

HOUSEHOLD INCOME	weekly/monthly (W/M)	
Council Tax Payer's Wages/Salary (net) <i>Please provide 3 most recent payslips</i>	£	per
Wages/Salary of Partner (net) <i>Please provide 3 most recent payslips</i>	£	per
Job Seeker's Allowance	£	per
Income Support	£	per
Working Tax Credit	£	per
Child Tax Credit	£	per
Child Benefit	£	per
Maintenance Child Support Agency	£	per
Pension	£	per
Pension Credit	£	per
Incapacity Benefit/Employment Support Allowance	£	per
Income from Boarders/Lodgers	£	per
Savings/Investments	£	per
Other Income (<i>Please advise</i>)	£	per

HOUSEHOLD EXPENDITURE	weekly/monthly/quarterly (W/M/Q)	
Priority Debts		
<i>Please provide proof of bills paid</i>		
Mortgage	£	per
Rent (<i>less any housing benefit awarded</i>)	£	per
Council Tax currently being paid	£	per
Child Maintenance/Child Support Agency	£	per
Water Rates	£	per
Gas	£	per
Electricity	£	per
Second Mortgage/Endowment	£	per
Non-Priority Debts		
Telephone/Mobile Phone	£	per
Food/Housekeeping	£	per
Buildings/Contents Insurance	£	per
Life Insurance/Pension	£	per
Loans	£	per
Credit Cards	£	per
Court Fines	£	per
Travelling Expenses	£	per
Car Expenses	£	per
TV Licence	£	per
Child Care	£	per
School Meals	£	per
Other (<i>Please advise</i>)	£	per

HOUSEHOLD DETAILS	
How many children (under 18 years) live with you? Please state their ages.	
How many adults (18 years and over) live within the household? Please state what financial contribution is made to the household.	

PLEASE COMPLETE EMPLOYMENT DETAILS OVERLEAF

EMPLOYMENT DETAILS

Council Tax Payer's Name:	
Name of Employer:	
Employer's Telephone Number:	
Address of Employer's Payroll Dept.	
Payroll Number:	
National Insurance Number:	
Council Tax Payer's Partner's Name:	
Name of Employer:	
Employer's Telephone Number:	
Address of Employer's Payroll Dept.	
Payroll Number:	
National Insurance Number:	

OFFER OF PAYMENT

Payment Proposal of £ _____ (weekly/fortnightly/monthly)

Please enclose your first payment with this form or state date of first payment.

Please be aware that your proposal will be considered in respect of the total amount of the debt, and your ability to repay this before the end of the financial year. Your offer will not necessarily be accepted, as the Council may take alternative recovery action which is more appropriate.

PLEASE RETURN THIS FORM WITH PROOF OF SAVINGS AND EARNINGS (A RECENT BANK/BUILDING SOCIETY STATEMENT AND 3 MOST RECENT PAYSLEIPS) AND PROOF OF ALL UTILITY BILLS IN RESPECT OF PRIORITY DEBTS LISTED OVERLEAF

**TO: HARINGEY COUNCIL
REVENUES, BENEFITS & CUSTOMER SERVICES
PO BOX 10505
LONDON
N22 7WJ**

SIGNED: _____

DATE: _____

TELEPHONE NUMBER: _____