



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.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Council Tax Account no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rent reference no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other reference no:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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Address of Benefits Agency office

1. Income

3. Normal Outgoings

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

Weekly Fortnightly Monthly Weekly Fortnightly Monthly

**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**

Please do not list payments for arrears here.

Salary/Wages/Earnings (after tax)	<input type="text"/>	Rent (after benefits)	<input type="text"/>
Overtime	<input type="text"/>	Mortgages	<input type="text"/>
Commission	<input type="text"/>	2nd Mortgage/ Home Improvement Loan	<input type="text"/>
Partner Salary/Wages/earnings (after tax)	<input type="text"/>	Endowment Policy	<input type="text"/>
Tax Credits (working)	<input type="text"/>	Council Tax (after all benefits)	<input type="text"/>
Tax credits (child)	<input type="text"/>	Water Rates	<input type="text"/>
Child Benefit	<input type="text"/>	Gas	<input type="text"/>
Incapacity Benefit	<input type="text"/>	Electricity	<input type="text"/>
Employment and Support Allowance (ESA)	<input type="text"/>	Other Fuel	<input type="text"/>
Disability Living Allowance	<input type="text"/>	Food/Sundries/Toiletries	<input type="text"/>
Income Support/Job Seekers Allowance	<input type="text"/>	Sewage Rates	<input type="text"/>
Other State Benefits	<input type="text"/>	Service Charge/Ground Rent	<input type="text"/>
Private/Work Pension	<input type="text"/>	Property Maintenance	<input type="text"/>
Government Pension	<input type="text"/>	Home Insurance	<input type="text"/>
Partner Private/Work Pension	<input type="text"/>	Contents Insurance	<input type="text"/>
Partner Government Pension	<input type="text"/>	Life Insurance	<input type="text"/>
Child Support Agency Maintenance	<input type="text"/>	Private Pension	<input type="text"/>
Contributions from other residents	<input type="text"/>	Bank Loans	<input type="text"/>
Income from savings	<input type="text"/>	Credit Cards/Store Cards	<input type="text"/>
Any other Income	<input type="text"/>	Catalogues	<input type="text"/>
		Laundry/Cleaning	<input type="text"/>
		Savings Schemes	<input type="text"/>
		Court Orders/Fines	<input type="text"/>
		Attachment of Earnings	<input type="text"/>
		Child Maintenance	<input type="text"/>
		Prescription charges	<input type="text"/>
		Telephone (landlines)	<input type="text"/>
		Mobile phone	<input type="text"/>
		Broadband	<input type="text"/>
		TV/Video/DVD equipment rental	<input type="text"/>
		Cable or Satellite	<input type="text"/>
		TV Licence	<input type="text"/>

2. Assets

Total of Savings/Investments	<input type="text"/>
Other Assets (please specify)	<input type="text"/>

3. Normal Outgoings ctd.

Travelling Expenses	<input type="text"/>
Road Tax	<input type="text"/>
Vehicle Insurance	<input type="text"/>
Petrol and Car maintenance	<input type="text"/>
Cigarettes	<input type="text"/>
Alcoholic drink	<input type="text"/>
Lottery Tickets/Scratch Cards /Betting	<input type="text"/>
School meals	<input type="text"/>
Clothing	<input type="text"/>
Holidays	<input type="text"/>
Childminding	<input type="text"/>
Hobbies/Clubs	<input type="text"/>
Other (please specify)	<input type="text"/>

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

4. Priority Debts (in arrears)

	Amount £ in arrears	Payment £ towards arrears
Mortgage arrears	<input type="text"/>	<input type="text"/>
Rent arrears	<input type="text"/>	<input type="text"/>
Council Tax arrears	<input type="text"/>	<input type="text"/>
Water rates arrears	<input type="text"/>	<input type="text"/>
Gas arrears	<input type="text"/>	<input type="text"/>

5. Non Priority Debts (in arrears)

	Amount £ in arrears	Payment £ towards arrears
Credit cards	<input type="text"/>	<input type="text"/>
Store cards	<input type="text"/>	<input type="text"/>
Overdraft	<input type="text"/>	<input type="text"/>
Electricity arrears	<input type="text"/>	<input type="text"/>
Other fuel arrears	<input type="text"/>	<input type="text"/>
Fines arrears	<input type="text"/>	<input type="text"/>
Maintenance arrears	<input type="text"/>	<input type="text"/>
Other arrears (please specify)	<input type="text"/>	<input type="text"/>

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.