## **FINANCIAL ASSESSMENT FORM**



Name	
MMF ref	
Address	
Date of birth	

Total number in household	
Number of dependent	
children under 14 years	
Number of dependent	
children over 14 years	
Homeowner (yes or no)	
Employment status	

## **MONTHLY INCOME AND EXPENDITURE**

Income	Monthly total
Wages or salary	£
Other income	£
Benefits income	£
Pension income	£
TOTAL (A)	£

Expenditure	Monthly total
Rent	£
Ground rent or service	£
charge	
Mortgage	£
Mortgage endowment	£
Other secured loans	£
Council tax (rates in NI)	£
Building and contents	£
insurance	
Pension and life	£
insurance	
Gas	£
Electric	£
Water	£
Other utilities	£
TV licence	£
Magistrates or Sheriff	£
court fines	
Maintenance or child	£
support	
Hire purchase or	£
conditional sale	
Childcare costs	£
Adult care costs	£
Phone	£
Travel	£
Housekeeping	£
Other expenditure	£
TOTAL (B)	£

## PRIORITY AND NON-PRIORITY DEBTS

Priority debts	Total owed	Monthly
Arrears only		repayment
Rent	£	£
Mortgage	£	£
Other secured loans	£	£
Magistrate/Sheriff court	£	£
fines		
Maintenance or child	£	£
support		
Gas	£	£
Electric	£	£
Water	£	£
Other fuel	£	£
Hire purchase or	£	£
conditional sale	£	£
TOTAL (C)	£	£

Non-priority debts Arrears only	Total owed	Monthly repayment
Please list		
1.	£	£
2.	£	£
3.	£	£
4.	£	£
5.	£	£
6.	£	£
7.	£	£
8.	£	£
9.	£	£
10.	£	£
TOTAL (D)	£	£

TOTAL AVAILABLE FOR CREDITORS (BOX A – BOX B)	£
TOTAL MONTHLY DEBT REPAYMENTS (BOX C + BOX D)	£

Offer of £ payment per month / per week / per fortnight (please specify		
Signed	Date	
I confirm the Financial Ass	ssment Form is an accurate record of your financial position.	
Return to: Protection Hou	e, 83 Bradford Road, Pudsey, Leeds, LS28 6AT. Email: <u>customerservice@mmile.co</u>	m