

Expenditure & Consolidation Form

P01

	Applicant 1	Applicant 2	
Net income	Monthly salary: (average take home pay)	£ <input type="text"/>	£ <input type="text"/>
	Benefits/tax credits:	£ <input type="text"/>	£ <input type="text"/>
	Investment/other income:	£ <input type="text"/>	£ <input type="text"/>
	Total net income:	£ <input type="text"/>	£ <input type="text"/>
Essential Household Expenses	Mortgage/rent:	£ <input type="text"/>	£ <input type="text"/>
	All insurances:	£ <input type="text"/>	£ <input type="text"/>
	Electric/gas/fuel:	£ <input type="text"/>	£ <input type="text"/>
	Water:	£ <input type="text"/>	£ <input type="text"/>
	Council tax:	£ <input type="text"/>	£ <input type="text"/>
	Ground rent/service charge:	£ <input type="text"/>	£ <input type="text"/>
	TV licence/internet/subscriptions:	£ <input type="text"/>	£ <input type="text"/>
	Telephone (landline & mobile)	£ <input type="text"/>	£ <input type="text"/>
	Food & living:	£ <input type="text"/>	£ <input type="text"/>
Car & Travel	Petrol, maintenance, servicing and tax:	£ <input type="text"/>	£ <input type="text"/>
	Public transport:	£ <input type="text"/>	£ <input type="text"/>
Other Regular Outgoings	Loans/credit cards/Store cards/HP:	£ <input type="text"/>	£ <input type="text"/>
	Life assurance/endowments:	£ <input type="text"/>	£ <input type="text"/>
	Pension plan: (if not deducted from salary)	£ <input type="text"/>	£ <input type="text"/>
	Payments to savings account:	£ <input type="text"/>	£ <input type="text"/>
	Clothing/hair:	£ <input type="text"/>	£ <input type="text"/>
	Health bills/dentist/private cover:	£ <input type="text"/>	£ <input type="text"/>
	Childcare/private school fees:	£ <input type="text"/>	£ <input type="text"/>
	Entertaining/memberships:	£ <input type="text"/>	£ <input type="text"/>
	Holidays:	£ <input type="text"/>	£ <input type="text"/>
	Alimony/child maintenance:	£ <input type="text"/>	£ <input type="text"/>
	Additional dependants expenses:	£ <input type="text"/>	£ <input type="text"/>
	Misc:	£ <input type="text"/>	£ <input type="text"/>
	Total expenditure:	£ <input type="text"/>	£ <input type="text"/>
	Total surplus income:	£ <input type="text"/>	£ <input type="text"/>

This form continues on the next page.

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Do you have any reason to expect an increase or decrease in your monthly expenditure in the foreseeable future, if yes, please detail which expenses and the reason why below.

Current credit commitments

App 1/App 2/Joint	Type (credit card/loan/default etc)	Provider name	Amount owed	Credit limit if applicable	Monthly payment	Account number	To be cleared
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>
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Click here to complete the form

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