



PERSONAL BUDGET FORM

It is important that you complete this form to your best ability so that it gives a true reflection of your financial circumstances.

If you have are finding it hard to meet all of your financial commitments, you should seek independent advice as soon as possible.

Cambridge Citizens Advice Bureau
National Debtline
StepChange Debt Charity

T. 0844 848 7979
T. 0808 808 4000
T. 0800 138 1111

www.cambridgecab.org.uk
www.nationaldebtline.co.uk
www.stepchange.org

1 Your Details		Reference Number	
Your Name		Date of Birth	
Partner's Name		Date of Birth	
Address			
Telephone Number 1		Telephone Number 2	
Email Address 1		Email Address 2	

2 Other People Who Live With You	
Name	Date of Birth

3 Employment Details
Employer Name and Address (YOU)
Employer Name and Address (PARTNER)

4 Income Details			
Income Type	Your Amt (£)	Partner's Amt (£)	How Often?
Wages			
Tax Credits			
Income Support			
Incapacity Benefit/ESA			
Job Seeker's Allowance			
State Pension			
Child Benefit			
Housing Benefit			
Child Maintenance			
Investment Income			
Private Pension			
Other (please specify)			
TOTAL £			

5 Expenditure Details (Please do <u>NOT</u> include arrears, see sections 6 & 7)

Expenditure Type	Amount (£)	How often?	For Office Use Only
Rent / Mortgage			
Ongoing Council Tax			
Electricity			
Gas			
Water			
Housekeeping			
Petrol / Bus Fares			
School Meals			
Clothing			
Car Tax			
Car Insurance			
Life / Home Insurance			
TV Licence			
Satellite TV			
Internet			
Telephone / Mobile			
Child Maintenance			
Childcare			
Hire Purchase Vehicle			
Other (please specify)			
TOTAL £			

6 Priority Debts			
Expenditure Type	Amount (£)	How often?	For Office Use Only
Rent / Mortgage			
Offer to repay Council Tax arrears			
Electricity			
Gas			
Court Order			
Child Maintenance			
Other (please specify)			
TOTAL £			

7 Credit Debts			
Expenditure Type	Amount (£)	How often?	For Office Use Only
Credit Card(s)			
Loan(s)			
Catalogue(s)			
Store Cards(s)			
Other (please specify)			
TOTAL £			

This is an accurate record of my financial position as at / /

Signed:
Name (CAPITALS)

Print:

PLEASE NOTE: The information provided on this form may be used by other departments within South Cambridgeshire District Council and may be used by The Audit Commissions National Fraud Initiative for the purpose of detection and prevention of fraud.