

APPLICATION FOR FURTHER TIME TO PAY

Council Tax

Housing Benefit Overpayment

Rent

Non Domestic Rates

Sundry Debts

Account Number:

STAGE 1		Income	
		Weekly/Monthly	
Wages/Salary (self)			
Wages/Salary (partner)			
Income Support			
Jobseekers Allowance			
Working Tax Credit			
Child Tax Credit			
Child Benefit			
Incapacity Benefit			
Sickness Benefit			
Pension Credits			
Works/Private Pension			
Child Maintenance Received			
Non Dependant Contributions			
Winter Fuel			
Mobility Allowance			
Other1 (give details).....			
Other2 (give details).....			
TOTAL INCOME		£	

STAGE 3		Weekly/Monthly	
Total Income		£	
Total Essential Expenses		£	
Total Non-Essential Expenses		£	
EXCESS INCOME		£	

SAVINGS Self		£	
SAVINGS Partner		£	
TOTAL		£	

STAGE 2 <u>ESSENTIAL</u>	Weekly / Monthly	
	Expenses	Arrears
Mortgage		
Second Mortgage/Secured Loan		
Council Rent		
Private Rent		
Council Tax		
Water Rates		
Gas		
Electricity		
Bank Loans - Secured		
Telephone (incl mobile)		
Ground Rent/Service Charges		
Building/Contents Insurance		
Life Insurance/Pension		
Housekeeping		
Clothing		
School Meals		
TV Rental/Licence		
Magistrates Court Fines		
County Court Judgements		
Child Maintenance Paid		
Road Tax		
Motor Insurance		
MOT		
Petrol / Diesel		
Public Transport		
Laundry		
Prescriptions		
Childminding		
Non Domestic Rates		
Housing Benefit overpayments		
<u>NON-ESSENTIAL</u>		
Alcohol/Cigarettes		
Cable/Satellite TV		
Bank Loans - Unsecured		
Credit Cards		
HP Agreements (give details).....		
Catalogue (give details).....		
Other 1(give details).....		
Other 2(give details).....		
TOTAL EXPENSES	£	£

PAYMENT OFFER:-	£	PER WEEK FORT/MONTH COMMENCING	
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PLEASE COMPLETE THE FOLLOWING IN BLOCK CAPITALS

<u>PERSONAL DETAILS</u>	SELF	PARTNER
Date of Birth	<input type="text"/>	<input type="text"/>
National Insurance Number	<input type="text"/>	<input type="text"/>
Number & Ages of Children	<input type="text"/>	<input type="text"/>
Serious Illness	<input type="text"/>	<input type="text"/>

<u>EMPLOYMENT DETAILS</u>	SELF	PARTNER
Employer's Name	<input type="text"/>	<input type="text"/>
Employer's Address	<input type="text"/>	<input type="text"/>
Employer's Head Office <i>(if different from above)</i>	<input type="text"/>	<input type="text"/>
Works Payroll Reference	<input type="text"/>	<input type="text"/>
Job Title/Occupation	<input type="text"/>	<input type="text"/>
Full or Part Time	<input type="text"/>	<input type="text"/>
Self Employed (Yes/No)	<input type="text"/>	<input type="text"/>

<u>INCOME SUPPORT/JOBSEEKERS ALLOWANCE CLAIMANTS</u>	
Name of Claimant	<input type="text"/>
Claimant's Date of Birth	<input type="text"/>
Claimant's National Insurance Number	<input type="text"/>
Address Of Benefits Office Responsible For Paying Your IS/JSA	<input type="text"/>

Data Protection Act 1998

The information you have provided will be held by Nuneaton and Bedworth Borough Council for the purposes set out in the council's Corporate Debt Policy, a copy of which is available on request. The information may be disclosed to other departments within the Council which deal with housing, council tax, sundry debts and housing benefit in order to enable the Council to assist you manage any debts or arrears which you owe to the Council.

DECLARATION

I declare that the information given within this form is a true and accurate assessment as to my financial circumstances and is provided to the best of my knowledge. I confirm that should any changes occur, I will notify Nuneaton and Bedworth Borough Council immediately.

Signature:	<input type="text"/>	Date:	<input type="text"/>
Telephone No.	<input type="text"/>	Email:	<input type="text"/>

<u>This form must be completed and returned within 7 days to:</u>	Recovery Section Finance and Procurement Council House, Coton Road, Nuneaton, CV11 5ZX
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