

FINANCIAL STATEMENT

Name of Borrower(s):		Customer Number:		Date:	
Address:					
Tel No: House			Mobile:		
Number of Adults:		No of Children:			
Ages of Children					
Income and Expend		ils: WEEKLY/N	,	one)	Fire
Income	Euro		Expenditure		Euro
Wages/Salary Social Welfare			Mortgage Mortgage Arrears		
Child Benefit			House Insuran		
Other Income			Food/Houseke		
			Electricity	срив	
			Telephone		
			Education		
			Childcare		
			Clothing		
			Medical		
			Car Expenses		
			Other Expendit	ture	
Total Income			Total Expendit	ure	
Please attach	evidence	e of all inco	ome and expe	enditu	re.
To the best of my/	our knowle	edge, this is an	accurate record o	of my/o	ur financial situation.
Signed:	iigned:		Date		
Signed		Date:			
OFFICIAL USE ONLY	/ :				
COMMENT:					