

Council Tax Reference No:

Please answer all of the following questions using block capitals in black ink.

(Please use an additional sheet of paper if required to answer these questions)



Name: Partners Name:

Address:

Telephone: Email address:

Employment Details

If you have more than one employer, please give details of each employer.

If you are self employed, please tick the box and send a copy of your accounts, submitted with your tax return.

Your Employer's Name:	Partner's Employer's Name:
Your Employer's Address:	Partner's Employers Address:
.....
Tel No	Tel No:
Payroll Reference No:	Payroll Reference No:
National insurance No:	National insurance No:

Household Income

	Self		Partner	
	Weekly or	Monthly	Weekly or	Monthly
What is your pay before deductions (gross)?	£	£	£	£
Overtime, bonuses, fees, allowances or commission you receive?	£	£	£	£
Is this on a regular basis?	£	£	£	£
Deductions normally made by your pay?	£	£	£	£
What is your usual take home pay (net)?	£	£	£	£

Universal credit award				
Income Support/Job seekers Allowance				
Tax Credits (please specify) WTC CTC				
Child Benefit	£	£	£	£
State Retirement Pension	£ £	£ £	£ £	£ £
Private Pension	£	£	£	£
ESA	£	£	£	£
Carers Allowance	£	£	£	£
Attendance Allowance	£	£	£	£
Disability Living Allowance	£	£	£	£
Annuities	£	£	£	£
Income from lodger(s)	£	£	£	£
Non Dependants Contributions	£	£	£	£
Any other Income (please specify)	£	£	£	£
TOTAL INCOME	£	£	£	£

Capital/Savings - please give details £.....

Total Household Expenditure

Please complete the below so we can get a better understanding of your current financial situation..

	Weekly or	Monthly
Mortgage/Rent actually paid	£	£
Any arrears total £ amount paying back	£	£
Council Tax actually paid	£	£
Any arrears payments	£	£
Insurance Car	£	£
House	£	£
Other please specify	£	£
Gas	£	£
Gas arrears	£	£
Electricity	£	£
Electricity arrears	£	£
Water	£	£
Arrears	£	£
TV Licence	£	£
TV Package (eg sky/virgin)	£	£
Repayment loans etc	£	£
Amount outstanding £.....		
Credit card	£	£
Travel train/bus etc	£	£
Car expenses	£	£
Court Orders end date.....	£	£
Fines end date.....	£	£
Telephone Mobile	£	£
Landline	£	£
Self Employment Contributions	£	£
Food/Toiletries etc	£	£
Child Care	£	£
School Dinners	£	£
Clothing/Catalogue	£	£
Leisure/Cigarettes	£	£
Any other expenditure (<i>please specify</i>)	£	
TOTAL EXPENDITURE	£	£

My proposal to clear the debt is by payments of £..... per week/month starting from

This information is requested in accordance with the Council Tax Administration and Enforcement Regulations 1992

I understand that the Council may want me to provide documentary proof of the figures that I have given.

Signature: Date:

This completed form should be returned to:
Council Tax Recovery, Maidstone Borough Council, Maidstone House, King Street, Maidstone, Kent, ME15 6JQ

To be indexed to (RECOVERY) for Council use only).