

| STEP 1 | Income | Income |
|--|----------------------|----------------------------|
| | * weekly / monthly | * weekly / monthly revised |
| Wages or salary (take home) | _____ | _____ |
| Partner's wages or salary (take home) | _____ | _____ |
| Tips or commission | _____ | _____ |
| Other earnings (net) | _____ | _____ |
| Maintenance or child support | _____ | _____ |
| State/private/work pension(s) | _____ | _____ |
| Income Support | _____ | _____ |
| Jobseeker's Allowance | _____ | _____ |
| Sickness Benefits (e.g. IB, ESA & SSP) | _____ | _____ |
| Working Tax Credit | _____ | _____ |
| Child Tax Credit | _____ | _____ |
| Child Benefit | _____ | _____ |
| Housing Benefit / Council Tax Benefit | _____ | _____ |
| Interest | _____ | _____ |
| Boarders or Lodgers | _____ | _____ |
| Other Benefit Income | _____ | _____ |
| Other income | _____ | _____ |
| [1] Total Income | <input type="text"/> | <input type="text"/> |

| STEP 2 | Outgoings | Outgoings |
|---|----------------------|----------------------------|
| | * weekly / monthly | * weekly / monthly revised |
| Housing costs / Utilities | | |
| Mortgage payment | _____ | _____ |
| Rent | _____ | _____ |
| Mortgage endowment payments | _____ | _____ |
| Second mortgage / other secured loans | _____ | _____ |
| Council Tax | _____ | _____ |
| Water rates | _____ | _____ |
| Service charge or ground rent | _____ | _____ |
| Buildings / contents house insurance | _____ | _____ |
| Life insurance | _____ | _____ |
| Gas | _____ | _____ |
| Electricity | _____ | _____ |
| Other fuel costs | _____ | _____ |
| Other possible priority Items | | |
| Maintenance or child support payments | _____ | _____ |
| Court fines | _____ | _____ |
| Hire Purchase / Conditional sale | _____ | _____ |
| TV rental / licence | _____ | _____ |
| County Court Judgements (CCJ) | _____ | _____ |
| Tax / National Insurance (non PAYE) | _____ | _____ |
| [2] Total housing & priority items | <input type="text"/> | <input type="text"/> |

| STEP 3 | Outgoings | Outgoings |
|---------------------------------|----------------------|----------------------------|
| | * weekly / monthly | * weekly / monthly revised |
| Other Important Items | | |
| Religious and Charitable giving | _____ | _____ |
| Home phone & mobile phone(s) | _____ | _____ |
| Pension / AVC payments | _____ | _____ |
| other | _____ | _____ |
| [3] Total other items | <input type="text"/> | <input type="text"/> |

| STEP 4 | Outgoings | Outgoings |
|--|----------------------|----------------------------|
| | * weekly / monthly | * weekly / monthly revised |
| Everyday expenditure | | |
| Food & alcohol / Housekeeping | _____ | _____ |
| Newspapers & magazines | _____ | _____ |
| Public transport (work, school, shopping) | _____ | _____ |
| Car road tax | _____ | _____ |
| Fuel (Petrol, Diesel, Oil etc.) | _____ | _____ |
| Car insurance | _____ | _____ |
| Car service; MOT;repairs;breakdown cover | _____ | _____ |
| Childcare, pocket money, school trips | _____ | _____ |
| School meals and meals at work | _____ | _____ |
| Pets (food & vet's bills, insurance) | _____ | _____ |
| Cigarettes & tobacco | _____ | _____ |
| Clothes & footwear | _____ | _____ |
| Household items (repairs,replacements etc) | _____ | _____ |
| Health costs (e.g. dentist, eye tests) | _____ | _____ |
| Other 1 | _____ | _____ |
| Other 2 | _____ | _____ |
| Other 3 | _____ | _____ |
| [4] Total everyday expenditure | <input type="text"/> | <input type="text"/> |

| STEP 5 | Outgoings | Outgoings |
|------------------------------------|----------------------|----------------------------|
| | * weekly / monthly | * weekly / monthly revised |
| Other expenditure | | |
| Entertaining, eating out | _____ | _____ |
| Holidays | _____ | _____ |
| Savings | _____ | _____ |
| Gardening | _____ | _____ |
| Hobbies/leisure/sport/gym etc. | _____ | _____ |
| Gifts, e.g. birthdays | _____ | _____ |
| Christmas presents etc. | _____ | _____ |
| Courses and professional fees | _____ | _____ |
| Credit Card payments | _____ | _____ |
| Loan repayments | _____ | _____ |
| Catalogue payments | _____ | _____ |
| other 1 | _____ | _____ |
| other 2 | _____ | _____ |
| other 3 | _____ | _____ |
| [5] Total other expenditure | <input type="text"/> | <input type="text"/> |

| STEP 6 | * weekly / monthly | revised |
|--|----------------------|----------------------|
| [BOX 1] Total Income | <input type="text"/> | <input type="text"/> |
| [BOX 2] Housing costs / priority items | _____ | _____ |
| [BOX 3] Other Important Items | _____ | _____ |
| [BOX 4] Everyday Expenditure | _____ | _____ |
| [BOX 5] Other Expenditure | _____ | _____ |
| [6] Total Outgoings (=box 2,3,4 & 5) | <input type="text"/> | <input type="text"/> |
| Money Left Over BOX 1 - BOX 6 | <input type="text"/> | <input type="text"/> |