Personal Budget Questionnaire

In order for the Council to consider a suitable method of payment in accordance with your current financial situation, you need to provide information concerning your financial circumstances.

Therefore, please complete the attached questionnaire and post the form to the address on the reverse of this booklet.

If known, can you please supply the relevant reference numbers:

- Sundry Debt Invoice no.  
- Council Tax Account no.  
- Rent reference no.  
- Other reference no:

Once completed please return to:

Arun District Council, Civic Centre, Maltravers Road, Littlehampton, West Sussex BN17 5LF
Personal budget questionnaire

Name(s) ...........................................................................................................................................
Address ...........................................................................................................................................
Email address: ................................................................................................................................
Day time phone no: .......................................................................................................................
No. of adults in household ........................................ No: dependant children.........................
Is this a council property? Yes/No
If there are non dependants living with you, please give their name(s):
...................................................................................................................................................
Are there any members of your household that require additional expenditure due to special needs, i.e. Disability? Yes/No

Which of the following applies to you:
Employed □  Self-Employed □  Unemployed □  Retired □  housewife/husband □  Other (please state)
....................................................................................................................................................
Employer’s name and address: ....................................................................................................
Payroll reference............................  Average net pay £........................weekly/monthly/4 weekly/fortnightly

If your partner is employed, please provide the following information:
Partner’s name: ...........................................  Employer’s name and address: ......................
Payroll reference............................  Average net pay £........................weekly/monthly/4 weekly/fortnightly

If you are unemployed, please tick which benefit(s) you are receiving:
Income Support □  Job Seekers Allowance □  Other (please specify)
....................................................................................................................................................
Are you the named claimant? Yes/No  If no, who is: .................................................................
Date of claim ..........................................................
National Insurance Number □□□□□□□
Address of Benefits Agency office ...............................................................................................
1. Income

**N.B.** Please ensure that the Income and Outgoing match, i.e. both are weekly or both are monthly.

<table>
<thead>
<tr>
<th>Weekly</th>
<th>Fortnightly</th>
<th>Monthly</th>
</tr>
</thead>
</table>

**To convert weekly to monthly:** multiply by 52 and divide by 12

**To convert weekly to fortnightly:** multiply by 2

**To convert monthly to weekly:** multiply by 12 and divide by 52

<table>
<thead>
<tr>
<th>Salary/Wages/Earnings (after tax)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Overtime</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commission</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner Salary/Wages/earnings (after tax)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax Credits (working)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax credits (child)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Benefit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incapacity Benefit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment and Support Allowance (ESA)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability Living Allowance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income Support/Job Seekers Allowance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other State Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private/Work Pension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government Pension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner Private/Work Pension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner Government Pension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Support Agency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintenance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributions from other residents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income from savings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other Income</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**2. Assets**

| Total of Savings/Investments | | |
| Other Assets (please specify) | | |

**3. Normal Outgoings**

<table>
<thead>
<tr>
<th>Weekly</th>
<th>Fortnightly</th>
<th>Monthly</th>
</tr>
</thead>
</table>

Please do not list payments for arrears here.

- Rent (after benefits)
- Mortgages
- 2nd Mortgage/
  Home Improvement Loan
- Endowment Policy
- Council Tax (after all benefits)
- Water Rates
- Gas
- Electricity
- Other Fuel
- Food/Sundries/Toiletries
- Sewage Rates
- Service Charge/Ground Rent
- Property Maintenance
- Home Insurance
- Contents Insurance
- Life Insurance
- Private Pension
- Bank Loans
- Credit Cards/Store Cards
- Catalogues
- Laundry/Cleaning
- Savings Schemes
- Court Orders/Fines
- Attachment of Earnings
- Child Maintenance
- Prescription charges
- Telephone (landlines)
- Mobile phone
- Broadband
- TV/Video/DVD equipment rental
- Cable or Satellite
- TV Licence

N.B. Please ensure that the Income and Outgoing match, i.e. both are weekly or both are monthly.

- Travelling Expenses
- Road Tax
- Vehicle Insurance
- Petrol and Car maintenance
- Cigarettes
- Alcoholic drink
- Lottery Tickets/Scratch Cards /Betting
- School meals
- Clothing
- Holidays
- Childminding
- Hobbies/Clubs
- Other (please specify)

4. Priority Debts (in arrears)

- Mortgage arrears
- Rent arrears
- Council Tax arrears
- Water rates arrears
- Gas arrears

5. Non Priority Debts (in arrears)

- Credit cards
- Store cards
- Overdraft
- Electricity arrears
- Other fuel arrears
- Fines arrears
- Maintenance arrears
- Other arrears (please specify)

Should you wish to pay by Direct Debit then please contact the Council for further details.

I wish to pay my Council Tax / Rent / other by regular Weekly ❑ Monthly ❑ 4 Weekly ❑ Fortnightly ❑ payments of £.................... from date......................... I would like to pay by

- Standing Order ❑
- Manually ❑
- Direct Debit ❑
- AllPay card ❑

Declaration:
I certify that the information given on this form is to the best of my knowledge true and complete.

Signed......................................................... Date ..............................................

Are your struggling to pay your Council Tax or Rent? If you are on a low income family or couple of any age, or a single person with under £16,000 savings, you may qualify for Council Tax Support or Housing Benefit. To see what you may be entitled to call 01903 737753 or visit our website www.arun.gov.uk/benefit or housing benefit, or visit our offices where someone can discuss what you may be able to claim.

Data Protection
We must protect the public funds we handle so we may use the information provided on this form to prevent and detect fraud. We may use this information to promote other council services you may be entitled to. We may share this information with other organisations which handle public funds for the same purpose. We may keep information about you on computer. If we do, we will keep to the rules laid down by the Data Protection Act 1998.