

The Office of the Accountant of Court



STATEMENT OF INCOME AND EXPENDITURE FORM

PLEASE READ THE FOLLOWING DECLARATION CAREFULLY BEFORE SIGNING BELOW

Declaration:

I, _____ declare that the information and statements set out in this application are true and complete and that I have not concealed or omitted to provide particulars of any fact or circumstance which would be material to the application.

I also acknowledge that if financial assistance is agreed it is my responsibility to notify the appropriate authorities if in receipt of state support/benefits. I further declare that I shall notify the Accountant of Court should my financial circumstances change in the future.

NAME: _____ SIGNED: _____
ADDRESS: _____ DATE: _____

POSTCODE: _____ HOME TEL NO: _____
MOBILE: _____ EMAIL: _____
CSA REF: _____ CHILD'S NAME: _____

MONTHLY INCOME	PARENT/ GUARDIAN	SPOUSE / PARTNER
SALARY		
PENSIONS		
CHILD BENEFITS /PENSION PAYABLE TO CHILD		
TAX CREDITS		
BENEFITS / DWP		
Any Other Income Eg – Investments/ Savings income, Rental Properties?		
OTHER		
	TOTAL:	TOTAL:

MONTHLY OUTGOINGS

	PARENT/ GUARDIAN	SPOUSE / PARTNER
RENT/ MORTGAGE		
COUNCIL TAX		
UTILITIES		
FOODS		
CHILDCARE		
DEBTS/ LOANS ETC		
MISC <i>(detail as appropriate)</i>		
OTHER <i>(detail as appropriate)</i>		
	TOTAL:	TOTAL:

HOW MUCH ASSISTANCE DO YOU SEEK? £ _____.

(Per. Month / Annum / One off Payment)
delete as applicable

DO YOU HAVE ANY OTHER DEPENDENTS?

YES NO

Number of Dependents: _____ Ages _____

ANY OTHER INFORMATION THAT MAY ASSIST/SUPPORT YOUR APPLICATION

Continue on a separate page if necessary

IMPORTANT INFORMATION

You may be required to provide documentation in support of your application. In order to assess your application the Accountant of Court may check the information you provide against databases administered by other organisations, including information from fraud prevention agencies. A record will be kept of such searches and will be held in accordance with the Data Protection Act.