

Monthly Income Expenditure Form			Link Reference(s):		
Personal Details	Personal Details		Link Reference(s).		
Name		Occupation		Planca complete this	form fully in order to help us understand your
Date of Birth		Employer Name			es and agree a suitable arrangement with your
Home Tel				•	ssistance completing this form, or would prefer
Work Tel		Employer Address		•	er the phone, please call us on 03330 145145.
Email					, please return the completed form to
Home Owner	Sole / Joint / Rent	No. Adults		_	ncial.co.uk or Link Financial Outsourcing,
Outstanding Mortgage		No. Dependants & Ages		POE	Box 107, Caerphilly CF83 3GG

A: Income Details (£)	
Salary / Wages	
Your Salary	
Partners Salary	
Other Earnings	
Pension	
State Pension	
Private / Work Pension	
Pension Credit	
Other Pensions	
Other Income	
Maintenance / Child Support	
Borders / Lodgers	
Non-Dependent's Contribution	
Student Loans and Grants	
Other Income	
Benefits	
Universal Credit	
Jobseeker's Allowance (Income Based)	
Jobseeker's Allowance (Contribution Based)	
Income Support	
Working Tax Credits	
Child Tax Credit	
Child Benefit	
ESA / SSP	
Disability Benefits	
Carer's Allowance	
Local Housing Allowance	
Council Tax Support	
Other Benefits	

B: Fixed Expenses (£)	
Home and Contents	
Rent	
Ground Rent and Service Charges	
Mortgage	
Second Mortgage	
Mortgage Endowment	
Secured Loans	
Council Tax / Rates (Scotland / NI)	
Appliance & Furniture rental (inc. HP)	
TV License	
Other Costs	
Utilities	
Gas	
Electricity	
Other Costs (Coal, oil, calor gas etc.)	
Other Expenditure	
Water	
Water Supply	
Water Waste	
School Costs	
School Uniform	
After-school Clubs & School Trips	
Other Costs	
Pensions and Insurance	
Pension Payments	
Life Insurance	
Mortgage Payment Insurance	
Building and Contents Insurance	
Health Insurance	
Other Costs	

Transport and Travel	
Public Transport	
Hire Purchase / Conditional Sale Vehicle	
Car Insurance	
Road Tax	
MOT & on-going Maintenance	
Breakdown Cover	
Fuel, Parking and Toll Road Charges	
Other Costs (Inc. Taxis)	
Care and Health	
Childcare costs	
Adult-care costs	
Child Maintenance / Child Support	
Prescriptions and Medicines	
Dentistry and Opticians	
Other Costs	
Fixed Expenses Total (B):	£

C: Flexible Expenses (£)	
Food and Housekeeping	
Groceries	
Nappies and Baby Items	
Meals at School / Work	
Laundry and Dry Cleaning	
Alcohol	
Smoking Products	
Vet Bills	
Pet Insurance	
House Repairs and Maintenance	
Other Costs	

C: Flexible Expenses (£) (Continued)	
Professional Costs	
Professional Courses	
Union Fees	
Professional Fees	
Other	
Other Essential Costs	
Communications and Leisure	
Landline / Internet	
TV Packages (inc. film subscriptions)	
Mobile Phone	
Hobbies, Leisure and Sport	
Gifts	
Pocket Money	
Newspapers, Magazines, Stationary	
Other Costs	
Personal Costs	
Clothing and Footwear	
Hairdressing	
Toiletries	
Flexible Expenses Total (C):	£

D: Priority Debt (£)				
Creditor Name	Outstanding Balance	Repayment (Monthly)	CCJ?	
1.	£	£		Arrears on:
2.	£	£		Council Tax, Rent,
3.	£	£		Mortgage, Secured Loan, Child Maintenance,
4.	£	£		Magistrates Fines,
5.	£	£		Tax/VAT/National
6.	£	£		Insurance, CCJ, TV Licence, Utilities, Hire
Priority Totals (D):	£	£		Purchase, Telephone

E: Non-Priority Debt (£)			
Creditor Name	Outstanding Balance	Repayment (Monthly)	
1.	£	£	
2.	£	£	Defaults on:
3.	£	£	Credit Cards, Store Cards,
4.	£	£	Overdraft, Unsecured Loan, Catalogue,
5.	£	£	Doorstep Loans, Payday
6.	£	£	Loans, Personal Debt (Family & Friends),
7.	£	£	Private Parking Tickets,
8.	£	£	Mortgage Shortfalls
Non-Priority Debt Totals (E):	£	£	

Repayment Proposal Form		
Expenditure Calculation		
Income (A) £		
- minus Fixed Expenses (B)	£	
- minus Flexibles Expenses (C)	£	
- minus Priority Repayments (D)	£	
Disposable Income =	£	

Upon completion of this form, we will write to you to confirm that the proposed arrangement is set up. Should we have any questions, we will contact you by telephone to discuss.

Arrangement Proposal		
Monthly Amount	£	
Start Date	/ /	
Frequency	Monthly / Weekly / Fortnightly / 4 Weekly	
	☐ Direct Debit (Mandate Below)	
	☐ Standing Order	
	□ Debit Card	
Payment Method	□ Cheque	
	□ Other (Please Specify)	

I confirm this is an accurate record of my current financial position and my payment offer does not impact priority repayments.

Direct Debit Mandate	
Account Number	
Sort Code	
Name on Account	
Amount to be Debited	£
Date of 1 st Collection	/ /
Payment Frequency	Monthly / Weekly / Fortnightly / 4 Weekly
Signature	

The Direct Debit Guarantee

- This guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the scheme is monitored and protected by your own bank
- If the amount to be paid or the payment date changes, Link Financial will notify you 5 working days in advance of your account being debited or as otherwise agreed
- If an error is made by Link Financial or your Bank or Building Society you are guaranteed a full and immediate refund from your bank of the amount paid

You can cancel a Direct Debit at any time by simply contacting your Bank or Building Society. Written confirmation may be required. Please also notify us.



Declaration

Signed:

For details of organisations offering Free Money Advice please visit

www.linkfinancial.eu

Register to manage your account online today by visiting our website. For assistance registering please call the Web Portal helpdesk on 02920 858 765.