

Income&Expenditure Form

Loan number

Debtor 1
Debtor 2

	Debtor 1	Debtor 2
Address	_____	_____
Postal code and city	_____	_____
Private telephone number	_____	_____
Mobile telephone number	_____	_____
E-mail address	_____	_____
Civil status		
▪ Married in community of property	<input type="checkbox"/>	<input type="checkbox"/>
▪ Married under a marriage contract	<input type="checkbox"/>	<input type="checkbox"/>
▪ Registered partnership	<input type="checkbox"/>	<input type="checkbox"/>
▪ Divorced	<input type="checkbox"/>	<input type="checkbox"/>
▪ Living together	<input type="checkbox"/>	<input type="checkbox"/>
▪ Single	<input type="checkbox"/>	<input type="checkbox"/>
✓ Check what applies		
▪ Number of children living at home	_____	_____

If there is a new partner/contractor/co-contractor, please fill in the information below		
Initials and last name of partner	_____	_____
Date of birth	_____	_____
Telephone number	_____	_____

	Debtor 1	Debtor 2
Profession	_____	_____
Own company / Chamber of Commerce number	_____	_____
Name of Employer	_____	_____
Address of Employer	_____	_____
Postal code and place of business	_____	_____
Telephone number Employer	_____	_____
Employed since	_____	_____

	Debtor 1	Debtor 2
Value of Savings	€ _____	€ _____
Value of Investments	€ _____	€ _____
Value of Savings-based Insurance	€ _____	€ _____
Value of Salary Savings	€ _____	€ _____
Value of Annuity	€ _____	€ _____

Immovable properties

	Debtor 1	Debtor 2
Own house	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES: WOZ value (Valuation of Immovable Property Act)	€ _____	€ _____
Other house and/or land	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES: Economic value	€ _____	€ _____

Income and expenditure

Income per month

Net salary	€ _____
Net pension	€ _____
Net benefits	€ _____
<input type="checkbox"/> AOW/ANW (old-age pension/surviving dependant's benefit)	
<input type="checkbox"/> WAO/WIA/ZW (invalidity benefits/work to capacity benefits/sickness benefits)	
<input type="checkbox"/> WW (Unemployment Insurance benefits)	
<input type="checkbox"/> WWB (Work and Social Assistance benefits)	
Income of partner	€ _____
Tax refund	€ _____
Health care benefit	€ _____
Housing benefit	€ _____
Child benefit	€ _____
Alimony	€ _____
Student grants and loans	€ _____
Childcare benefit	€ _____
Board children	€ _____
Other income	€ _____
	€ _____
	€ _____

Total Income per month

€ _____

Income per year

Holiday pay	€ _____
Holiday pay partner	€ _____
Bonus	€ _____
Bonus partner	€ _____
13th month payment	€ _____
13th month payment partner	€ _____
Tax refund	€ _____
Tax refund partner	€ _____

Total Income per year

€ _____

Expenditures per month

Mortgage	€ _____
Life insurance(s)	€ _____
Rent	€ _____
Alimony	€ _____
Energy	
<input type="checkbox"/> Gas	€ _____
<input type="checkbox"/> Water	€ _____
<input type="checkbox"/> Electricity	€ _____
Service costs/Owner's Association	€ _____
Telephone and internet	€ _____
Television	€ _____
Medical expenses	€ _____
Insurances	€ _____
Housekeeping money	€ _____
Car	€ _____
Transport costs	€ _____
Contributions	€ _____
School fees	€ _____
Childcare	€ _____
Other expenses	€ _____

Total Expenditures per month

€ _____

Expenditure per year

OZB (property tax)	€ _____
Pollution levy	€ _____
Pollution levy	€ _____

Total Expenditures per year

€ _____

Debts	Debtor 1	Debtor 2
Loans elsewhere	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Does it involve (WSNP) Debt Management Natural Persons Act?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Does it involve Bankruptcy?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Name of administrator/receiver	_____	
Address	_____	
Postal code and Place of Business	_____	
Telephone number	_____	
Name creditor	Sum of claim	Repayment per month
_____	€ _____	€ _____
_____	€ _____	€ _____
_____	€ _____	€ _____
_____	€ _____	€ _____
Total	€ _____	€ _____

Payment arrangement		
What sum can you, in your opinion, make available for a monthly (additional) payment?		
€ _____		
The undersigned hereby declares to have filled in all information truthfully.		
	Debtor 1	Debtor 2
City		
Date		
Signature		