



CITY AND COUNTY OF SWANSEA
DINAS A SIR ABERTAWE

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Housing Benefit Section – Debt Recovery Team
Personal Budget Form

Please read these notes prior to completing this form.

Please complete this Budget Form in full listing all the income you and your partner if you have one, receive as well as all your expenses.

You should use this opportunity not only to list all your expenditure, but to review your outgoings and utilise your available income to arrange payments to ***all of your*** creditors at a reasonable and realistic rate that you can maintain.

You must provide the following proof in support of your income and expenditure

- wages / salary (5 weekly or 2 monthly wage slips)
- state benefits
- bank statements for all of your accounts
- proof of other investments
- mortgage / rent payments
- loan repayments
- credit / store card repayment

Without evidence of the above, your proposal will not be accepted.

FINANCE DEPARTMENT / ADRAN GYLLID

CIVIC CENTRE, SWANSEA, SA1 3SN
CANOLFAN DDINESIG, ABERTAWE, SA1 3SN

TELEPHONE / TELEFFON: (01792) 635353 FACSIMILE/FFACSIMILE: (01792 635895)
www.swansea.gov.uk/housingbenefit
e-mail / e-bost benefits@swansea.gov.uk



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NAME:	
ADDRESS:	
CLAIM No:	TEL No:

SECTION 1 - YOUR HOUSEHOLD

Do you have a partner living with you.	YES	NO
How many other adults live with you		
How many children live with you		
What are their ages? / / / /		
Are you responsible for any other children	YES	NO
If yes, please give details of their names, ages and addresses		

Employment details:	
Name and address of your employer	Name and address of partners employer
_____	_____
_____	_____
Pay Number _____	_____

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SECTION 2 – HOUSEHOLD INCOME, SAVINGS AND INVESTMENTS

Income	Your Income		Partner Income	
	Weekly	Monthly	Weekly	Monthly
Self- employed earnings				
Your wages /salary				
Your partners wages/salary				
Bereavement Allowance				
Carer's Allowance				
Annuity income				
Cash in lieu of coal				
Guardians Allowance				
Charitable payments				
Job Seekers Allowance				
Income Support				
Employment and Support Allowance				
Pension Credit				
Working Tax Credit				
Industrial Injuries Benefit				
Child Tax Credit				

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	Your Income		Partner Income	
Income	Weekly	Monthly	Weekly	Monthly
Child Benefit				
State Retirement Pension				
Private / works pension – for you				
Private / works pension - partner				
Incapacity Benefit				
Disability Living Allowance - Care Component				
Disability Living Allowance - Mobility Component				
Attendance Allowance				
Maintenance for you				
Maintenance for your children				
Maternity Allowance				
New Deal				
Sick Pay				
Severe Disablement Allowance				
Rent from lodger/ tenant				
Rental Income from other properties				

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	Your Income		Partner Income	
Income	Weekly	Monthly	Weekly	Monthly
Student Grant / Loan				
Income from other adults				
War Disablement Pension				
War Widows Pension				
Widow's Allowance / Pension				
Widowed Parents Allowance				
Any Other Income(s) not listed above				
<u>TOTAL</u>				

	Amount Held
Savings / Bank Accounts (please list all Bank accounts and provide recent statements)	
Investments – please specify (including shares, premium bonds etc)	

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SECTION 3 – HOUSEHOLD EXPENSES

Income	Your Outgoings		Partner Outgoings	
	Weekly	Monthly	Weekly	Monthly
Mortgage				
Second mortgage				
Rent				
Rent arrears / possession order				
Ground rent / service charge				
Council Tax				
Water rates				
Electricity				
Gas				
Coal / oil				
Buildings insurance				
Contents insurance				
Life insurance				
Private pension				
Mortgage endowment policy				
Housekeeping (food, toiletries, etc)				
School meals				
Childminding				

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Income	Your Outgoings		Partner Outgoings	
	Weekly	Monthly	Weekly	Monthly
Clothing				
Prescriptions				
Maintenance payments				
Travelling expenses (buses,taxis)				
Vehicle fuel				
Vehicle insurance				
Vehicle road tax				
Telephone / mobile phone				
Cable / digital TV				
TV Licence				
TV /video hire				
Other hire / rental agreements				
Catalogue (name of company)				
Loans (including lender, and duration)				
Credit card / store cards (List each card company)				
Court fines				
Other				
<u>TOTAL</u>				

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I acknowledge that I owe The City & County of Swansea overpaid Housing Benefit of £
and would like you to consider my offer of repayment at

£_____ a week or month starting from _____.

DECLARATION

The information I have provided is accurate and is a true reflection of my income and
expenditure and I enclose the required proof of income and expenditure.

SIGNED:_____ **DATE:**_____

***Please return your completed form to: The Benefits Section, Finance Department,
The Civic Centre, Swansea, SA1 3SN***

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