

Statement of income and expenditure

Please return this form and any relevant supporting documentation to:

The Sheriffs Office,

Vaughan Thomas House 141 Walter Road, Swansea SA1 5RW E: enforcement@thesheriffsoffice.com

*Required fields

OUR REFERENCE							
The Sheriffs Office reference number							
YOUR DETAILS							
Title* First name*							
Surname*							
Date of birth:							
/ / (day/month/year) Address*							
Town / city*							
County*							
County							
Postcode*							
Home phone number							
Tionic phote flumber							
Mobile phone number							
Email address							
email address							
Number of adults in household							
Number. of children in household (under 16)							
Vehicle registration number							
Vehicle make and model							

Please inform us if your details change in as we will use this information to contact you should this be necessary.

YOUR	EMPL	OYEM	IENI	DETAIL	LS

National Insurance number

Employer's name

Employer's phone number

Employer address

Town / city

County

Postcode

MONTHLY INCOME

Date received (day/month/year) Amount (£) Combined househould income Date received (day/month/year) Amount (£)

/

Universal credit

Amount (£) Date received (day/month/year)

Housing benefit

Amount (£) Date received (day/month/year)

1 1

Child benefit

Amount (£) Date received (day/month/year)

/

Pension

Date received (day/month/year) Amount (£)

Disability allowance

Date received (day/month/year) Amount (£)

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MONTHLY INCOME CONT

Carer's allowance

Amount (£)

Date received (day/month/year)

1

Other benefit Amount (£)

Date received (day/month/year)

/ /

Please provide details

Child tax credit Amount (£)

Date received (day/month/year)

/ /

Working tax credit

Amount (£)

Date received (day/month/year)

/ /

Maintenance

Amount (£)

Date received (day/month/year)

/ /

Other income

Amount (£)

Date received (day/month/year)

/ /

Please provide details

Total monthly income

Amount (£)

Date received

/ (day/month/year)

MONTHLY OUTGOINGS

Rent

Amount (£) Arrears (£)

Landlord name

Landlord address

Town / city

County

Postcode

MONTHLY OUTGOINGS CONT

Landlord phone number

Mortgage

Amount (£) Arrears (£)

Mortgage lender's name

Council tax

Amount (£) Arrears (£)

Gas

Amount (£) Arrears (£)

Water

Amount (£) Arrears (£)

Electricity

Amount (£) Arrears (£)

Other fuel

Amount (£) Arrears (£)

Groceries

Amount (£) Arrears (£)

Maintenance payments

Amount (£) Arrears (£)*

Travel expenses

Amount (£) Arrears (£)

Prescriptions

Amount (£) Arrears (£)

Registered child care

Amount (£) Arrears (£)

School expenses

Amount (£) Arrears (£)

Mobile telephone

Amount (£) Arrears (£)

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MONTHLY OUTGOINGS CONT

Landline telephone

Amount (£) Arrears (£)

TV/ broadband package

Amount (£) Arrears (£)

TV license

Amount (£) Arrears (£)

Court fines

Amount (£) Arrears (£)

Insurances

Amount (£) Arrears (£)

Clothing

Amount (£) Arrears (£)

Other

Amount (£) Arrears (£)

Please provide details

Total monthly outgoings

Amount (£)

Arrears (£)

MONTHLY FINANCE OUTGOINGS

Vehicle finance provider

Amount (£) Arrears (£)

Credit card provider

Amount (£) Arrears (£)

Please provide credit card provider details

Personal loans

Amount (£) Arrears (£)

Hire purchase

Amount (£) Arrears (£)

Catalogues

Amount (£) Arrears (£)

Other

Amount (£) Arrears (£)

Please provide details

Total monthly finance outgoings

Amount (£)

Arrears (£)

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Please add any additional information

PAYMENT METHODS

For further details on our available payment methods, please visit https://www.thesheriffsoffice.com/pay-online

FREE ADVICE

You can seek free advice and information from:

Citizen Advice

Wales: 03444 772020 England: 03444 111 444 www.citizensadvice.org.uk

AdviceUK

www.adviceuk.org.uk/find-a-member

Money Advice Services

0300 500500

www.moneyadviceservice.org.uk

Gov.uk

www.gov.uk

DECLARATION

This is an accurate record of my/our financial position.

By submitting this form, I confirm that I agree to the information provided being shared with your instructing client solely for the purposes of managing this case.

Signature*

Date

I propose to pay

Select one

per week per month

Commencing (day/month/year)

/ (First payment date)

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