postcode:** |  | **Number of vehicles:** |   |

**Please indicate with ‘X’ below the reason for financial difficulties:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|   | Accident/Sickness |   | Over Commitment |   | Divorce/Seperation |  |
|   | Redundancy/Unemployment |   | Reduction in Benefits |   | Other (please specify): |  |

Now fill in all areas of income. Include normal take-home pay. This means wages and salary after tax, National Insurance and pension contributions. Only include overtime payments if you receive these on a regular basis. If you receive benefits, please specify the benefit type.

|  |  |
| --- | --- |
| **Salary, Wages or Benefits:** | **£ Monthly Amount:** |
| Your Salary, Wages or Private Pension (take home) |  |
| Your Partner’s Salary, Wages or Private Pension (take home) |  |
| Benefits (take home) - see below inclusions |  |
| Maintenance or Child Support |  |
| Boarders or Lodgers |  |
| Non-Dependants’ Contributions |  |
| Student Loans and Grants |  |
| Other Income (please specify) |  |
| **Total Monthly Income** | **Box 1** | **£** |

**Benefits include the following:** Unemployment Benefit, Pension, Maternity Benefit, Family Contribution, Housing Benefit, Income Support, Child Tax Credit, Working Tax Credit, Disability Living Allowance, Pension Credit, State Pension, Universal Credits, Other (Please specify)

|  |  |  |  |
| --- | --- | --- | --- |
| **Essential Spending:** | **£ Normal Monthly Payment Amount:** | **£ Amount of Arrears Owed:** | **£ Monthly Payment to Include Any Arrears Contribution:** |
| Rent |  |  |  |
| Ground Rent and Service Charges (factor fees if you live in Scotland) |  |  |  |
| Mortgage |  |  |  |
| Second Mortgage or Secured Loan |  |  |  |
| Mortgage Endowment and Mortgage PPI |  |  |  |
| Buildings and Contents Insurance |  |  |  |
| Pension and Life Insurance |  |  |  |
| Council Tax (including water charges if you live in Scotland) |  |  |  |
| Gas, Electricity or Other Utilities (coal, oil, calor gas) |  |  |  |
| Water |  |  |  |
| TV Licence |  |  |  |
| Magistrates or Sheriff Court Fines |  |  |  |
| Maintenance or Child Support |  |  |  |
| Hire Purchase or Conditional Sale |  |  |  |
| Childcare Costs |  |  |  |
| Adult-Care Costs |  |  |  |
| Write Other Essential Outgoings Here: |  |  |  |
| **Total Essential Spending:** | **£** | **£** | **Box 2** | **£** |

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|  |  |
| --- | --- |
| **Housekeeping:** | **£ Monthly Amount:** |
| Food and Milk |  |
| Cleaning and Toiletries |  |
| Newspapers and Magazines |  |
| Cigarettes, Tobacco and Sweets |  |
| Alcohol |  |
| Laundry and Dry Cleaning |  |
| Clothing and Footwear |  |
| Nappies and Baby Items |  |
| Pet Food |  |
| **Total Housekeeping Costs:** | **Box 3** | **£** |

|  |  |
| --- | --- |
| **Travel:** | **£ Monthly Amount:** |
| Public Transport (work, school, shopping and so on) |  |
| Other Travel Costs (such as taxis) |  |
| Car Insurance |  |
| Road Tax |  |
| Fuel (petrol, diesel, oil) |  |
| MOT and Car Maintenance |  |
| Breakdown or Recovery |  |
| Parking Charges or Toll-Road Charges |  |
| Other (please specify) : |  |
| **Total Travel Costs:** | **Box 4** | **£** |

|  |  |
| --- | --- |
| **Other Spending:** | **£ Monthly Amount:** |
| Health Costs (dentist, glasses, prescriptions, health insurance) |  |
| Repairs, House Maintenance, Window Cleaning and Maintenance Contracts |  |
| Hairdressing or Haircuts |  |
| Cable/Satellite, Internet and Home Phone |  |
| Mobile Phone |  |
| TV, Video and Other Appliance Rental |  |
| School Meals and Meals at Work |  |
| Pocket Money and School Trips |  |
| Lottery, Pools and so on |  |
| Hobbies, Leisure or Sport (including pub, outgoings and gym) |  |
| Gifts (christmas, birthdays, charity and so on) |  |
| Vet Bills and Pet Insurance |  |
| List Other Spending Not Included Elsewhere – Do Not Include Debt Payments |  |
| Write Other Essential Outgoings Here: |  |
| **Total Other Spending:** | **Box 5** | **£** |

Total Income (Box 1): **Box 6** Total Expenditure (Box 2 + 3 + 4 + 5): **Box 7**

Total Money for Non-Priority Debts (Box 6 - Box 7):

#

**£**

**£**

**£**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Creditors (List your non-priority creditors below):** | **£ Total You Owe:** | **£ Monthly Repayment Offer:** | **Creditors (continued):** | **£ Total You Owe:** | **£ Monthly Repayment Offer:** |
| Creation Financial Services |  |  | 9: |  |  |
| Creation Consumer Finance |  |  | 10: |  |  |
| **Other Creditors:** |  |  | 11: |  |  |
| 1: |  |  | 12: |  |  |
| 2: |  |  | 13: |  |  |
| 3: |  |  | 14: |  |  |
| 4: |  |  | 15: |  |  |
| 5: |  |  | 16: |  |  |
| 6: |  |  | 17: |  |  |
| 7: |  |  | 18: |  |  |
| 8: |  |  | 19: |  |  |
| **Total (Above creditors):** | **£** | **£** | **Total (Above creditors):** | **£** | **£** |

## Please attach additional paper if you have any extra information you feel we need to consider.

I verify that the information given is accurate and to the best of my knowledge and belief.

## Signature: Date:

**STOCK CODE: G200/0116 MC9854**